**2025 Early Career Researcher Grant**

**Faculty certification form**

*It is the responsibility of the applicant to upload this completed form to Smartygrants as part of their ECR grant application. Applicants should complete the Applicant Details section before forwarding to the relevant Head of Department/School (or equivalent) for sign-off on remaining sections. After the form is completed, it should be returned to the applicant for uploading.*

*Applicants should refer to the ECR grants scheme website for clarification on any specific faculty arrangements or processes that may be in place regarding completion and sign-off of this form.*

# APPLICANT DETAILS

|  |  |
| --- | --- |
| **Applicant Name** | Click or tap here to enter text. |
| **Faculty** | Click or tap here to enter text. |
| **School / Department / Eligible Affiliated Institute** | Click or tap here to enter text. |
| **Grant application total** (DVCR and faculty combined) | $ Click or tap here to enter text. |

# AUTHORISATION BY HEAD OF SCHOOL/DEPARTMENT OR INSTITUTE DIRECTOR

|  |  |  |  |
| --- | --- | --- | --- |
| ***✓*** | **In signing below, I confirm that:** | | |
|  | The applicant and their proposed project can be accommodated within the general facilities in my School/Department and their employment has scope for them to conduct the proposed project alongside any existing work within the proposed timeline. | | |
| **Select one:** | |  | The applicant holds or has a confirmed a future appointment for a salaried (fixed-term or continuing) academic appointment of at least 0.5 full-time equivalent (FTE) at Level A, B or C at the University of Melbourne, that begins 1 January 2025 or earlier |
|  | The applicant holds or has a confirmed an appointment for a salaried (fixed term or continuing) academic appointment of at least 0.5FTE at Level A, B or C, with a Department/School of the University of Melbourne but based at an affiliated medical research institute or a non-medical research institute, that begins 1 January 2025 or earlier |
|  | The applicant is an honorary staff with the University of Melbourne from 1 January 2025 or earlier, at Level A, B or C, and is based at: The Peter MacCallum Cancer Centre; The Florey; The Bionics Institute; Baker Institute; Orygen/Centre for Youth Mental Health; or Melbourne Business School. |
|  | The applicant’s position (noted above) is either continuing, or fixed term, for the duration of the proposed ECR grant project OR if this ECR grant application is successful, I agree to consider the case for extension of the applicant’s contract for the duration of the proposed project (noting that successful applicants must be employed for the period of the grant or otherwise relinquish the funding). | | |

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| **Funding co-contributions** | |
| The sum of funding co-contributions must equal half of the total requested grant budget. Funding co-contributions may be split between Faculty and School/Department or ‘Other’ budgets (e.g. labs) by arrangement between those parties, and should be reflected in the table below.  Additional co-funding may be offered above the scheme maximum but this will not be matched by Chancellery. If a successful applicant is awarded less than their request, the co-contribution will remain 50% of the total funded.   * Faculties in HASS and the Melbourne Business School are required to provide a co-contribution of up to $12,500 (50% of application budget up to $25,000) * Faculties in STEMM and eligible affiliated Medical Research Institutes are required to provide a co-contribution of up to $20,000 (50% of application budget up to $40,000) | |
| Department/School co-contribution *(if relevant):* | $ Click or tap here to enter text. |
| Faculty co-contribution *(if relevant)*: | $ Click or tap here to enter text. |
| Institute co-contribution *(if relevant):* | $ Click or tap here to enter text. |
| Other co-contribution *(if relevant)*: | $ Click or tap here to enter text. |
| **Total (50% of application budget):** | **$** Click or tap here to enter text. |

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| **HoD/HoS** | Click or tap here to enter text. | | |
| **Name of School/Department** | Click or tap here to enter text. | | |
| **Signature** |  | **Date** | Click or tap here to enter a date. |
| ***(if relevant)* Affiliated Institute Director (or delegate)** |  | | |
| **Name of Affiliated Institute** |  | | |
| **Signature** |  | **Date** | Click or tap here to enter a date. |

# ADDITIONAL SUPERVISOR DECLARATION (IF RESEARCH-ONLY APPOINTMENT)

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| ***✓*** | **Research-only applicants** **employed for a specific research project *(leave blank if not applicable)***  If the applicant is on a research-only appointment for a specific research project, their supervisor must declare: | | | |
|  | I confirm that the applicant’s proposed research is distinct from the research they are currently pursuing under my supervision, and that the applicant will have the capacity to carry out the proposed research project in addition to their current program of research. | | | |
| **Supervisor Name** | | Click or tap here to enter text. | | |
| **Signature** | |  | **Date** | Click or tap here to enter a date. |