**This form must be provided to RIC by the final internal deadline date of 10am Monday 3 June 2024**. **To submit your Final Application to NHMRC:**

1. Certify your application in Sapphire – the status should be “Submitted to RAO”.

2. Check snapshot reports have been produced then email only a fully signed PDF copy of this form to RIC via [nhmrc-people-support@unimelb.edu.au](mailto:nhmrc-people-support@unimelb.edu.au). No copies of the Sapphire application are required in either electronic or hard copy format.

**Co-funding:** (if applicable, please tick the appropriate funding bodies from which you are applying for co-funding)

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Arrow BMTF |  | Aust. Academy of Science |  | ANZAN E&RF |  | Cerebral Palsy Alliance RF |  | Diabetes Australia |  |
| Multiple Sclerosis RA |  | Nat. Heart Foundation |  | Neuroblastoma Aust. |  | Sanfillipo Children’s Fdn. |  |  |  |

*Applicants seeking Heart Foundation or MSRA co-funding must submit a NHMRC Postgraduate Scholarship application via Sapphire* ***AND*** *a Heart Foundation or MS Research Australia Scholarship application via relevant organisation’s online portal.*

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| **\* NHMRC ID**  *Generated by Sapphire* | **2** |
| **\* UOM Notice of Intent (NOI) number**  *Submit mandatory NOI* [*here*](https://ric-noticeofintent.app.unimelb.edu.au/apex/f?p=ric_noi:noi_form) *if you have not yet done so* | **N** |
| **Stipend Category***: Indicate which category you will apply for Medical/dental; Priority; Standard; Combined MBBS/PhD* |  |
| **Part-time (indicate FTE 0.5-0.9) or Full- time:** *Part time is only available as outlined in the Guidelines - Section 3.2.2.* |  |
| **\* Applicant Name**  *Including title, e.g. Miss, Mr, Dr* |  |
| **\* Department**  *The department where you will be undertaking your PhD/Masters* |  |
| **\* Faculty**  *The Faculty under which your department falls E.g. Faculty of Medicine, Dentistry & Health Sciences, Faculty of Science etc.* |  |
| **\* Applicant mobile phone number**  *In case of problems preventing submission to NHMRC* |  |
| **\* Applicant email address** |  |
| **\* Supervisor Name**  *Including title, e.g. Dr, A/Prof, Prof* |  |
| **\* Alternate Contact – Name & phone number**  *In case we are unable to contact Applicant for urgent issues* |  |

*(\*) mandatory information*

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| **Compliance & Eligibility Checklist**  *Tick either Yes or N/A for each section. Completion of each section of this table is mandatory.* | **Yes** | **N/A** |
| Applicant meets **eligibility requirements** (See Guidelines - Section 4). |  |  |
| Applicant meets **Stipend Category eligibility requirements** (See Guidelines - Section 3.1.1). |  |  |
| Applicant confirms they do **not** currently hold an Australian Government Scholarship such as a Research Training Program (RTP) Stipend Scholarship. |  |  |
| **Profile & My Profile** sections completed as per scheme requirements (See Guidelines - Appendix C - Section 5). |  |  |
| **Sapphire Application:** All relevant sections of the application are complete. |  |  |
| **Compliance & Eligibility Checklist *(Continued)***  *Tick either Yes or N/A for each section. Completion of each section of this table is mandatory.* | **Yes** | **N/A** |
| ***Grant Proposal*** PDF has been uploaded to Sapphire and complies with formatting, size, and filenaming requirements (see Guidelines - Appendix C - Section 6.10). |  |  |
| ***Academic Transcripts*** PDF – certified copy has been uploaded to Sapphire and complies with size and naming requirements. If applicable, certified translation and accreditation have been provided for overseas qualifications. (See Guidelines - Appendix C - Section 6.10).  Files should be named following the convention “APP ID\_ApplicantSurname\_Document Type/Name.pdf” |  |  |
| ***Registration Evidence*** - if applicable, provide a certified copy to the RAO (RIC). RIC must retain this evidence and provide it to the NHMRC if requested. Registration evidence is compulsory from Medical/Dental and Priority Stipends applicants. |  |  |
| The application has been **certified in Sapphire** and status is ‘Submitted to RAO’ |  |  |

**Certification by Chief Investigator A (CIA)**

1. I have read and understood the *NHMRC’s Postgraduate Scholarships 2024 Guidelines*; and I am satisfied that all provided information is complete, current and correct, and that all eligibility and other application requirements have been met.
2. I certify that all personnel contributing to the Research Activity have familiarised themselves with the *Australian Code for the Responsible Conduct of Research*, *the National Statement on Ethical Conduct in Human Research, the Australian Code for the Care and Use of Animals for Scientific Purposes* and other relevant *NHMRC policies* concerning the conduct of research and agree to conduct themselves in accordance with those policies.
3. I have identified, disclosed and managed any real or perceived Conflicts of Interest and this Proposal does not contain any plagiarised, fabricated or falsified data or information as per the requirements of the [Codes of Conduct for Research](http://orei.unimelb.edu.au/content/codes-conduct) (Australian Code and the University of Melbourne code)**.** I undertake that, if the Proposal is successful, I will notify the Administering Organisation of any conflicts of interest which arise subsequent to the submission of the Proposal.
4. I agree to be named on the application, to participate in the manner described in the application and to the use of their personal information as described in the NHMRC Privacy Policy.
5. I agree for the final application to be certified.

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| --- | --- | --- | --- |
| Applicant Signature  *Electronic signatures accepted* |  | Date |  |

**Certification by Head of Department/Institute Director**

1. I agree that the project can be accommodated within the general facilities in my Department/Institute and that sufficient working and office space is available for any proposed additional staff; and
2. I am prepared to have the project carried out in my Department/Institute under the circumstances set out in the proposal
3. For part time applicants (as indicated on this form); I approve the part-time arrangement in which this PhD/Masters will take place

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| --- | --- | --- | --- |
| HOD/Director Name |  | | |
| HOD/Director Signature  *Electronic signatures accepted* |  | Date |  |