

# 2025 EMCR Research Support Grant Application Form

## Form Preview

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\* indicates a required field

### Summary of the Opportunity

The University of Melbourne Department of Psychiatry is enabling early and mid-career researchers of the Department (Levels A, B, and C) to apply for research support through the EMCR Research Support Grant Round. The Department will be supporting **one** successful application up to the maximum of \$25,000 and are limited to one application per researcher.

Please answer all questions to be eligible for consideration. You must provide an email certification from your Supervisor as part of the application.

**Applications Due: Monday 27 January 2025 at 11.00pm**

### Applicant Details

#### Applicant \*

| Title                | First Name           | Last Name            |
|----------------------|----------------------|----------------------|
| <input type="text"/> | <input type="text"/> | <input type="text"/> |

#### Applicant primary phone number \*

Must be an Australian phone number.

#### Applicant email address \*

Must be an email address.

#### Project title \*

Word count:

Must be no more than 50 words.

## Eligibility

\* indicates a required field

#### Program

This field is read only.

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### Applicants: please note

Before completing this application form, you should have read the program guidelines provided to you in the email invitation to apply.

Incomplete applications and/or applications received after the closing date will not be considered.

This section of the application form is designed to help you, and us, understand if you are eligible for this grant. It is important that you complete these questions before any others to ensure you do not waste your time applying for an unsuitable grant.

If you have any questions in regards to these eligibility criteria, please contact **psychiatry-admin@unimelb.edu.au**.

If you do contact us throughout the application process, please quote the application number below.

#### Application Number

This field is read only.

### Confirmation of Eligibility

#### Before proceeding, please confirm the following:

\*

- I have read and understood the program guidelines provided with the email invitation to apply.
- I am able to demonstrate alignment between my project and the aims of the grant.
- I am a salaried staff member with a minimum 0.5 FTE appointment within the Department of Psychiatry, University of Melbourne (Levels A, B & C).
- I have not applied for the same grant in the same round as either a project leader or as a non-lead project team member.
- I have not been the first named lead CI of an ARC or NHMRC grant since the award of my PhD.
- I have a reasonable expectation of holding an appointment until 31 December 2025.

### Project Details

\* indicates a required field

Assessment of applications will be based upon the following criteria:

- Scientific quality of the proposal (50%)
- Significance and / or innovation (25%)
- Track record and team quality and capability (25%)

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### Proposal Summary \*

#### Word count:

Must be no more than 100 words.

Provide a lay description of the project, including reference to the potential benefits of the research. Please note this description may be used in public facing communications for successful applications.

### Research Proposal \*

Attach a file:

In a maximum of two (2) A4 pages, (and one-page of references), describe the research you will undertake in this project, including introduction/background, methodology, innovation and/or significance, timelines, expected outcomes and team composition and roles.

## Project Budget

\* indicates a required field

Please provide a summary budget and brief justification for each item. You should only list items that you are requesting to be funded from the grant.

Note: a maximum of \$25,000 can be requested per project.

#### Total Amount Requested \*

Must be a dollar amount and no more than 25000. What is the total financial support you are requesting in this application?

#### Total Project/Program Cost \*

What is the total budgeted cost (dollars) of your project?

## Budget

Please outline your project budget in the income and expenditure tables below, including details for the following items:

- **Personnel**
- **Equipment**
- **Direct research costs and consumables**
- **Travel** (list travel and per diem / accommodation costs as separate items)
- **Other**

Please only include budget items that will be funded directly with this Grant in this table. Funding outside of that requested can be included in the section entitled "Details of Other Research Funding Support" below.

Click on the + sign to add new rows.

All amounts should be GST exclusive. Please **do not add commas** to figures - e.g. type \$1000 not \$1,000 - this will ensure your figures for each table total correctly.

| Item Allocation | Income Description | Amount Requested | Justification |
|-----------------|--------------------|------------------|---------------|
|-----------------|--------------------|------------------|---------------|

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### Budget Total

#### Total Amount Requested

\$

This number/amount is calculated.

### Details of Other Research Funding Support

List details of all funding and any other current, commencing or continuing research support funding for the current year where the chief applicant is a named CI/AI or will be employed on the grant. List the following details in this order:

*Description (Project Title and Sponsor / Scheme)*

*Project ID (if applicable)*

*Outcome (Confirmed or Pending)*

*Role in the project (e.g. CI, AI etc.) and FTE*

*Period of funding (years)*

*Total funding (as per award)*

Example:

Title - NHMRC Project Grant - 123456 - Confirmed - CID (0.2 FET) - 2018-2020 - \$150,000

If no previous funding has been received, please type Not Applicable in the box below.

\*

### Applicant Capacity

\* indicates a required field

### Project Team Members

**Full Name (title, given name, surname)**

**Group / Department / Organisation**

**Email Address**

| Full Name (title, given name, surname) | Group / Department / Organisation | Email Address |
|--|-----------------------------------|---------------|
|  |                                   |               |

### Statement of Applicant's Research Credentials with Top 5 Publications

Provide a brief statement of the research credentials of the applicant. This should cover the capacity and suitability of the applicant to undertake the proposed research, a summary of research performance relative to opportunity, followed by a list of top 5 publications

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with a brief justification of their significance (no more than 30 words for each justification statement).

If you do not have 5 publications, please type Not Applicable in the fields.

**Research Credentials: \***

**Publication 1: \***

**Publication 2: \***

**Publication 3: \***

**Publication 4: \***

**Publication 5: \***

## Career Disruptions

Please summarise any career interruptions and contextualise your research outputs relative to opportunity.

If there have been no relevant career interruptions, please type Not Applicable in the box below.

\*

Word count:

Must be no more than 400 words.

## Certification

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### Certification by the Applicant

Agreement to Terms and Conditions:

- The awarding of this EMCR Research Support Grant is based on information that you have provided to The University of Melbourne.
- Your application may be withdrawn at any time if you have provided incorrect information or withheld relevant information.

*I certify that the information supplied in this application is true and correct to the best of my knowledge. If this application leads to being awarded this scholarship, I understand that false or misleading information may lead to forfeiting this scholarship and any associated monies. By submitting this application, I agree to allow The University of Melbourne to publish my name and/or photo on the Department/School/Faculty website, in publications, and other University materials. I hereby agree to The University of Melbourne using, reproducing, and disclosing photographs of me for use in teaching materials, promotional, and marketing materials, publications and/or on its website.*

*I acknowledge travel must be undertaken in the year that the scholarship is awarded, and that I will be required to make a presentation and submit a written report on the outcomes on my return.*

- \*  I have read, understand, and agree to abide by the terms of this award.

### Certification by Supervisor

The supervisor must certify that appropriate facilities and resources are available to the applicant, if successful, to allow the proposed research to be undertaken.

#### **Name \***

Title      First Name      Last Name

|  |  |  |
|--|--|--|
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|--|--|--|

#### **Position \***

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#### **Email certification \***

Attach a file:

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Please upload an email confirmation of the supervisor approval for the application

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