MDHS Faculty Research Fellowships Application Form
Form Preview

Before you begin

Privacy Collection Notice

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The information in this form is being collected by Research Support and Evaluation, Faculty of Medicine, Dentistry and Health Sciences, the University of Melbourne. The information you provide is being collected in order to record administrative details of the applicant, and for assessment by an Academic Division Committee. The Academic Division Committee is chaired by the respective Associate Dean (Research) or equivalent. The information will be used by authorised staff for the purpose for which it was collected, and will be protected against unauthorised access and use. The names of successful applicants and a summary of their projects will be reported to relevant University committees and senior officers. If you do not provide all of the information requested on this form, your application may be deemed ineligible and removed from consideration by the committees.

We take all reasonable steps to ensure that the information we hold is accurate and complete and that it is protected from misuse, loss, unauthorised access or disclosure. We will only retain your personal information for as long as required for the purpose it was collected and in accordance with our legislative obligation. Your personal information will be securely stored and destroyed in accordance with the University's retention and disposal authority. We will not disclose your personal information to anybody else unless you have given consent, or we are authorised or required to do so by law. You may request access to, or correction of, your personal information held by the University at any stage. You may exercise data subject rights under the GDPR if applicable. You can contact us at 13 6352. For further information about how the University manages personal information, to make an enquiry or complaint, or for contact details of the University's Privacy and Data Protection Officer, please view the University's Privacy Policy, visit our Privacy Webpage, or contact the University's Privacy Office at privacy-officer@unimelb.edu.au.

Project Details

* indicates a required field

Anticipated Start Date of Faculty Research Fellowship *

Must be a date.

Research Activity Type *

- ○ Pure Basic Research
- ○ Strategic Basic Research

- ○ Applied Research
- ○ Experimental Research

Applicant Details

* indicates a required field

Applicant Details

Applicant Name *

Title | First Name | Last Name

Unimelb staff are required to enter the HR system/legal first name and last name (not preferred name).

Primary Email *

Please enter your primary Unimelb email address.

Role

This question is pre-populated, please do not amend response.

Internal Association *

Current FTE *

FTE in 2027 *

Current level of appointment, including step *

Current Salary Source *

From what pool of funding is your salary currently being drawn? If this is a fellowship position, please note the end date of the fellowship

Application(s) for Externally Funded Fellowship(s)

List the externally funded fellowship(s) you have applied for in the past year. If the fellowship had an interview stage, please indicate if you were invited for an interview. *

Please attach your panel scores and/or any reviewer feedback provided by the sponsor. *
Attach a file:

List the externally funded fellowship(s) and grant(s) you will apply for during the tenure of the Faculty Research Fellowship. *

Details of Research Support

List all sources of research funding, including grants and contracts which will receive funding in 2027, where the Fellowship applicant is a named participant. Include details of any grants pending a sponsor outcome. *

Please include scheme name, your role, the outcome status and amount awarded in 2027 as applicable.

Curriculum Vitae

Please provide a brief CV in PDF format (maximum 3 pages) for the last 5 years, that includes:

• Top 5 publications with a statement as to the significance of the publication (you may include measures such as citations and Web of Science/Scopus journal quartile foreach);• Awards, prizes and invitations;• PhD supervisions and completions;• Research funding for the last 5 years. (Only include details for grants/contracts not already included in section 4 of the application form.)

CV *
Attach a file:

If you would like to share any information about your performance relative to opportunity, please do so here.

Compliance

* indicates a required field

Compliance and Regulatory Approvals

Have you identified any actual, potential, or perceived conflicts of interest in undertaking this project in accordance with Managing Conflicts of Interest Policy (MPF1366)? *

- ○ Yes, a management plan is in place
- ○ Yes, a management plan is not in place
- ○ No

Respond on behalf of all members of the research team.

Provide the reference number of the Conflict of interest management plan (If applicable)

Fields of Research Codes (FoR)

You may include up to five FoR codes that best describe your area(s) of research, as relevant to the nominated publication(s). Please include code, description, and percentage (totalling 100% for all codes), e.g.:

- 3001 - Agricultural biotechnology - 51%
- 3002 - Agricultural, land and farm management - 49%

FoR Code
Select a Code *

FoR Code %
Percentage *

Must be a number and between 1 and 100.

FoR Total Percentage *

This number/amount is calculated.

Socio-Economic Objective Codes (SEO)

You may include up to five SEO codes that best describe your area(s) of research, as relevant to the proposed research project. Please include code, description, and percentage (totalling 100% for all codes).

SEO Code
Select a Code *

SEO Code %
Percentage *

Must be a number and between 1 and 100.

SEO Total Percentage *

This number/amount is calculated.

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Admin Use Only

* indicates a required field

This section is Admin Use Only
- ○ Yes
- ○ No

Project Title

MDHS Faculty Research Fellowship

Must be no more than 250 characters.

End Date

Must be a date.

Is there any aspect of this project or its associated agreement that is or needs to be treated as confidential? *
- ○ Yes
- ○ No

If a student is working on the project, will the result of the project form part of their Thesis or Student Project? *
- ○ Yes
- ○ No

Currency

Total Amount Requested *

$

Must be a dollar amount.
What is the total financial support you are requesting in this application?

Total Project Cost *

$

This number/amount is calculated.
What is the total budgeted cost (dollars) of your project?

Will this project require the procurement of new equipment valued over $200K AUD? *
- ○ Yes
- ○ No

As per the Procurement Policy (MPF1087)

Is there any UOM in-kind contribution captured in this award/agreement? *
- ○ Yes

○ No

Cost Centre

Proposal Number

Award Number

Attachment uploaded
○ Yes
○ No

This research involves

This project involves a clinical trial
○ Yes
○ No

Approved to be included in the UoM successful applications library
○ Yes
○ No