

2026 MDHS Innovation Translation Grant EOI Form

Form Preview

MDHS Innovation Translation Grant Expression Of Interest

Before you begin

Please ensure that you have:

- Read and understood the [MDHS Innovation Translation Grant Guidelines 2026](#).
- Read the Privacy Collection Notice below.

Privacy Collection Notice

The collection of personal information by the University of Melbourne (**University**) is governed by the Privacy and Data Protection Act 2014 (Vic) and Health Records Act 2001 (Vic) (together, **Privacy Laws**). The University is also considered to be a data controller for the purposes of the EU General Data Protection Regulation 2016/679 (GDPR) in relation to the collection of personal information from individuals located in the EU. The University is committed to protecting your privacy and processing your personal information fairly and lawfully in compliance with the Privacy Laws and the GDPR, as applicable.

The information in this form is being collected by Research Support & 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 a sub-committee of the MDHS Innovation & Enterprise Steering Committee. The assessment committee will be chaired by the Associate Dean (Innovation & Enterprise) or nominee. Please note that a copy of your proposal may be shared with members of the University of Melbourne Research, Innovation & Commercialisation Business Development team for the purpose of business development advice and support. 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 63 52. 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.

2026 MDHS Innovation Translation Grant EOI Form

Form Preview

Lead Chief Investigator Details

* indicates a required field

Applicant *

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

Email *

MDHS School *

Other:

Department Name

Other:

Current Appointment Level *

- Level A
- Level B
- Level C
- Level D
- Level E

Academic Appointment % FTE *

Minimum 0.4 FTE

Current Appointment Status *

- Fixed Term
- Continuing
- Continuing (Research Contingent)

If you hold a fixed term appointment, please indicate the contract end date.

Gender Identity (Optional)

Please briefly describe. For example: non-binary, gender-diverse, man, woman, prefer not to say.

2026 MDHS Innovation Translation Grant EOI Form

Form Preview

Have you completed innovation and enterprise focused training, such as one of the UoM Melbourne Entrepreneurial Centre (MEC) programs e.g. TRAM, MEC bootcamp?

- Yes
- No

If yes, please enter the name of the training program you have completed.

Co-Investigator/Collaborator Details

Name

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

Department / School or Organisation Name

Academic Level

If relevant, please indicate the academic level from A-E for the co-investigator/collaborator.

Project Summary

* indicates a required field

Project Title *

Word count:
Max 20 words

Please select the option that best reflects the project focus. *

Other:

Please indicate the primary orientation of the project by selecting the option that best reflects its intended outcome at this stage. *

- Commercial
- Social Impact Venture

Should your project have a commercial orientation, please select the relevant Translation Readiness Level (TRL) for the proposed work.

2026 MDHS Innovation Translation Grant EOI Form

Form Preview

Should your project have a social impact venture orientation, please select the relevant Translation Readiness Level (TRL) for the proposed work.

Problem: What problem or unmet need does your project address, who is affected, and why does it matter? *

Word count:

Must be no more than 100 words.

Solution: What is your project's innovative solution, and how is it different from current alternatives? *

Word count:

Must be no more than 100 words.

Impact: What is the proposed impact of implementing this innovation? *

Word count:

Must be no more than 100 words.

Further: Please outline why the project work you are seeking funding for is not basic or pure research. *

Word count:

Must be no more than 50 words.

Explain why and how the project activity is explicitly translational/implementation/commercialisation/venture-focused rather than primarily conventional research.

Has the Intellectual Property (IP) for the project been disclosed to the University of Melbourne? *

- Yes
- No
- Unsure

What is the Intellectual Property (IP) status for the project? *

- Existing IP
- New IP Expected
- IP ownership with partners in place

2026 MDHS Innovation Translation Grant EOI Form

Form Preview

- IP ownership with partners expected
- Other:

Does the project have any encumbrances or third party restrictions? *

- Yes
- No
- Unsure

If yes, please provide a short summary of the encumbrances or third party restrictions.

Are there any ethics or regulatory issues anticipated for the project? *

- Yes
- No
- Unsure

If yes, please provide a short summary of anticipated ethics or regulatory issues.

Is this project currently receiving or has previously received funding support? *

- Yes
- No

If yes, please outline the funding support received for the project.

Include the name of the sponsor and amount awarded to the project.