

ECA Conference Support Scheme App Form

Form Preview

Before you begin

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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.

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Conference Details

* indicates a required field

Presentation Title *

Conference location *

- ☐ Domestic
- ☐ International
- ☐ Virtual

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Conference Name *

As advertised on conference website

Please provide a link to the conference website ***Conference Start Date ***

Must be a date and between 1/4/2026 and 28/2/2027.

Conference End Date *

Must be a date and between 1/4/2026 and 28/2/2027.

Has your abstract already been accepted? *

- ☐ Yes
- ☐ No, I am waiting to hear

If your abstract(s) has been accepted, please indicate the type of presentation(s) you will be giving

- ☐ Short oral presentation (<10 mins)
- ☐ Medium oral presentation (10-19 mins)
- ☐ Long oral presentation (20+ mins)
- ☐ Symposium
- ☐ Other:

If your presentation has already been formally accepted, please upload a copy of the acceptance notification

Attach a file:

Research Activity Type *

- ☐ Pure Basic Research
- ☐ Strategic Basic Research
- ☐ Applied Research
- ☐ Experimental Research

Preferred presentation date: *

- ☐ Tuesday 27 October - 1:30pm-3pm
- ☐ Wednesday 28 October - 10:30am-12pm
- ☐ I have confirmed an alternative presentation option with the Research Support and Evaluation Team

Please note that while every effort will be made to accommodate your preferences, we cannot guarantee your preferred presentation time. We will confirm your presentation time as soon as possible after the application closing date.

Video presentation upload

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If you have confirmed a video presentation with the Research Support and Evaluation team, please upload your 3-minute presentation here.

Attach a file:

Videos should include: - a brief introduction of the selected conference and their presentation topic - what the applicant intends to gain from the conference - Use no slides, props or other visual aids. .

Applicant Details

*** indicates a required field**

Applicant Details

Applicant *

Title First Name Last Name

Please enter the HR system/legal first name and last name (not preferred name). Required for post-award management.

Preferred Name (Optional)

First Name Last Name

For use in MDHS pre & post-award communications, assessment documentation, presentation schedule etc.

Primary Email *

Please enter Unimelb primary email address.

Internal Association *

At The University of Melbourne, 'Internal Association' refers to Faculties and Graduate Schools.

Academic Appointment %FTE *

Must be a number.
Minimum 0.2 UoM FTE

Academic Level *

eg. A8

Contract Type *

- ☐ Continuing
☐ Continuing (Research Contingent)
☐ Fixed Term

Appointment end date (if applicable)

Must be a date.

Date PhD Awarded *

Must be a date.

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If PhD award date is earlier than 15 October 2021, please provide details of career interruptions below

Please attach a single A4 page brief CV, which should include details such as education and training, awards and prizes, conferences, professional memberships and a list of your five best publications (explanatory statement optional, but encouraged) *

Attach a file:

Gender Identity

- ☐ Woman or female
- ☐ Man or male
- ☐ Non-binary/ genderfluid
- ☐ I use a different term
- ☐ Prefer not to say

Role

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

Compliance

* indicates a required field

Compliance and Regulatory Approvals

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.:

- 123456 - Atlantean Spearfishing (excl. mammals) - 51%;
- 654321 - Atlantean Poetry - 49%

FoR Code

Select a Code *

FoR Code %

Percentage *

Must be a number and between 1 and 100.

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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.

Total Percentage *

This number/amount is calculated.

Financial Details

* indicates a required field

Currency *

Total Amount Requested *

\$

Must be a dollar amount.

Maximum of \$350 for conferences held virtually, \$1,500 for conferences in Australia and New Zealand and \$6000 for international conferences.

Total Cost *

\$

Must be a dollar amount.

What is the total anticipated cost of attendance? Note this may be the same as amount requested.

If you have secured any co-funding outside of this application, please provide details

Budget

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Please only include amounts you are requesting as part of this application.

Item	\$ Cost	Brief budget justification/ description
	Must be a dollar amount.	e.g. "Return flights to New York: \$2500 + \$3000"

Admin Use Only

* indicates a required field

This section is Admin Use Only

- ☐ Yes
☐ No

Project Start Date *

Must be a date.

Project End Date *

Must be a date.

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

- ☐ Yes
☐ No

Will this project require the procurement of new equipment valued over \$200K AUD? *

- ☐ Yes
☐ No

As per the Procurement Policy (MPF1087)

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

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Respond on behalf of all members of the research team.

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

If a student is working on the project, will the result of the project form part of their Thesis or Student Project?

- ☐ Yes
- ☐ No

Is there any aspect of this project that is or needs to be treated as confidential?

- ☐ Yes
- ☐ No

This project involves a clinical trial

- ☐ Yes
- ☐ No

Approved to be included in the UoM successful applications library

- ☐ Yes
- ☐ No

This research involves

Cost Centre

Award Number

Project Number

Attachment uploaded

- ☐ Yes
- ☐ No