

MDHS Diversity & Inclusion Grants 2026

Form Preview

Before you begin

* indicates a required field

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The information in this form is being collected by People and Culture, 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 (Diversity and Inclusion) 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.

Consent statement

The University of Melbourne is committed to protecting your privacy by fully meeting its responsibilities under applicable privacy laws. By submitting any personal information in this form I consent to it being collected by the University of Melbourne. If the information relates to someone other than me, I am authorised to give this consent for that person.

I have read and agree to the collection notice (required) *

☐

Notes for Applicants

MDHS Diversity & Inclusion Grants 2026

Form Preview

* indicates a required field

Please note

Before completing this application form, you should have read the [MDHS Diversity and Inclusion Grants website, including the eligibility and selection criteria for the Grants](#).

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 these Grants. It's crucial that you complete this section before any others to ensure you are eligible.

If you have any questions in regard to these eligibility criteria, please refer to the [MDHS Diversity and Inclusion Grants website or](#) **contact us: mdhs-diversityinclusion@unimelb.edu.au**

Closing date: 26 October 2026 Final submission with attachments Applicants will be notified of the outcomes by the beginning of December 2026.

Confirmation of Eligibility

I confirm that I am ...

- employed as a fixed-term, continuing (research contingent) or continuing academic staff member in the Faculty of Medicine, Dentistry and Health Sciences, and
- not already employed, as part of my normal role and responsibilities, to undertake scholarly-based work that is aligned with our Faculty's Diversity and Inclusion goals and that contributes to the achievement of our Faculty's Diversity and Inclusion targets

Please select below: *

☐ Yes ☐ No

You must confirm that all statements above are true and correct.

Contact Details

* indicates a required field

Applicant details

Applicant *

Title First Name Last Name

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

MDHS Diversity & Inclusion Grants 2026

Form Preview

UniMelb email address *

Please enter your primary Unimelb email address. You can check your primary email here - <https://sso.unimelb.edu.au/enduser/settings>

Staff ID *

Academic level *

Current work fraction (EFT) *

Work category *

Contract type *

School/Department/Centre *

Supervisor's Name *

Supervisor's Email Address *

Role *

Confidentiality

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

- ☐ Yes
☐ No

Marking this as Confidential (Yes) will restrict the information from appearing in Find An Expert (FaE).

Project Details

* indicates a required field

4.1 Application Summary

Project Title *

Must be no more than 250 characters.

Start Date *

Must be a date.

End Date *

Must be a date.

Include a brief summary describing your reason for applying to this scheme *

4.2 Response to selection criteria

Refer to the selection criteria on the [MDHS Diversity and Inclusion Grants website](#)

4.2.1 Please provide an overview of the proposed project, including alignment with Advancing Health 2030 (Faculty Strategy) *

Word count:

Must be no more than 500 words.

4.2.2 Describe how your project outcomes will develop new approaches towards our Faculty's commitments and/or build on our existing understandings of diversity, equity and inclusion

Word count:

Must be no more than 300 words.

4.2.3 Briefly describe the opportunities the project may generate. This may include; a) Opportunities for the work to demonstrate high-quality and impact, including to attract future funding, b) Opportunities for sustainable divisional, institutional or sector-wide adoption of new approaches and understandings of

MDHS Diversity & Inclusion Grants 2026

Form Preview

diversity and inclusion, and/or c) The extent to which the proposed work would raise the visibility and profile of the Faculty in matters relating to diversity and inclusion. *

Word count:

Must be no more than 300 words.

Activity Type

Definitions: Pure basic research is basic research carried out for the advancement of knowledge, without seeking long-term economic or social benefits or making any effort to apply the results to practical problems or to transfer the results to sectors responsible for their application.

Strategic basic research is experimental and theoretical work undertaken to acquire new knowledge directed into specified broad areas in the expectation of practical discoveries. It provides the broad base of knowledge necessary for the solution of recognised practical problems.

Applied research is original investigation undertaken in order to acquire new knowledge. It is, however, directed primarily towards a specific, practical aim or objective.

Experimental research development is systematic work, drawing on knowledge gained from research and practical experience and producing additional knowledge, which is directed to producing new products or processes or to improving existing products or processes.

Source: <https://www.abs.gov.au/statistics/classifications/australian-and-new-zealand-standard-research-classification-anzsrc/latest-release>. Please refer to Data Downloads

Activity Type *

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

Budget

* indicates a required field

Proposed use of funds

Note that the grant must be expended by 31 December 2027

Expenditure item	\$
Make sure you've read the types of support available in the grant guidelines.	
	\$
	\$

MDHS Diversity & Inclusion Grants 2026

Form Preview

	\$
	\$
	\$
	\$
	\$
	\$

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

- ☐ Yes
☐ No

Budget Totals

Total Expenditure Amount

This number/amount is calculated.

Provide a brief budget justification *

Word count:

Must be no more than 200 words.

Compliance & Regulatory Approvals

* indicates a required field

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)

MDHS Diversity & Inclusion Grants 2026

Form Preview

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

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

Percentage *

Must be a number and between 1 and 100.

SEO Total Percentage

This number/amount is calculated.

This research involves

Certification and submission

* indicates a required field

Certification

MDHS Diversity & Inclusion Grants 2026

Form Preview

By submitting this application, you agree to abide by the award conditions outlined on the [MDHS Diversity and Inclusion Grants website](#) should the application be successful.

I certify that to the best of my knowledge the statements made within this application are true and correct.

I agree *

☐ Yes

☐ No

Additional Supporting Material (optional)

If you wish to include any supporting material (up to 5 A4 pages), please upload them here.

File upload (optional)

Attach a file:

File upload (optional)

Attach a file:

Admin Use Only

This section is Admin Use Only

☐ Yes

☐ No

Cost Centre

Project Number

Award Number

Attachment uploaded

☐ Yes

☐ No

Currency

MDHS Diversity & Inclusion Grants 2026

Form Preview

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

- ☐ Yes
- ☐ No

As per the Procurement Policy (MPF1087)

Total Project Cost

This number/amount is calculated.

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

- ☐ Yes
- ☐ No

This project involves a clinical trial

- ☐ Yes
- ☐ No

Approved to be included in the UoM successful applications library

- ☐ Yes
- ☐ No