

# External Research Grant Submission Form

Research and Innovation Division - <http://www.uow.edu.au/research>

Approval is required for all UOW and affiliated staff (e.g. Honorary Fellows, Visiting Fellows etc.) seeking funding from an external agency. This completed form **MUST** be signed by the appropriate authorities and submitted with the application and, where relevant, the funding scheme guidelines to the Research Services Office (RSO). Completion of this process will ensure that applicants undertaking such research are covered by the appropriate insurances and indemnities. **This form must be completed for all research proposals for external funding, including applications being submitted through other institutions where UOW is not the lead institution.**

## FUNDING AGENCY DETAILS

Australian Research Council (ARC)  
 Department of Education and Training  
 Philanthropic Organisation/Foundation

National Health & Medical Research Council (NHMRC)  
 Other Government Agency  
 Non-Government Agency

Is this application is seeking salary funding for a named Fellow/Award (e.g. DECRA, Futures, Investigators)

Yes    No

*\*Note: Additional information and approvals are required*

## SPECIALISED RESOURCES, FACILITIES AND STAFFING

The project involves staff/affiliated researchers and/or used the resources/facilities of:

Illawarra Health and Medical Research Institute (IHMRI)

*\*Note: Additional information and approvals are required*

## ALL CO-INVESTIGATORS

	Surname	First Name	Title	UOW Faculty/School/Unit	Phone	Email	% Project Time	Association (IHMRI)
1.								
2.								
3.								
4.								
5.								

## PROJECT DETAILS

<b>Grant ID (if available) Project Title</b>	
<b>Name of Funding Agency/Grants Scheme/Fellowship Type</b>	
<b>Administering Institution (if not UOW)</b>	
<b>Funding Agency Due Date</b>	
<b>Total Funds Requested</b>	



## GENERAL APPROVALS

### By signing below UOW staff agree:

That they will undertake this research to a high professional standard and comply with any contractual obligations imposed on the University of Wollongong governing this Project.

That they are aware of Ethical and Work Health and Safety (WHS) standards and will ensure all appropriate control measures are in place if and as required. Information regarding WHS and design, and Risk Assessment and Management can be found on the University's WHS webpage <http://staff.uow.edu.au/ohs/index.html>. Information regarding research ethics approval processes can be found on the University's research web page <https://www.uow.edu.au/research-and-innovation/researcher-support/ethics/>

That they will notify the RSO of any actual or potential Conflicts of Interest – see [UOW Conflict of Interest Policy](#)

That they have familiarised themselves with the roles and responsibilities of all Staff and Students (undergraduate or postgraduate) as outlined in the [UOW Intellectual Property \(IP\) Policy](#), agreeing to meet the obligations contained therein.

That the project can be accommodated within the general facilities in their Department/School and that sufficient working and office space is available for any proposed Fellow/additional staff; and that Deans/Heads of Schools and Authorised Delegates are prepared to have the project carried out in their Department/School under the circumstances set out in the application.

That the amount of time that the investigator(s) will be devoting to the project is appropriate to existing workloads.

That the information contained in the application will be held on the Research Services Office Grant Databases to assist the University in the management of its research activities and that this information may be disclosed to relevant University of Wollongong staff members and collaborating institutions.

### ARC Certification

Certification by Chief Investigators

**Please note Partner Investigators from external organisations are required to submit a separate certification found at: <http://www.arc.gov.au/certification-proforma>**

I certify that:

- i) all the details on this Proposal are true and complete;
- ii) proper inquiries have been made and I am satisfied that I meet the eligibility criteria as specified in the Funding Rules;
- iii) I have complied with the Funding Rules, and Instructions to Applicants and if the Proposal is successful I agree to abide by the terms of the Funding Rules;
- iv) I understand and agree that all statutory requirements must be met before the proposed research can commence;
- v) I have notified the Administering Organisation of any actual or potential conflicts of interest I may have in relation to the Proposal and I undertake that, if the Proposal is successful, I will notify the Administering Organisation of any conflicts of interest which arise subsequent to the submission of the Proposal;
- vi) I will notify the Administering Organisation if there are any changes in my circumstances which may impact on my eligibility to participate in, or ability to perform, the project subsequent to the submission of this Proposal.

### NHMRC Certification

Certification by Chief Investigators and Associate Investigators

I certify that:

- i) I consent to being named as a Chief Investigator/Associate Investigator on this Proposal;
- ii) All the details on this Proposal are true and complete;
- iii) I understand and agree that all statutory requirements must be met before the proposed research can commence;
- iv) I will notify the Administering Organisation if there are any changes in my circumstances which may impact on my eligibility to participate in, or ability to perform, the project subsequent to the submission of this Proposal

<b>UOW Investigator</b>	<b>Head of School for UOW Investigator</b>	<b>Faculty Associate Dean (Research)</b>
Name:	Name:	Name:
Signature:	Signature:	Signature:
Date:	Date:	Date:
<b>UOW Investigator</b>	<b>Head of School for UOW Investigator</b>	<b>Faculty Associate Dean (Research)</b>
Name:	Name:	Name:
Signature:	Signature:	Signature:
Date:	Date:	Date:
<b>UOW Investigator</b>	<b>Head of School for UOW Investigator</b>	<b>Faculty Associate Dean (Research)</b>
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Signature:	Signature:	Signature:
Date:	Date:	Date:
<b>UOW Investigator</b>	<b>Head of School for UOW Investigator</b>	<b>Faculty Associate Dean (Research)</b>
Name:	Name:	Name:
Signature:	Signature:	Signature:
Date:	Date:	Date:
<b>UOW Investigator</b>	<b>Head of School for UOW Investigator</b>	<b>Faculty Associate Dean (Research)</b>
Name:	Name:	Name:
Signature:	Signature:	Signature:
Date:	Date:	Date:



**APPROVAL FOR APPLICATIONS THAT INVOLVE FELLOWSHIP FUNDING**

<b>FELLOWSHIP APPLICANT</b>	<b>PROPOSED SUPERVISOR</b>	<b>HEAD OF SCHOOL</b>	<b>EXECUTIVE DEAN/DIRECTOR</b>
Name:	Name:	Name:	Name:
Signature:	Signature:	Signature:	Signature:
Date:	Date:	Date:	Date:

<b>ATTACHMENTS: The following documents are attached to this form</b>	<b>Yes/No</b>
<b>APPLICATION</b>	
<b>FUNDING SCHEME GUIDELINES (if not ARC or NHMRC)</b>	