Please submit your application form and accompanying documents, as a combined pdf file titled “CIA full name\_2020 Poche Seeding Grant” e.g. Jane Smith\_2020 Poche Seeding Grant, by **Monday 25th November, 2019** via your UQ email to [poche@uq.edu.au](mailto:poche@uq.edu.au).

|  |  |  |  |
| --- | --- | --- | --- |
| **SECTION A** **– Project Summary** | | | |
| **SUMMARY OF TEAM AND GRANT DETAILS** | | | |
| **Organisational Unit (The first-named Organisational Unit will be responsible for administering the grant**  **Please add further table rows if required)** | **Applicant Name** | | |
|  |  | | |
|  |  | | |
|  |  | | |
|  |  | | |
|  |  | | |
|  |  | | |
| **Is there an existing collaboration?** | | **Yes** | **No** |
| **Project Title** | | | |
| **Focus Area** | **Research Collaboration Seeding Grant**  Tick the theme(s) that are relevant:  Maternal and Child Health (Mums and Bubs)  Young People and Adolescents (Healthy Transition to Adulthood)  Adults and Older People (Healthy Living, Health Ageing) | | |
| **Project Summary** | | | |
| A plain language summary of the aims, significance and expected outcomes (max. 200 words) - | | | |
| Objectives, design and methodology (max. 200 words) - | | | |
| Deliverables (max. 200 words. Dot points are acceptable) - | | | |

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| **SECTION B – Applicant details** | | | | | |
| **APPLICANT A (CIA)** | | | | | |
| **Title** | Choose title | | | | |
| **Surname** |  | | | | |
| **First Name** |  | | **Second Name** |  | |
| **Employee No.** |  | | | | |
| **Org Unit** |  | | | | |
| **Email** |  | | **Phone** |  | |
| **Current Type of Appointment** | | Choose your appointment | **UQ Appointment FTE** |  | |
| **Do you hold a contract through to 31/01/2021?**  If “No” please provide a copy of a memo/email from your Head of School/Centre Director or line manager stating that your contract will be extended to the end of the grant period | | | | **Yes** | **No** |

Please duplicate the table below for all other applicants (to be completed by all other applicants excluding CIA)

|  |  |  |  |
| --- | --- | --- | --- |
| **APPLICANT B (CIB)** | | | |
| **Title** | Choose title | | |
| **Surname** |  | | |
| **First Name** |  | **Second Name** |  |
| **Org Unit** |  | | |
| **Email** |  | **Phone** |  |

For each applicant (i.e. CIA, CIB and all other applicants) please attach a brief curriculum vitae (1-2 A4 pages).

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| **SECTION C - Budget** | |  |
| **DETAILED BUDGET –** (List all items individually)  Please add further table rows if required. | **AMOUNT REQUESTED** | **ORG UNIT CONTRIBUTION** (if applicable) |
| **Personnel** (include type of appointment and on-costs) |  |  |
|  |  |  |
|  |  |  |
| **Total** |  |  |
| **Other** |  |  |
|  |  |  |
|  |  |  |
| **Total** |  |  |
| **GRAND TOTAL (must not exceed $40,000)** |  |  |

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| --- |
| **JUSTIFICATION OF BUDGET** |
| If you would like to justify any item in your budget you may do so here in no more than **half an A4 page.** |

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| **SECTION D - Certifications** |
| **APPLICATION CERTIFICATION - CIA** |
| **Certification by Applicant A**  I certify that -   1. To the best of my knowledge, all the details on this application form are true and complete. 2. I have complied with the *UQ Poche Centre for Indigenous Health Research Collaboration Seeding Grant Guidelines* and if I am successful I will accept the Conditions of Award relating to this scheme. 3. I will comply with all necessary UQ policies and procedures in discharging my responsibilities under this grant. 4. I understand and agree that all ethical clearances must be met before the proposed research can commence |
| **Signature of Applicant** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_­ **Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |
| **APPLICATION CERTIFICATIONS – Head of School/Centre/Institute** |
| **Certification by Head of School/Centre/Institute**  I certify that -   1. The project, if funded under this grant application, can be accommodated within the general facilities in my organisational unit, and that sufficient working and office space is available for any proposed additional staff. 2. I am prepared to have the project, if funded under this grant application, carried out in my organisational unit under the circumstances set out by the Applicant. 3. I have noted the amount of time that the Applicant will be devoting to the project and agree that it is appropriate to existing workloads. |
| **Signature Head of School/Centre/Institute**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **Name of School/Centre /Institute**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |