

MDHS Mid Career Seeding Ideas Grant Scheme 2023 Application Form

* indicates a required field

Before You Begin

Please ensure that you have read and understood the Guidelines, located on the [EMCR Project Catalyst Grants webpage](#)

I confirm that I have read and meet the eligibility rules and conditions of award *

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Privacy Collection Notice

Privacy Collection Notice

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The information in this form is being collected by Research Development, 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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Consent statement

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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 *

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Applicant Details

Chief Investigator (CIA)

Please include below contact details of the primary applicant for this application

Applicant *

Title

First Name

Last Name

Applicant Primary Email *

School *

Department *

Peter MacCallum and Bionics Institute applicants, please confirm that you have an honorary appointment within MDHS:

- ☐ Yes, I currently hold an honorary appointment at MDHS
☐ No, I do not currently hold an honorary appointment at MDHS

Academic Appointment % FTE *

Minimum 0.2 % FTE at University of Melbourne or equivalent at PMCC

Academic Level *

Academic Appointment End Date *

Indicate end date or write 'Continuing contract'

Career stage *

- ☐ Early career academic
☐ Mid-career academic

PhD Award Date *

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If you have had a career interruption, please briefly outline the details below.

Gender Identity

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

Co-Investigators

* indicates a required field

Co-Investigators

Please list in intended order from CIB onward.

Title and UoM Name		Department/ Faculty/ School	Academic Level (MDHS only)	PhD Award Date	Email	Appointment type	Career Stage	Area of expertise
Title	First/Last Name							

Senior Mentor

Early Career Academics leading applications must identify a senior mentor to advise on the project

Title *

First Name *

Last Name *

Email *

UoM School, Department or Centre *

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Academic level *

Area of expertise *

Investigator CVs

Please attach a single PDF which provides brief CV details of the Chief Investigator and at least one additional named collaborator on this project, including most relevant publications and a list of current (active) ARC/NHMRC and/or other nationally competitive grants on which the CI is a named investigator. Max. 2 A4 pages total *

Attach a file:

A minimum of 1 file and a maximum of 1 file may be attached.

Project Summary

* indicates a required field

Project Title *

Word count:

Provide a short descriptive summary of the project. Max 20 words

Brief Project Summary *

Word count:

Must be no more than 150 words.

Scientific merit and impact *

Word count:

Must be no more than 300 words.

The proposal should demonstrate a clear evidence gap, research question, methodology, and potential for generating knowledge for the external grant application to be submitted by March 2026. The research proposal must be for: (1) pilot data; (2) consumer engagement; or (3) synthesis of evidence (e.g., meta-analysis/systematic review). The applications should outline how the project aligns with the School, Faculty or University strategic priorities, such as those outlined in Advancing Health and Advancing Melbourne. Applicants are encouraged to write their proposals in a style and structure that can be clearly understood by generalist reviewers or educated readers outside of the applicant's

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speciality area. Speciality terms, concepts or acronyms should be explicitly explained or avoided, where possible

Team track record and collaboration *

Word count:

Must be no more than 300 words.

Where the proposal is led by an ECR, there is evidence of mentorship/support to enable the ECR to lead the proposed external funding proposal. Preference may be given to applications that demonstrate potential for interdisciplinary collaboration, stakeholder engagement, or partnerships that can enhance the impact and promote knowledge translation.

Potential to leverage other funding *

Word count:

Must be no more than 300 words.

The application should outline the pathways for additional research funding that this Project Catalyst Grant will help leverage. Preference will be given to those applications that are likely to lead to funding in 2025 /26

Past Applications

Please list any project grants you have applied as lead CI in 2022/23. If outcomes have been announced, please include scores (if applicable) and identify near-miss grants that you intend to apply for in 2024-25.

Funder	Scheme name	Application Year	Score (if applicable)	Near-miss and intending to resubmit?
e.g. NHMRC, MRFF, ARC		Must be a number.		

Future Applications

Please list any project grants you intend to apply for as lead CIA in 2024-25

Funder	Scheme name	Application year
e.g. NHMRC, MRFF, ARC		Must be a number.

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Funding

* indicates a required field

Total Project Budget *

\$

Must be a dollar amount and no more than 40000.

Please provide a brief budget

Item	Cost
	\$
	\$
	\$
	\$

Budget Justification

Please provide a brief budget justification *

Max 500 words

Account details

Please provide a Themis account string for this funding. For assistance, please contact your appropriate [Post-Award Finance Contact](#).

Company	Budget Unit	Cost Centre	Project Code	Local Purchase Code	Activity	Location
Must be two numbers. Should be '01'	Must be 4 numbers.	Must be two numbers.	Must be 6 numbers	Must be 3 figures (letters or numbers). Must be between 3 and 3 characters.	Must be 2 numbers	Must be 2 numbers