

Administrative Summary

* indicates a required field

Before you Begin

Please ensure that you have:

- Read and understood the [2024 MDHS Innovator Awards Funding Guidelines](#).
- Read and agreed to the Privacy Collection Notice below.

Save as you go: Please manually save your work as you progress through the application.

Privacy Collection Notice

The collection of personal information by the University of Melbourne (**University**) is governed by the Privacy and Data Protection Act 2014 (Vic) and Health Records Act 2001 (Vic) (together, **Privacy Laws**). The University is also considered to be a data controller for the purposes of the EU General Data Protection Regulation 2016/679 (GDPR) in relation to the collection of personal information from individuals located in the EU. The University is committed to protecting your privacy and processing your personal information fairly and lawfully in compliance with the Privacy Laws and the GDPR, as applicable.

The information in this form is being collected by Research Support & 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 application assessment by members of the MDHS Innovation & Enterprise Steering Committee. The assessment panel will be chaired by the MDHS Associate Dean Innovation & Enterprise 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. 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

MDHS Innovator Awards 2024

Form Preview

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 *

Applicant Details

* indicates a required field

Applicant Name *

Title	First Name	Last Name
<input type="text"/>	<input type="text"/>	<input type="text"/>

Position Title *

Email *

School *

Department *

Appointment Type *

- Continuing
- Fixed Term
- Continuing Research Contingent

Academic Level *

- Level C
- Level D
- Level E

Current Academic Appointment % FTE *

Must be at least 0.4 Full-Time Equivalent (FTE)

End Date of Current Appointment (If applicable)

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Gender Identity

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

Are you requesting salary support for your position on this project? *

- Yes
 No

If yes, please indicate the % FTE salary support you are requesting.

Enter time as a Full-Time Equivalent (FTE), e.g. 1 day per week equals 0.2FTE.

Please indicate the % FTE commitment you will allocate to this project? *

Enter time as a Full-Time Equivalent (FTE), e.g. 1 day per week equals 0.2FTE.

Briefly describe your role on the project and how you will allocate time to the research activity outlined in this application, with consideration of your current workload and conditions of employment. *

Word count:

Must be no more than 150 words.

Please provide a brief statement outlining how the MDHS Innovator Award aligns with your innovation and translation career goals and objectives. *

Word count:

Must be no more than 150 words.

Applicant Curriculum Vitae (CV)

Please attach an abridged CV focusing on your key innovation achievements addressing each of the headings below as applicable (maximum 3-page PDF) .

AppointmentsList your current and previous appointments over the last 5 years and include the position title, organisation, start date, end date and time fraction in full-time equivalent (FTE).

Track RecordProvide an outline of your track record in research translation and/ or commercialisation.

Awards and Grants Provide a list of awards and grants received, stating the name of the awarding body, name(s) of the award/grant holder(s), title of the project, amounts awarded, your role in the project, start and end dates of support. For all active grants, indicate the number of hours per week spent on each project and how the currently active grants would relate to this application.

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Publications, Outputs and Patents List any publications and outputs relevant to the proposed project including any patents submitted or granted, as well as a summary of total outputs to date (i.e. numbers of papers and patents).

CV *

Attach a file:

Collaborator Details

Please include details of any collaborators on your project.

Collaborator Name

Title First Name Last Name

<input type="text"/>	<input type="text"/>	<input type="text"/>
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Organisation Name

Please provide a brief description of the collaborator's role on the project.

Word count:

Must be no more than 150 words.

Project Details

* indicates a required field

Project Title *

Proposed Project Start Date *

Must be a date and between 2/9/2024 and 1/1/2025.

Brief Project Summary *

Word count:

Must be no more than 150 words.

Please provide a high level summary for your project which may be used in public facing promotional materials.

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Project Proposal

Please attach a project proposal addressing each of the points below (maximum 3-page PDF):

- A summary of your project plan for the next 2 years highlighting aims and objectives, novelty and uniqueness, pathways to impact/commercialisation and scalability and sustainability of the proposed program beyond the Innovator Award funding period.
- A statement outlining the risk the project faces and strategies that will be employed to mitigate these risks.
- The Intellectual Property (IP) position of the project (i.e. any patents, whether the IP is partly or fully owned by the University of Melbourne)
- A statement outlining how your research program aligns with one or more of the five pillars of the [MDHS Advancing Health Strategic Plan](#).

Project Proposal *

Attach a file:

Funding

* indicates a required field

Budget: Year 1

Please list all of the items that you are requesting to be funded using the tables below by year. Add rows as required.

Item	Amount
ie. Personnel (include type, FTE and on-costs)	\$
	\$
	\$
	\$

Budget: Year 2

Item	Amount
ie. Personnel (include type, FTE and on-costs)	\$
	\$
	\$
	\$

Budget Total

Total Funds Requested *

\$

Budget Justification

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Form Preview

Please provide a justification for all requested budget items. For salary support requests, outline the full-time equivalent (FTE) of the position as well as the duration and describe how the roles and responsibilities will contribute to the delivery of the project.

*

Word count:

Must be no more than 500 words.

Additional Funding (specific for this project)

Please list any additional funding you have received/are seeking for this project and include the status of the application. Add rows as required.

Funding Body and Scheme Name	Funds Received or Requested (\$)	Status (Awarded or Pending)

Statement of Support

* indicates a required field

Please attach a signed statement of support for your application from your Head of Department or School using the [proforma](#) provided.

Statement of Support *

Attach a file: