**Submit this form to RIC by the Final Due Date.** This form must be completed by CI and HOD as per NHMRC requirements. Electronic signatures are acceptable.

**To submit your Final Application to NHMRC:**

Provide a fully signed copy of this form to RIC by email to [nhmrc-people-support@unimelb.edu.au](mailto:nhmrc-people-support@unimelb.edu.au) by **23 January 2018**. Your application must also be certified in RGMS and at the status “Submitted to RAO”. No other documents need to be delivered in hard copy or submitted by email.

|  |  |
| --- | --- |
| **\* NHMRC ID** (generated by RGMS) | **APP** |
| **\* UoM Notice of Intent (NOI) number** |  |
| **\* CI Name & Title** |  |
| **\* Department** (administering the grant) |  |
| **\* Faculty** |  |
| **\* CI mobile phone number** |  |
| **\* CI email address** |  |
| **Alternate Contact - Name** |  |
| **Alternate Contact - Email address** |  |

*(\*) mandatory information*

|  |  |  |
| --- | --- | --- |
| **Compliance & Eligibility Checklist**  *(completion & initial for each section on this table is mandatory)* | **Yes** | **CI Initial** |
| All relevant sections of PART A and B in RGMS have been completed |  |  |
| CI meets the eligibility requirements specified in the *NHMRC Practitioner Fellowship Funding Rules* |  |  |
| The Grant Proposal PDF attachment is uploaded in RGMS and complies with formatting requirements |  |  |
| The application has been certified in RGMS and status is ‘Submitted to RAO’ |  |  |

**Certification by Chief Investigator (CI)**

1. I have read and understood the *NHMRC Practitioner Fellowship Funding Rules* and am satisfied that I meet the eligibility criteria as specified.
2. I have complied with the *NHMRC Practitioner Fellowship Funding Rules and NHMRC Advice and Instructions* *to Applicants*; and if the Proposal is successful I agree to abide by the terms of the Funding Agreement relating to *NHMRC* *Practitioner Fellowship*;
3. I have identified, disclosed and managed any real or perceived Conflicts of Interest and this Proposal does not contain any plagiarised, fabricated or falsified data or information as per the requirements of the Codes of Conduct for Research (Australian Code and the University of Melbourne code)**.** 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;

|  |  |  |  |
| --- | --- | --- | --- |
| CI Signature |  | Date |  |

**Certification by Head of Department#/Institute Director#**

I certify that:

1. The project can be accommodated within the general facilities in my Department/Institute and that sufficient working and office space is available for any proposed additional staff; and
2. I am prepared to have the project carried out in my Department/Institute under the circumstances set out in the proposal; and
3. I understand that should the applicant be successful, either a paid or honorary appointment\* must be in place within the Department in order for this grant to be administered by the University of Melbourne. For honorary appointments, the applicant must have a paid appointment elsewhere and University of Melbourne must have an agreement with the Employing Institution that allows compliance with NHMRC funding rules; and
4. I agree that for awardees employed (paid, not honorary) by the University of Melbourne, the funding shortfall\* between the NHMRC salary package and University salaries will be met

\**For Institute awardees, the Institute is responsible for addressing any shortfall between the NHMRC salary package and the institute’s commensurate pay scale. Appointments (level and FTE) are to be in keeping with the scheme-specific NHMRC funding rules. An Honorary University appointment is to be established to meet NHMRC requirements.*

|  |  |  |  |
| --- | --- | --- | --- |
| HOD/Director Name\* |  | | |
| HOD/Director Signature\* |  | Date |  |

*\*Please note where the CI is also the HOD/Institute Director the Dean/approved signatory must sign*