# **Appendix 1: Cover Sheet**

# UoM PRINCIPAL Investigator

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Title** |  | **Name** | | |  | | | | | |
| **Department** | |  | | | | | | | | |
| **Faculty** | |  | | | | | | | | |
| **Is your UoM appointment Honorary?** (if yes, include affiliated research institution) | | | | | | | | | Yes / No | |
| **Telephone** | |  | | | | | **Email** |  | | |
| **Website** | |  | | | | | | | | |
| **Career Stage (select one)** | | | |  | | Within five years FTE of PhD conferral | | | | |
|  | | Within ten years FTE of PhD conferral | | | | |
|  | | Neither | | | | |
| **Gender identification** | | Male / Female / Other / Prefer not to say | | | | | **Do you identify as Aboriginal and/or Torres Strait Islander?** | | | Yes / No / Prefer not to say |
| **Appointment eligibility (select one):** | |  | I confirm that I am a University of Melbourne academic staff member; I am registered to supervise; and I am employed beyond the envisaged submission date of the PhD candidate (2027) OR have alternative arrangements in place. | | | | | | | |
|  | I confirm that I am an honorary employee whose primary affiliation is with the University of Melbourne; I am registered to supervise; and my primary employer has entered into an agreement to fund the Melbourne cash component of the collaborative activity. | | | | | | | |
|  | I confirm that I am an honorary employee whose primary affiliation is with the University of Melbourne; I am registered to supervise; and I am otherwise unaffiliated and participating at my own expense. | | | | | | | |
| **Does this application include UoM researchers from more than one faculty?** | | | | | | | | | Yes / No | |
| **Have you attached endorsement from your Head of School/Department and Faculty’s Associate Dean (Graduate Research) confirming their support for the proposal and provision of a scholarship if successful?** | | | | | | | | | Yes / No | |

# FZJ PRINCIPAL Investigator

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Title** |  | **Name** |  | | |
| **Institute** | |  | | | |
| **Telephone** | |  | | **Email** |  |
| **Website** | |  | | | |

# CO-SUPERVISOR 1 (IF APPLICABLE)

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Title** |  | **Name** |  | | | | |
| **UOM/FZJ** | |  | | | **Department** | |  |
| **Faculty/Institute** | |  | | | | | |
| **Telephone** | |  | | **Email** | |  | |
| **Website** | |  | | | | | |

# CO-SUPERVISOR 2 (IF APPLICABLE)

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Title** |  | **Name** |  | | | | |
| **UOM/FZJ** | |  | | | **Department** | |  |
| **Faculty/Institute** | |  | | | | | |
| **Telephone** | |  | | **Email** | |  | |
| **Website** | |  | | | | | |