# **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** |  |