**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 accepted.

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

1. Certify your application in RGMS – the status should be “Submitted to RAO”.
2. Provide a fully signed, electronic copy of this form to RIC **by 5.00 pm Wednesday 21 February 2018** by email to nhmrc-people-support@unimelb.edu.au . No other documents are required in hard copy or by email. Additional co-funding applications are to be submitted at a later date (to be advised by RIC).

**Application for:** (please tick the appropriate funding bodies)

[ ]  **NHMRC**

[ ]  **Co-Funding (Enter name e.g., Heart Foundation)……………………………………………………**

|  |  |
| --- | --- |
| **\* NHMRC ID** Generated by RGMS | **APP** |
| **\* UOM Notice of Intent (NOI) number** Submit an NOI [here](https://ric-noticeofintent.app.unimelb.edu.au/apex/f?p=ric_noi:noi_form).  | **N** |
| **\* CI Name**  Including title, e.g. Dr, A/Prof., Prof. |  |
| **\* Department and Faculty** The Department administering the grant |  |
| **\* CI mobile phone number** In case of problems preventing submission to NHMRC |  |
| **\* CI email address** |  |
| **\* Alternate Contact: Name & phone number** In case we are unable to contact CIA for urgent issues |  |
| **\* Supervisor Name, email & phone** |  |
| **\* Supervisor Department & Faculty** |  |

*(\*) mandatory information*

|  |  |  |  |
| --- | --- | --- | --- |
| **Compliance & Eligibility Checklist**Completion (tick either ‘Yes’ or ‘N/A’) & initial for each section on this table is mandatory | **Yes** | **N/A** | **CI Initial** |
| **CV & Profile** sections completed as per scheme requirements *(refer to NHMRC ECF scheme-specific advice & instructions to applicants)* |  |  |  |
| **RGMS Application:** All relevant sections of PART A and B in RGMS have been completed |  |  |  |
| CI meets the **eligibility requirements** specified in the *NHMRC ECF Funding Rules for funding commencing in 2018* |  |  |  |
| Applicant has held their PhD for no more than two years as at 30 June 2018 or will submit their thesis by 31 December 2018**or**Applicant holds an MBBS, has held their PhD for no more than four years as at 30 June 2018 and has provided evidence of further clinical training**or**Applicant is applying for a Health Professional ECF and has held their PhD for no more than four years as at 30 June 2018 |  |  |  |
| **Grant Proposal PDF** is uploaded in RGMS and complies with formatting requirements |  |  |  |
| If applicable, will submit the additional **Co-Funding application** for other funding bodies to RIC by email at a later date (to be advised by RIC), and have notified RIC of the intention to submit a co-funding application |  |  |  |
| **Supervisor Referee Report** has been submitted in RGMS |  |  |  |
| CI and HOD/Director of Institute have signed this **Authority to Submit form**  |  |  |  |
| 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 ECF Funding Rules for funding commencing in 2019* and am satisfied that I meet the eligibility criteria as specified;
2. I have complied with the *NHMRC ECF Funding Rules for funding commencing in 2019, 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* E*CF’s*; and
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](http://orei.unimelb.edu.au/content/codes-conduct) (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#**

1. I agree that 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;
2. I am prepared to have the project carried out in my Department/Institute under the circumstances set out in the proposal;
3. I agree that the funding shortfall between the NHMRC salary package and University salaries will be met and a University appointment will be set up if the grant is awarded. For Overseas Fellowships (e.g. C.J Martin Biomedical Fellowships) I am aware of the FBT liable resulting from the ‘Overseas Allowance’ and agree that the funding shortfall referred to in this statement includes that liability.

 *(For Institute applicants, the Institute is responsible for addressing any shortfall, including any FBT liability resulting from the ‘Overseas Allowance’, 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 |  |

*(#) If the CI is the HOD/Director, certification must be obtained by the Dean/CEO*