**This form must be provided to RIC by the final internal deadline date of 10am Thursday 6 June 2019**. **To submit your Final Application to NHMRC:**

1. Certify your application in RGMS – the status should be “Submitted to RAO”.

2. Check snapshot reports have been produced then email only a fully signed PDF copy of this form to RIC via [nhmrc-people-support@unimelb.edu.au](mailto:nhmrc-people-support@unimelb.edu.au). No copies of the RGMS application are required in either electronic or hard copy format.

**Co-funding:** (if applicable, please tick the appropriate funding bodies from which you are applying for co-funding)

Arrow  Aust. Acad. of Science  ANZAN E&RF  Cerebral Palsy Alliance  Diabetes Australia

Heart Foundation  JDRF  MNDRIA  MSRA  NBCF  RACP  Sanfilippo

*Applicants seeking Heart Foundation or MSRA co-funding must submit a NHMRC Postgraduate Scholarship application via RGMS* ***AND*** *a Heart Foundation or MS Research Australia Scholarship application via relevant organisation’s online portal. Consult* [Research Professional](https://www.researchprofessional.com/0/rr/home) *for scheme-specific information.*

|  |  |
| --- | --- |
| **\* NHMRC ID**  *Generated by RGMS* | **APP** |
| **\* UOM Notice of Intent (NOI) number**  *Submit mandatory NOI* [*here*](https://ric-noticeofintent.app.unimelb.edu.au/apex/f?p=ric_noi:noi_form) *if you have not yet done so* | **N** |
| **Stipend Category***: Indicate which category you will apply for Medical/dental; Priority; Standard; Combined MBBS/PhD* |  |
| **Part-time (indicate FTE 0.5-0.9) or Full- time:** *Part time is only available as outlined in section 3.3.2 of the guidelines.* |  |
| **\* Applicant Name**  *Including title, e.g. Miss, Mr, Dr* |  |
| **\* Department**  *The department where you will be undertaking your PhD/Masters* |  |
| **\* Faculty**  *The Faculty under which your department falls E.g. Faculty of Medicine, Dentistry & Health Sciences, Faculty of Science etc.* |  |
| **\* Applicant mobile phone number**  *In case of problems preventing submission to NHMRC* |  |
| **\* Applicant email address** |  |
| **\* Supervisor Name**  *Including title, e.g. Dr, A/Prof, Prof* |  |
| **\* Alternate Contact – Name & phone number**  *In case we are unable to contact Applicant for urgent issues* |  |

*(\*) mandatory information*

|  |  |  |
| --- | --- | --- |
| **Compliance & Eligibility Checklist**  *Tick either Yes or N/A for each section. Completion of each section of this table is mandatory.* | **Yes** | **N/A** |
| Applicant meets **eligibility requirements** detailed in Section 4 of NHMRC’s *Postgraduate Scholarships 2019 Guidelines*. |  |  |
| Applicant meets **Category of Award** **eligibility requirements** detailed in Section 3.1.1 of NHMRC’s *Postgraduate Scholarships 2019 Guidelines*. |  |  |
| Applicant confirms they do **not** currently hold an Australian Government Scholarship such as an Australian Postgraduate Award (APA). |  |  |
| **CV & Profile** sections completed as per scheme requirements.  (For details refer to Section 5 and 6 Appendix D – Guide to applicants of NHMRC’s *Postgraduate Scholarships 2019 Guidelines*.) |  |  |
| **RGMS Application:** All relevant sections of *Part A* and *Part B* of RGMS are complete. |  |  |
| ***Grant Proposal*** PDF has been uploaded to RGMS and complies with formatting, size, and naming requirements (see Section 7.9 Appendix D – Guide to applicants of NHMRC’s *Postgraduate Scholarships 2019 Guidelines*.) |  |  |
| **Compliance & Eligibility Checklist *(Continued)***  *Tick either Yes or N/A for each section. Completion of each section of this table is mandatory.* | **Yes** | **N/A** |
| ***Academic Transcripts*** PDF – certified copy has been uploaded to RGMS and complies with size and naming requirements. If applicable, certified translation and accreditation have been provided for overseas qualifications.  (For details see Section 7.9 Appendix D – Guide to applicants of NHMRC’s *Postgraduate Scholarships 2019 Guidelines*). Files should be named following the convention “APP ID\_ApplicantSurname\_Document Type/Name.pdf” |  |  |
| ***Registration Evidence*** - if applicable, provide a certified copy to the RAO (RIC). RIC must retain this evidence and provide it to the NHMRC if requested. Registration evidence is required from Medical/Dental applicants and Allied Health graduates. |  |  |
| The application has been **certified in RGMS** and status is ‘Submitted to RAO’ |  |  |

**Certification by Chief Investigator A (CIA)**

1. I have read and understood the *NHMRC’s Postgraduate Scholarships 2019 Guidelines*; and I am satisfied that all provided information is complete, current and correct, and that all eligibility and other application requirements have been met.
2. I certify that ll personnel contributing to the Research Activity have familiarised themselves with the *Australian Code for the Responsible Conduct of Research*, *the National Statement on Ethical Conduct in Human Research, the Australian Code for the Care and Use of Animals for Scientific Purposes* and other relevant *NHMRC policies* concerning the conduct of research and agree to conduct themselves in accordance with those policies.
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.
4. I agree to be named on the application, to participate in the manner described in the application and to the use of their personal information as described in the NHMRC Privacy Policy.
5. I agree for the final application to be certified.

|  |  |  |  |
| --- | --- | --- | --- |
| Applicant Signature  *Electronic signatures accepted* |  | 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; and
2. I am prepared to have the project carried out in my Department/Institute under the circumstances set out in the proposal
3. For part time applicants (as indicated on this form); I approve the part-time arrangement in which this PhD/Masters will take place

|  |  |  |  |
| --- | --- | --- | --- |
| HOD/Director Name |  | | |
| HOD/Director Signature  *Electronic signatures accepted* |  | Date |  |