APPLICATION FORM FOR THE RESEARCH SUPPORT SCHEME

NAME: ........................................................................................................................................

EMAIL: ................................................................................................................................. PHONE: ................................

☐ STAFF LEVEL ....................... ☐ PHD STUDENT ☐ MPhil STUDENT

TYPE OF SUPPORT ☐ SEMINAR ☐ CONFERENCE & TRAVEL

☐ MAJOR GRANTS (non-allowable expenses) YEAR OF AWARD: ................

GRANT NAME: ................................................................. GL PROJECT: .............................

REQUEST FOR FUNDING

SHORT DESCRIPTION AND OUTCOMES

BUDGET

(Please use discounted airfare rate)
SELECTION CRITERIA

Explain how you fit the selection criteria. Please cover all aspects of the selection criteria.

☐ I have used or committed all other possible sources of funding, including consultancy (Ledger 5) accounts

☐ I have exhausted other sources of funding

☐ For travel and conference and seminar support, report will be submitted within 4 weeks completion of activity

SIGNED: ........................................................................................................................................

If you are a MPhil or PhD student, please have the form signed by your supervisor.

SUPERVISOR: .............................................................................................................................

RECEIVED ALL APPLICATIONS SHOULD BE SENT TO MS-OFFICE@UNIMELB.EDU.AU

ASO: ................................................................. DATE:.................................

COMPLETION REPORT .................................................. DATE:.................................

APPROVED

☐ PGC: ................................................................. DATE:.................................

☐ R&I: ................................................................. DATE:.................................

☐ HOS: ................................................................. DATE:.................................

PROCESSED

☐ MSO/MA: ........................................................ DATE:.................................