**Application form for ECR research funding support**

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| **Name of applicant**: |
| **Institution of applicant:** |
| **Title of application:** |
| 1. **Please describe the research plan – clearly state your research objectives, methods, expected outcomes and significance of your work. Note: For some applications it may also be appropriate to describe the target population (max 700 words):** |
| 1. **Please outline the proposed budget and justification**  |  |  |  | | --- | --- | --- | | **Item** | **Justification (max of approximately 150 words per item)** | **Cost ($)** | |  |  |  | |  |  |  | |  |  |  | |  |  |  | |  |  |  | |  |  |  | |
| 1. **Please describe how the application aligns with CRE objectives and vision (max 300 words):** |
| 1. **Please list any collaborating researchers and briefly describe how they will contribute to the grant aims (max 200 words):** |
| 1. **Describe how the outcomes of the grant will help progress of ECR’s career and/or support the application of a larger grant (max 200 words):** |
| 1. **Please list key milestones and timeline for their completion (max of 2 years):** |
| 1. **Please detail any existing funding related to this project that you have, and what that funding is being used to support. Please confirm that this work is not already funded through an existing scheme:** |
| 1. **I confirm that CRE funded work will be acknowledged when presenting /publishing.**   <insert title of piece of work> was fully/partially funded by the NHMRC Centre for Research Excellence - Stronger Investments for Infectious Diseases (STRIDE).  Yes  No |
| **By signing this form, the following individuals acknowledge that they have reviewed this application form and support this application.**  Name (Supervisor from STRIDE Investigator team)  Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Name (Lead Applicant/EMCR)  Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Name (Co-Applicant, STRIDE and other)  Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |