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| Notice of Intention to Submit (NOIS)ARC Continuous Linkage – From 1 January 2017 |

Attach this form to an email and send to [research-grants@deakin.edu.au](mailto:research-grants@deakin.edu.au) **3 months prior** to your anticipated submission date

Please provide the following details:

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| Name of Lead Organisation |  | | | |
| Name of DU Lead CI |  | | | |
| DU Lead CI School |  | | | |
| DU Lead CI Faculty |  | | | |
| DU Lead CI SRC |  | | | |
| Anticipated Title |  | | | |
| Partner Organisations  **List all** |  | | | |
| Project Summary  (Approximately 100 words) |  | | | |
| Anticipated date of submission | dd/mm/yyyy | | | |
| Ethics required | Yes | | No | |
| Type of Research %  (Must add up to 100%) | Strategic Basic |  | Pure Basic |  |
| Experimental Dev |  | Applied |  |

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| **Partner Organisations** | Yes | No |
| Are any of your partner organisations entities where more than 50% is owned by one or more eligible organisations (E.g. a joint venture with an Australian higher education organisation)? |  |  |

**If 'Yes' please email** [**research-grants@deakin.edu.au**](mailto:research-grants@deakin.edu.au) **with further details so that we can advise regarding the correct category for this partner organisation.**

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| **ARC MEDICAL RESEARCH POLICY**  The ARC definition of Medical Research Policy is available at <http://www.arc.gov.au/arc-medical-research-policy>. Carefully read this then answer the questions below (Check either the ‘Yes’ or ‘No’ box). | Yes | No |
| Is your application substantially aimed at understanding human health and or medical goals, including research on aetiology, diagnosis, monitoring, management or treatment of physical or mental disease or other health conditions in humans? |  |  |
| Will you be carrying out interventional research in humans, including clinical or pre-clinical trials of therapeutic goods (including devices)? |  |  |
| Will your research be aimed at modifying the health of human participants? |  |  |
| Will you use or develop equipment, facilities, tools, games, devices, smart phone apps or other items to understand, diagnose, monitor, manage or treat human health conditions? |  |  |
| Will the research involve the use or development of animal models of human health conditions, or use of animals for the development or testing of therapeutic goods (including devices) or procedures, for the purpose of better understanding human health or developing treatments for human health conditions? |  |  |

**If any responses are 'Yes', your application will be assessed to ensure it is eligible.**

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| **USE OF BARWON HEALTH FACILITIES** | Yes | No |
| Will this research require the use of Barwon Health facilities, premises or staff resources? |  |  |

**If 'Yes' this NOIS must be cc’d to the Barwon Health Director of Research (Prof Frances Quirk)** [**frances.quirk@barwonhealth.org.au**](mailto:frances.quirk@barwonhealth.org.au)

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| **USE OF CSIRO AAHL FACILITIES** | Yes | No |
| Will this research require the use of CSIRO Australian Animal Health Laboratory (AAHL) facilities, premises or staff resources? |  |  |

**If 'Yes' this NOIS must be cc’d to the CSIRO Australian Animal Health Laboratory Business Development Manager (Dr Lyndon Judd)** [**Lyndon.Judd@csiro.au**](mailto:Lyndon.Judd@csiro.au)

**ADR / INSTITUTE DIRECTOR** **SUPPORT**

A NOIS form will not be accepted unless endorsed by the relevant Faculty/Institute. By signing below the ADR/Institute Director indicates their Faculty/Institute support of the NOIS.

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| **ADR/Institute Director:** Printed Name | Signature and Date |