

SCHOOL OF HEALTH AND SOCIAL DEVELOPMENT  
2019 SCHOOL HDR GRANT - APPLICATION FORM



**INSTRUCTIONS**

- Only ELECTRONIC applications will be accepted. (Open form in Adobe Acrobat XI Pro).
- Read the *School HDR Grant Guidelines* before submitting your application.
- Attach separate documents (pdf recommended) if space on form provided is insufficient.
- Forward your complete application to the HDR inbox at [health-hdr@deakin.edu.au](mailto:health-hdr@deakin.edu.au) . DO NOT email or CC the HDR Coordinator or Deputy HDR coordinator.

**STUDENT DETAILS**

Name of applicant		
Email		
Mobile		
Candidature commencement (Date)		
Enrolment	Full time	Part time
Principal Supervisor		
Associate Supervisor		
Scholarship– are you currently receiving a scholarship?	Yes	No
If Yes, specify type (e.g. DU, ARC, VicHealth, NHMRC)		
Does this scholarship include a maintenance fund?	Yes	No
Confirmation Seminar Successfully completed?	Yes	No
If No, provide an approximate date for confirmation seminar		

**PROJECT DETAILS**

Thesis title - Provide a short descriptive title of no more than 20 words:			
Ethics approval	Yes	No	
If there is no ethics approval, is it:			
In progress	Yes	No	
Pending	Yes	No	
Exempt	Yes	No	
Exemption number		Date granted	
If Approved - Approval number		Date granted	

## ADDITIONAL INFORMATION

Have you applied for any of the following available Deakin University HDR schemes - Faculty HDR Grant, SRC Small Grant, Faculty e-Publications grant or any other HDR grant?	Yes	No
If Yes, name of grant received		
Amount awarded or requested		
If outcome is pending, provide expected date of outcome		
If No, please provide a reason		
Have you applied for funding from any other source (e.g. NHMRC, charitable organization, Endeavour etc.)?	Yes	No
If Yes, name of organization		
Amount awarded or requested		
If outcome is pending, provide expected date of outcome		
If No, please provide a reason		
Have you previously received a School HDR grant?	Yes	No
Amount awarded		Year
Were you previously <b>unsuccessful</b> in receiving a School HDR grant?	Yes	No
If Yes, please provide a reason		

**BUDGET/ ESTIMATED EXPENDITURE** - provide the following details for your expected budget expenditure:

Item <i>(E.g. data collection, interviews, transcriptions costs etc.)</i>	Amount (\$)	Month of Expense <i>(Please specify when the Item is expected to be spent)</i>	Justification <i>Please justify all budget requests by describing how the funding will contribute to the success of your research.</i>
<b>TOTAL requested</b>			

<b>ADDITIONAL INFORMATION/ JUSTIFICATION</b> – in relation to budget (optional)

**APPLICANT'S DECLARATION**

I confirm that all information contained in this application is true and correct and that I will inform the Faculty HDR Support Team of any changes that may affect the proposed application.

Signature of applicant:	Date:
-------------------------	-------

**SUPERVISOR'S APPROVAL**

Please provide a brief endorsement of your student's funding request/s (e.g. it is integral to their successful data collection OR they require specialist equipment to complete their research project).

--

**I have reviewed my HDR student's application and the funding requested directly relates to their Research.**

Name of Principal Supervisor		
Signature of Supervisor:		Date