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| **Linkage Projects Support Scheme –**  **Application Form** | *UoN_logo_square* |

**Section A: Project Information**

1. **Summary**

|  |  |
| --- | --- |
| 1. Project Title |  |
| 1. Total Funds being Requested |  |
| 1. Anticipated Start Date |  |
| 1. Anticipated End Date |  |
| 1. Anticipated LP Submission Date   (Must be before d) above and same Calendar year as c) above |  |

**Section B: Personnel**

1. **Lead Chief Investigator details**

|  |  |
| --- | --- |
| Title, first name, surname |  |
| School, Faculty |  |
| Input % Weighting\* |  |
| Appointment Held\*\* |  |
| Commencement Date |  |
| End of Appointment (or ongoing) |  |
| If fractional indicate percentage |  |
| Residential status (temporary/permanent)\*\*\* |  |

1. **Additional Chief Investigator(s) details**

|  |  |
| --- | --- |
| Title, first name, surname |  |
| School, Faculty |  |
| Input % Weighting\* |  |
| Appointment Held\*\* |  |
| Commencement Date |  |
| End of Appointment (or ongoing) |  |
| If fractional indicate percentage |  |
| Residential status (temporary/permanent)\*\*\* |  |

|  |  |
| --- | --- |
| Title, first name, surname |  |
| School, Faculty |  |
| Input % Weighting\* |  |
| Appointment Held\*\* |  |
| Commencement Date |  |
| End of Appointment (or ongoing) |  |
| If fractional indicate percentage |  |
| Residential status (temporary/permanent)\*\*\* |  |

\*Refers to % weighting for the input of each Chief Investigator (CI) to this project and must total 100%. Prior to completing this table the lead CI should confirm these values with each UON CI. This weighting information is collected for statistical purposes, particularly where CIs are located in more than one School or Faculty, as a reflection of the research load of staff. It is also used in the workload calculations for research income in the PRD Report (Academic) and for allocation of block funding.

\*\*For example: Ongoing academic appointment; Fixed term academic appointment; casual academic appointment; UON Conjoint employed at HNE Health; Ongoing HEW appointment; Fixed term HEW appointment; Casual HEW appointment; UON Conjoint other.

\*\*\*Guidelines clause A6.1.2 requires temporary or permanent resident status before commencing on a Collaboration grant.

1. **Previous Linkage Projects Support Scheme Grants**

List any previous UON research scheme funding held by any of the Chief Investigators listed on this application which did not result in the submission by the UON an external proposal for funding. Provide justification for the non-submission.

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| --- | --- | --- |
| Name of CI | Gnumber | Justification for non-submission of proposal |
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1. **View Access in Research Financial System (RFS)** (please insert additional lines if required)

If you require a UON staff member who is not listed as a CI to have access to view the account in RFS please add their details below. The staff member needs to be a registered TechnologyOne User (please insert additional lines if required).

|  |  |  |
| --- | --- | --- |
| Name of UON Staff Member | School | Email address |
|  |  |  |
|  |  |  |

**Section C: Project Description**

1. **Overview of Project and Expected Outcomes**

Provide a summary (of approximately 200 words) focusing on the aims, significance, and expected outcomes of the Project. Write your summary simply, clearly and in plain English. Use background information where relevant.

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1. **Identify the collaborating partner organisation(s).** Copy/paste for multiple partner organisations if required.

|  |  |
| --- | --- |
| Name of organisation |  |
| ABN |  |
| Address |  |
| Contact (provide as many details as possible) |  |

1. **Describe the project addressing the Selection Criteria (total up to 600 words).** Do not repeat information provided earlier.

The Selection Criteria are equally weighted

|  |  |  |
| --- | --- | --- |
| A | Performance evidence of the researcher(s) capacity to undertake and manage the proposed research collaboration to the point of submitting a Linkage Projects proposal to the ARC  Identify the roles of each participant on the Grant including: previous relevant research, collaborative experience etc |  |
| B | Evidence of collaboration  Detail any history of relationship or collaboration with the PO(s). |  |
| C | Evidence that the Partner Organisation is eligible and has the capacity to contribute to an ARC Linkage Projects proposal  Identify how the PO(s) fulfils the eligibility criteria of the proposed external collaborative funding scheme. If relevant identify if the PO has already undertaken to contribute to the external proposal. |  |
| D | Potential of a successful Linkage Projects proposal  Detail your strategy for building a successful Linkage Projects proposal; include a brief timeline for the current project and/or a research plan; identify any relevant School and or Faculty support |  |
| E | Value for Money  Describe how the LiPSS grant represents value for money to UON – note this is distinct from *Budget Justification* |  |

1. **How will the Linkage Projects Support Scheme funding strengthen the proposed Linkage Projects proposal proposal (up to 200 words)?**

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**Section D: Budget**

1. **Allocation to Budget Categories** (Note: Overheads and GST do not need to be included).

Enter the costs to be covered by the relevant School or Faculty.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  |  | School or Faculty | School or Faculty | Total |
| **BLI** | **Budget Category** | eg FEDUA | eg HASS | -------- |
| 001 | **Personnel** (excluding fellowships and HDR scholarships) |  |  |  |
| 005 | **Capital Equipment** (individual items <$5000 including specialised computers – Account Code 6707) |  |  |  |
| 006 | **Maintenance / Consumables** |  |  |  |
| 007 | **Travel Domestic** |  |  |  |
| 007 | **Travel International** |  |  |  |
| 014 | **Fieldwork** |  |  |  |
| 008 | **Teaching Relief** |  |  |  |
| 009 | **Restricted Project Costs** |  |  |  |
|  | **TOTAL FUNDING** (not to exceed $5,000) |  |  |  |

1. **Budget Justification (up to 300 words)**

Justify in terms of need and cost, each budget item requested.

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**Section E: Financial Management**

1. **View Access to Research Financial System** (TechnologyOne User Registration required)

All UON CIs have access to view the research account in the [Research Financial System (RFS)](http://www.newcastle.edu.au/research-and-innovation/resources/grants/manage/financial-reporting). Lead CIs **must** be a registered TechnologyOne user to access RFS, for the G Number account to be created and invoices to be raised.

CIs not already registered as a TechnologyOne user, are required to complete an online registration request using the [ServiceUON](https://uonau.service-now.com/UON/home.do) portal. Under the heading *Request Something* in the Portal, select *Choose the service you need* > *Business Applications* > *Financial Management* > *I need to access Technology One.*

1. **Effective Financial Management of Research workshop**

From 1 January 2016 this workshop is mandatory training for all researchers who hold research funds.

I have previously attended a workshop

I have registered in [Discover](https://discover.newcastle.edu.au/course/view.php?id=107) (Find Learning > Research Advantage) to attend a workshop on Click here to enter a date.

**Section F: Conflicts of Interest Management**

Conflicts of interest can arise in many situations. It is not unusual or wrong to have a conflict of interest. Actual, potential or reasonably perceived conflicts of interest may arise in decision making or in actions, and need to be managed. Conflicts of interest in the research area are common and it is important that they are disclosed and dealt with properly. Further information is available in the [Conflicts of Interest Policy](http://www.newcastle.edu.au/about-uon/governance-and-leadership/policy-library/document-record?RecordNumber=D12/113355P) in the [UON Policy Library](https://www.newcastle.edu.au/about-uon/governance-and-leadership/policy-library/policy#governance).

* Conflict (or actual conflict) of interest arises when a person’s private-capacity interests could adversely affect the proper performance of their official function or duty. A conflict of interest can arise from avoiding personal losses as well as gaining personal advantage – whether financial or otherwise.
* Perceived (or apparent) conflict of interest exists where it could be reasonably perceived by a disinterested third party that a person’s private interests could improperly influence the performance of their duties – whether or not this is in fact the case.
* Potential conflict of interest arises where a person has private interests that could conflict with their official duties in the future.

Failure to declare a conflict of interest may impact eligibility and may be a breach of the Australian Code for the Responsible Conduct of Research.

|  |  |
| --- | --- |
| F.1 Do all Investigators listed in Section 1 understand the obligation to disclose actual, potential or perceived conflicts of interest is ongoing and that individuals are required to inform Research Grants of that information as soon as possible if any significant changes occur to their or their immediate family/partner’s interests. | **Yes**  **No** |
| F.2 Do any of the investigators listed in Section 1 (Internal or External) have an actual, potential or perceived conflict of interest by participating in this research project?  If yes, please provide details on the conflict\* (including any previously disclosed Conflicts of Interest): | **Yes**  **No** |
| F.3 Have all Investigators listed in Section 1 declared in Section E.2 all actual, potential or perceived Conflicts of Interest (as defined above) relating to parties involved in or associated with this project, and, agreed to manage all Conflicts of Interest relating to this proposal in accordance with the [Australian Code for the Responsible Conduct of Research (2007)](http://www.newcastle.edu.au/research-and-innovation/resources/policies-procedures-and-codes/overview)? | **Yes**  **No** |

\* While all conflicts of interest must be disclosed, on rare occasions, there may be an ethically acceptable reason for not disclosing the specific nature of the conflict. If you believe this to be the case please contact the [Associate Director, Research Grants](mailto:Judy.%20Alexander@newcastle.edu.au?subject=Conflicts%20of%20interest%20issue).

Research Grants staff will assist in the avoidance of conflicts of interest where possible, and to provide measures which may be used for the appropriate management of issues or situations where conflicts of interest arise.

**Section G — Classifications and Research Component**

1. **Classifications**

**Please code this project according to Australian Bureau of Statistics (ABS) classifications.**

Click the links to go to the UON website for research classification codes and types of research

**Note:** the lowest level six digit classification possible must be selected (e.g. 160810), the code must not end in 00.

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| [**Type of Research**](http://www.newcastle.edu.au/research-and-innovation/resources/grants/forms-and-codes/types-of-research-definitions) | | [**FOR Code**](http://www.newcastle.edu.au/research-and-innovation/resources/grants/forms-and-codes/for-codes) | | | | | | | [**SEO Code**](http://www.newcastle.edu.au/research-and-innovation/resources/grants/forms-and-codes/seo-codes) | | | | | | |
| *Activity* | % | *6 digit Code* | | | | | | % | *6 digit Code* | | | | | | % |
| Pure Basic |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Strategic Basic |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Applied |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Experimental Development |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| TOTAL | 100% |  | | | | | | 100% |  | | | | | | 100% |

**Section H — Central Research Facilities Use**

The funded research project will make use of the following central research infrastructure:

Animal Support Unit

Research Support Unit – Electron Microscope and X-Ray Unit

Research Support Unit – Analytical and Biomolecular Research Facility

Further information on these facilities and the services that they offer can be viewed on:

Animal Services Unit - [www.newcastle.edu.au/animal-services-unit](file:///C:\Users\njf655\AppData\Local\Microsoft\Windows\INetCache\Content.Outlook\OIXXBFB7\www.newcastle.edu.au\animal-services-unit)

Central Scientific Services - [www.newcastle.edu.au/central-scientific-services](file:///C:\Users\njf655\AppData\Local\Microsoft\Windows\INetCache\Content.Outlook\OIXXBFB7\www.newcastle.edu.au\central-scientific-services)

**Section I — Ethics and Safety Approvals**

The University is bound by legislation to ensure research does not commence without appropriate ethics and safety approvals. If you answer “yes” to questions 1, 2 or 3 within this section you must obtain the relevant approvals before commencing the research project. The GNumber *will not* be made active until Research Grants has received confirmation of this approval(s).

***Note:*** *Periodic audits to check the match between ethics applications and funding applications are conducted.*

1. **Animal Ethics Approvals**

Does this Research involve the use of Animals?  **Yes** or  **No**

**If ‘Yes’** please answer questions 1.1 and 1.2 below:

* 1. Has approval been obtained?  **Yes or  No**

**If ‘Yes’**, please provide:

|  |  |
| --- | --- |
| *Approval Number* | *Chief Investigator* |
|  |  |

**If ‘No’:** Information on obtaining Animal Ethics approval can be found at: http://www.newcastle.edu.au/research-and-innovation/resources/animal-ethics/approval-for-carrying-out-animal-research

* 1. Is all of the animal based research funded by the grant included in the approved animal ethics protocol?

**Yes** or  **No**

**If ‘No’:** Has a variation been submitted and approved by the ACEC and if so what was the date the variation was approved?  **Yes** dd/mm/yy or  **No**

**OR:** You must submit a Variation Application to the ACEC via RIMS to cover work that is not included in the protocol approved by the ACEC.

1. ***Human Ethics Approvals***

Does this Research involve Human Participants?  **Yes** or  **No**

For example: observations of humans, use of human tissue or body fluids, access to personal information or records, or use of an unpublished source of human research data or database etc, will require approval by the Human Research Ethics Committee (HREC)

**If ‘Yes’** please answer questions 2.1 and 2.2 below:

* 1. Has approval been obtained from the University of Newcastle HREC?  **Yes** or  **No**

*Please note:* If approved by HNEHREC, please submit a ‘[Registration of Approval](http://www.newcastle.edu.au/research-and-innovation/resources/human-ethics/application-procedures/human-research-involving-university-of-newcastle-and-hunter-new-england-health-procedures)’

**If ‘Yes’**, please provide:

|  |  |
| --- | --- |
| *UON Approval Number* | *Chief Investigator* |
|  |  |

**If ‘No’,** Information on obtaining Human Ethics approval can be found at: <http://www.newcastle.edu.au/research-and-innovation/resources/human-ethics/application-procedures>

* 1. **If the** response **at 2.1 is ‘Yes’** please confirm whether all of the human based research funded by the grant is included in the approved human ethics protocol.  **Yes** or  **No**

**If ‘No’**: Please outline which components of the project are covered by this ethics approval and provide an undertaking as to what future action will be taken to ensure ethical approval is in place prior to commencing the activities not yet approved .

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1. ***Safety Approvals***

*Note: Periodic audits to check the match between safety applications and funding applications are conducted.*

**There are statutory requirements for the control of risks arising from workplace hazards which both the University and the Chief Investigator are obliged to meet. Accurate identification of the hazards associated with the research project is vital to meet these obligations.**

***Please Answer “Yes” or “No” to ALL Questions***

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **3** | **Does this project involve:** | | | | |
| **a** | Recombinant DNA |  | **g** | Chemically Hazardous material\* |  |
| **b** | Genetically modified organism (GMO) |  | **h** | Radioisotopes/unsealed sources |  |
| **c** | Biologically hazardous micro-organisms |  | **i** | Ionising radiation/sealed sources |  |
| **d** | Animals |  | **j** | Non-ionising radiation |  |
| **e** | Human body fluids or tissue |  | **k** | Off-site radiation work (e.g.ANSTO grants) |  |
| **f** | Fieldwork/off-site activity |  | **l** | Nanotechnology |  |
|  |  |  | **m** | Other identified hazard(s) of high risk |  |
| Please specify any other Safety Hazard, chemical, biological or other type which you could identify: | | | | | |

***\**** If you are unsure as to the hazardous status of the material(s), consult the [Chemwatch Database](http://library.newcastle.edu.au/record=e1000421~S16).

***If you answered ‘Yes’ to ANY of the previous Safety Approval questions, move to question 3.1, otherwise go to Section K.***

* 1. Is this a continuation of funding or a new funding source for a previously approved safety project?  **Yes** or  **No**

**If ‘No’** Refer to the [Health and Safety for Teaching and Research](http://www.newcastle.edu.au/current-staff/teaching-and-research/health-and-safety-for-teaching-and-research/risk-assessments-for-teaching-and-research)website and the ‘Safety Review Form’ and then answer the following question:

Based on the hazards that relate to your research project and the guidelines relating to assessment and review (see page 3 of the Safety Review Form) does this project meet the criteria for:

Local level review  Escalated review

Then refer to the [Safety Review Form](http://www.newcastle.edu.au/current-staff/teaching-and-research/health-and-safety-for-teaching-and-research/risk-assessments-for-teaching-and-research) and complete as directed.

Please Note: All Safety Review Forms (Local and Escalated Reviews are monitored by Work Health and Safety to ensure that hazards are being appropriately reviewed. If you have a question regarding the review level, form or process please contact the [WorkHealth and Safety Team](http://www.newcastle.edu.au/current-staff/working-here/work-health-and-safety/contact-us)

**If ‘Yes’ please answer questions 3.2 and 3.3 below:**

**3.2** Has approval been given?  **Yes** or  **No**

|  |  |
| --- | --- |
| **If ‘Yes’**, please provide the Safety Review Application Reference Number: |  |
| and the title of the reviewed project Safety Review Application |  |

**3.2.1** Was the approval obtained in the last five years?  **Yes** or **No**

|  |  |
| --- | --- |
| **If ‘Yes’**, Name the CIs on the Safety Project |  |

**If ‘No’** complete the [Safety Review Form](http://www.newcastle.edu.au/current-staff/teaching-and-research/health-and-safety-for-teaching-and-research/risk-assessments-for-teaching-and-research)

**3.2.2** Any random auditing conducted by the University Work Health and Safety will check that the approved project protocol corresponds ***EXACTLY*** to that described in the research plan of the funding application listed above (including hazards, facilitites and procedures). **Please confirm that these match exactly  Yes** or  **No**

**If ‘No’**: complete the [Safety Review Form](http://www.newcastle.edu.au/current-staff/teaching-and-research/health-and-safety-for-teaching-and-research/risk-assessments-for-teaching-and-research) selecting 'variation' and completing as appropriate to cover work which is not included in the approved Safety Clearance.

**3.3** If you have answered 'Yes' to Question 3b GMOs, check if the end of dealing date needs to be changed (extended). If it does, please advise the new end of dealing date (note: dealings cannot exceed 5 years)

|  |  |
| --- | --- |
| **New end of dealing date** | dd/mm/yyyy |

**Section J — Declaration and Signatures**

**Lead Chief Investigator (CI) Declaration**

1. I confirm that the total amount funded under this grant is sufficient to conduct the research as outlined in the application.

2. I have fully disclosed to my Head of School the complete extent of the resources required from the School to conduct the research.

3. I accept responsibility to seek and obtain all requisite ethics and/or safety clearances prior to commencement of the research.

4. I accept responsibility for the management and conduct of the research as outlined in the application and will do nothing that would prejudice the rights and obligations of the University.

5. I agree to adhere to the [Australian Code for the Responsible Conduct of Research](https://www.newcastle.edu.au/research-and-innovation/resources/policies-procedures-and-codes/overview) and all related University Research policies.

6. I confirm that the details provided in this form are true and correct.

|  |  |  |  |
| --- | --- | --- | --- |
| **Name of the UON lead CI** |  | **Date** |  |
| **Signature\*** |  | | |

\* Electronic submission from the email address of the Chief Investigator does not require a scanned signature. Emailing the form is constituted as an officially “signed” form of communication.

**Other listed Investigators Certification** (add extra lines if required)**:**

1. I agree to adhere to the [Australian Code for the Responsible Conduct of Research](https://www.newcastle.edu.au/research-and-innovation/resources/policies-procedures-and-codes/overview) and all related University Research policies
2. I agree to the % weighting for input to this research project

|  |  |  |  |
| --- | --- | --- | --- |
| **Signature\* of the UON listed Investigator** |  | **Date** |  |
| **Name** |  | | |
| **Signature\* of the UON listed Investigator** |  | **Date** |  |
| **Name** |  | | |
| **Signature\* of the UON listed Investigator** |  | **Date** |  |
| **Name** |  | | |
| **Signature\* of the UON listed Investigator** |  | **Date** |  |
| **Name** |  | | |

\* An email from each listed Investigator will be accepted as signature.

Head of School (or Nominee) – of first named CI - Certification:

**I certify that:**

1. The project described in this application can be accommodated within the general facilities of the School, and is viable in terms of existing workloads, the School's resources and the funds requested;
2. Sufficient working and office space and general facilities will be available within the School for any additional staff proposed in the application:
3. The School will provide the funding for this project as outlined at Part D above and understand these costs will be reimbursed by the Research and Innovation Division if the conditions of the Linkage Projects Support Scheme guidelines are met.

|  |  |  |  |
| --- | --- | --- | --- |
| **Signature of Head of School** |  | **Date** |  |
| **Name** |  | | |

Assistant Dean (Research) – of first named CI - Certification:

**I certify that:**

1. I support this application for Industry Collaboration Support Scheme funding.
2. The Faculty will provide the funding for this project as outlined at Part D above and understand these costs will be reimbursed by the Research and Innovation Division if the conditions of the Linkage Projects Support Scheme guidelines are met.

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| --- | --- | --- | --- |
| **Signature of the Assistant Dean (Research)** |  | **Date** |  |
| **Name** |  | | |

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| --- |
| **How to Apply** |
| 1. Complete Application Form answering each question fully and addressing all selection criteria; 2. Obtain signatures or approvals from other listed Investigators; 3. Obtain approval from Head of School and Assistant Dean (Research); 4. Submit electronic copy of the Application Form, plus any supporting documentation via email to [research-grants@newcastle.edu.au](mailto:research-grants@newcastle.edu.au) . |