



This form will be retained by **Research and Innovation Services (RIS)** and not the funding organisation to which your application will be submitted.

**The Grant Application Cover Sheet serves three main purposes:**

1. To enable accurate data collection of your project into a central research project database maintained by RIS; and
2. To identify ethics, safety and other legal requirements associated with your project so that all compliance matters can be monitored through RIS once the project has been formally approved by the funding agency; and
3. To keep your Dean of Research (if applicable) and Director or Research Institute or Centre/Head of School informed of your involvement in this research proposal and any workload implications that may arise from your involvement in this research proposal.

**SECTION 1: CHIEF INVESTIGATOR DETAILS**

Title:		Surname:		First Name(s):	
Division:					
School / Institute:					

**SECTION 2: APPLICATION DETAILS**

Application ID (if known):					
Project Title:					
Administering Organisation (if not UniSA):					
Name of Funding Source:					
Name of Funding Scheme:					
Application Type (please tick all relevant boxes):					
<input type="checkbox"/>	Project Grant	<input type="checkbox"/>	Equipment		
<input type="checkbox"/>	Continuation of Grant	<input type="checkbox"/>	Internal Funding		
<input type="checkbox"/>	Fellowship	<input type="checkbox"/>	Other (specify below)		
<input type="checkbox"/>	Travel				

**SECTION 3: RESEARCH & INNOVATION SERVICES LIBRARY**

On a regular basis RIS receives enquiries from colleagues seeking examples of successful ARC Grants, both past and present.

Do you consent for this application to be included in a Research and Innovation Services Library of successful ARC applications?

<input type="checkbox"/>	Yes
<input type="checkbox"/>	No

**SECTION 4: COMMERCIALISATION**

Is there the possibility that commercialisation issues will arise from this research?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
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For Intellectual Property or Confidential Material matters please refer to the Research and Innovation Services website at: <http://www.unisa.edu.au/res/legal/intprop.asp>. Alternatively you may wish to contact your relevant Business Development Manager: <http://www.unisa.edu.au/community/doingbusiness/contact.asp>.

**SECTION 5: RESEARCH MEDIA AVAILABILITY**

Do you consent for details of this project to be available for media release if successful?

<input type="checkbox"/>	No		
<input type="checkbox"/>	Yes (please provide contact details below)		
Contact Name:			
Phone :		Mobile:	



**SECTION 6: RESEARCH DATA COLLECTION**

Please provide the following information as it is used in calculations for Supported Researchers, Divisional Research Performance Funds and Centre/Institute Allocations.

Definitions and further information for the following can be at:

<http://www.unisa.edu.au/res/data/HERDC.asp#definition>

Research Type:

Applied	Basic
Pure	Experimental

Research Codes:

FOR CODES	%	SEO2 CODES	%

**SECTION 7: ETHICS AND COMPLIANCE**

Are you aware of your responsibilities as a researcher under the

- **National Statement:** <http://www.nhmrc.gov.au/publications/synopses/files/e72.pdf> and the
- **New Australian Code:** <http://www.nhmrc.gov.au/publications/synopses/files/r39.pdf> ?

Yes

No

Ensure that you obtain relevant ethical and safety clearances, as per the application funding rules.

Please note that it is the responsibility of the First Named Chief Investigator (CI) to arrange for these clearances. We strongly recommend that you visit the following website for further information: <http://www.unisa.edu.au/res/commit/ethics.asp>

**ACTIVITIES THAT REQUIRE ETHICS APPROVAL**

Please tick the section below, indicating which Ethics and Safety requirements are necessary for this application:

Will your research activity involve the use of:

No	<b>1. Humans?</b>
Yes	If YES, please attach a copy of your ethics approval. If this has not been obtained please go to <a href="http://www.unisa.edu.au/res/ethics/human.asp">http://www.unisa.edu.au/res/ethics/human.asp</a> complete an application form and submit it to the appropriate committee for approval.
No	<b>2. Animal or Animal Products?</b>
Yes	If YES, please attach a copy of your ethics approval. If this has not been obtained please go to <a href="http://www.unisa.edu.au/res/ethics/animal.asp">http://www.unisa.edu.au/res/ethics/animal.asp</a> complete an application form and submit it to IMVS Animal Ethics Committee for approval.
No	<b>3. Genetically Modified Organisms (GMO's)?</b>
Yes	If YES, please attach a copy of your approval. If this has not been obtained please go to <a href="http://www.unisa.edu.au/res/ethics/biosafety.asp#gmos">http://www.unisa.edu.au/res/ethics/biosafety.asp#gmos</a> and follow the instructions to complete an application form and submit it to the Institutional Biosafety Committee for approval.
No	<b>4. Biological hazards or pathogenic organisms?</b>
Yes	If YES, please attach a copy of your approval. If this has not been obtained please go to <a href="http://www.unisa.edu.au/res/ethics/biosafety.asp">http://www.unisa.edu.au/res/ethics/biosafety.asp</a> complete an application form and submit it to the Institutional Biosafety Committee for approval.
No	<b>5. Carcinogenic and/or toxic chemicals or heavy metals?</b>
Yes	If YES, please attach a copy of your approval. If this has not been obtained please go to <a href="http://www.unisa.edu.au/res/ethics/chemhaz.asp">http://www.unisa.edu.au/res/ethics/chemhaz.asp</a> and complete an application form and submit it to the Chemical Hazards Subcommittee for approval.



Will your research activity involve the use of: (cont...)

No	<b>6. Radiation (ionising and/or non-ionising)?</b>
Yes	If YES, please attach a copy of your approval. If this has not been obtained please go to <a href="http://www.unisa.edu.au/res/ethics/radiation.asp">http://www.unisa.edu.au/res/ethics/radiation.asp</a> and contact the Radiation Safety Officer.
No	<b>7. Plant, equipment, devices or pressure vessels that are NOT part of the normal plant, equipment, devices or pressure vessels assessed and managed by the School or Institute under its routine OHS&amp;W responsibilities?</b>
Yes	If YES, please attach a copy of your hazard assessment and risk management strategies approved by the Head of School/Institute OR go to <a href="http://www.unisa.edu.au/res/ethics/plant.asp">http://www.unisa.edu.au/res/ethics/plant.asp</a> and submit a completed application form to the Head of School/Institute for approval.

Please note that if you answered **YES** to any of the questions in the above section **YOU MUST** obtain the relevant approvals before commencing your project / activity.

Have you applied for funding from other external sources to support your travel? Please indicate by ✓ below:

<input type="checkbox"/>	Fulbright
<input type="checkbox"/>	Scientific Exchange
<input type="checkbox"/>	ARC
<input type="checkbox"/>	Ian Potter Foundation
<input type="checkbox"/>	European Union
<input type="checkbox"/>	Internal UniSA Funding
<input type="checkbox"/>	Other (Please specify):

**SECTION 8: CONFIRMATION OF INTERNATIONAL RESEARCH INSTITUTION HOST**

If applicable, please attach a letter signed by the international collaborator indicating that they are prepared to host your visit for the purposes and period stated in your EOI.

**SECTION 9: CERTIFICATION**

**Certification of Chief Investigator** (on behalf of all Investigators)

I certify to the best of my knowledge that:

- All the details on the application form are true and correct and that I have complied with the funding guidelines
- I understand that all appropriate ethical and safety clearance requirements will be obtained before the proposed research project commences

**Research Fellowship Applicants – Please note:**

I certify that:

- Should this application be successful any shortfall resulting from an appointment has been discussed by the relevant Head of School/Director of Institute/and or PVC.

\* Please also attach to this form, email which certifies the above financial commitment.

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Signature of Chief Investigator

Printed Name

Date



**SECTION 9: CERTIFICATION (cont....)**

**Certification of Dean of Research (where applicable) and Head of School/ Institute/ Division**

I certify that the project is viable in terms of existing workloads, the School/Institute/Division's resources, the funds requested, and that it will not be permitted to proceed until appropriate ethical and safety clearances have been obtained. The School/Institute/Division which includes Research Fellowship will be responsible for managing any salary shortfalls that might occur in relation to staff to be employed from this grant.

For ARC Discovery-Projects only, I also certify that the Proposal does not constitute medical and dental research as defined on the ARC website.

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*Signature of Dean of Research*

*Printed Name*

*Date*

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*Signature of Head of School /Institute/Centre*

*Printed Name*

*Date*

**SUBMITTING THIS FORM**

This form must be fully-completed and signed by the first named Chief Investigator on behalf of all investigators as well as the Dean of Research (if applicable) and your Head of School/Director of Research Institute.

**Email**

Please scan the signed document and email to: [applications.support@unisa.edu.au](mailto:applications.support@unisa.edu.au)  
Subject heading: Grant Application – [YOUR SURNAME]