taahc.org.au

Research Assistance Scheme 2020

Tropical Australian Academic Health Centre

Expression of Interest Form

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| --- | --- |
| Lead Investigator Name | Click here to enter text. |
| Lead Organisation name: | Click here to enter text. |



1. Expression of Interest instructions

Before completing this form, please ensure that you have read the Funding Rules for this Round available at:

<https://www.taahc.org.au/research-funding/research-assistance-scheme/>

* 1. Submission of Expression of Interest

Expressions of Interest must be submitted to [taahc@jcu.edu.a](mailto:taahc@jcu.edu.a) before 5pm AEST Wednesday 18th March 2020.

The Expression of Interest must be submitted in a single PDF file using the naming convention Lead Investigator Surname\_Firstname\_RA application.

Late Expressions of Interest will not be accepted.

1. Applicant details

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| # | Name | Affiliation | Email | Mobile/phone |
| 1 (Lead Investigator) |  |  |  |  |

1. Lead Organisation details

|  |  |
| --- | --- |
| **Lead Organisation details** | |
| Lead Organisation Name |  |

1. Research Assistance request

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| **Project summary**  **Provide a brief outline of the Project or Program for which you are seeking Research Assistance (maximum 200 words).** |
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| **Alignment with TAAHC Research Themes**  **Describe how the project aligns with TAAHC Research Themes. The TAAHC Research Themes can be found on the TAAHC website:** [**https://www.taahc.org.au/research/**](https://www.taahc.org.au/research/) **(maximum 100 words).** |
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| **Research Assistance Skills Required**  **Outline the Research Assistant skills that you are seeking to support the above Project or Program (maximum 300 words).** |
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| **Demonstrated Need**  **Outline why you require access to a Research Assistant, including why this assistance cannot be sought from an alternative funding source (maximum 250 words).** |
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1. Engagement

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| **Engagement details** | |
| **What is the duration of Research Assistance required? (Maximum duration 12 months)** |  |
| **Estimated FTE of engagement?** |  |
| **Can the assistance be provided remotely?** |  |

1. Certification
   1. Lead Organisation certification

As the authorised delegate of the Lead Organisation, I certify that all details given in this Expression of Interest are correct.

|  |  |
| --- | --- |
| **Lead organisation’s certification** | |
| Authorised delegate’s full name |  |
| Position |  |
| Signature |  |
| Date |  |

* 1. Applicant certification

I, the Lead Investigator, certify that all details given in this Expression of Interest are correct.

|  |  |
| --- | --- |
| **Applicant’s certification** | |
| Title |  |
| Surname |  |
| First name(s) |  |
| Signature |  |
| Date |  |