



The University of Sydney
Faculty of Health Sciences
CUMBERLAND RESEARCH GRANT SCHEME
APPLICATION FOR CATEGORY B GRANT

*APPLICANTS MUST READ THE CUMBERLAND RESEARCH GRANT
 POLICY STATEMENT BEFORE COMPLETING THIS FORM*

1	Project Title	
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Chief Investigator

2	Title, Name				
3	School/Academic Unit/Centre				
4	Current Position				
5	Level	A	B	C	D
6	Appointment	(a) Full-time <input type="checkbox"/>	(b) Fractional <input type="checkbox"/>	%	
7	Term of Appointment	(c) Continuing <input type="checkbox"/>	(d) Contract <input type="checkbox"/>	<i>Starting date:</i> <i>Finishing date:</i>	
8 Date graduated status attained _____					

Associate Investigator

2	Title, Name				
3	School/Academic Unit/Centre				
4	Current Position				
5	Level	A	B	C	D
6	Appointment	(a) Full-time <input type="checkbox"/>	(b) Fractional <input type="checkbox"/>	%	
7	Term of Appointment	(c) Continuing <input type="checkbox"/>	(d) Contract <input type="checkbox"/>	<i>Starting date:</i> <i>Finishing date:</i>	

Associate Investigator

2	Title, Name				
3	School/Academic Unit/Centre				
4	Current Position				
5	Level	A	B	C	D
6	Appointment	(a) Full-time <input type="checkbox"/>	(b) Fractional <input type="checkbox"/>	%	
7	Term of Appointment	(c) Continuing <input type="checkbox"/>	(d) Contract <input type="checkbox"/>	<i>Starting date:</i> <i>Finishing date:</i>	

Copy this page for additional Associate Investigators

9	Research Development Plan. Explain how you intend to build a track record in preparation for an external grant application. (500 words max)

10	Current and Previous Research Support for Each Investigator for the Last 5 Years				
Funding agency	Type of grant	Title of project	Chief or Associate Investigators	Year/s	Amount (\$)

11 Track record: Publications in peer reviewed journals, books, book chapters, published conference proceedings. Conclude each peer reviewed journal entry with the impact factor of the journal and the number of citations of the paper, according to the ISI data base, during the past five years.

12	Budget	
a	Personnel	
b	Equipment	
c	Maintenance/Other	
	TOTAL	

13	Justification of Budget
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13	Signature of Applicant	Date:

14	Certification of Head of academic unit: I certify that the project can be accomodated within the general facilities of my School/Centre.	
		Date:

15 Certification of Associate Dean Research or FRG Convenor about the applicant's career development plan (see Section 9)	

