

**LA TROBE UNIVERSITY - CSIRO MOLECULAR AND
HEALTH TECHNOLOGIES
COLLABORATIVE RESEARCH PROGRAM:
POST-GRADUATE SCHOLARSHIPS**

**CLOSING DATE:
26 NOVEMBER 2007**

APPLICATION FORM

The purpose of the Collaborative Research Program (CRP) is to encourage the development of collaborative research between La Trobe University and CSIRO Molecular and Health Technologies. This program is particularly suited to research by early-to-mid career researchers. Please forward the completed form to the LTU-CMHT CRP grants committee (Dr A. B. Hughes) by 26 November 2007. Applicants are allowed one application per round.

1. PROJECT TITLE

2. PROJECT SUMMARY

Lay description - not more than 100 words.

3. RFCD AND SEO CODES

Please list up to three relevant Research Fields, Courses and Disciplines (RFCD) Codes and up to three relevant Socio Economic Objective (SEO) Codes. Minimum 1 entry for each and percentage values must add to 100%.

References: RFCD and SEO codes are available from the LTU RGSO website.

http://www.dest.gov.au/sectors/research_sector/policies_issues_reviews/key_issues/national_research_priorities/

RFCD Code/s	%	SEO Code/s	%
Total		Total	

4. NATIONAL RESEARCH PRIORITIES

Does the proposed project fall under one of the National Research Priority, if so, please indicate below:

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5. STRATEGIC IMPORTANCE TO CMHT

Please indicate how the project is of strategic importance to CMHT:

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6. PRINCIPAL INVESTIGATORS

LA TROBE UNIVERSITY PRINCIPAL SUPERVISOR

Name			
Position			
Department			
Telephone		Fax	
E-mail			

LA TROBE UNIVERSITY SUPERVISOR

Name			
Position			
Department			
Telephone		Fax	
E-mail			

CSIRO PRINCIPAL INVESTIGATOR

Name			
Position			
Division			
Telephone		Fax	
E-mail			

For each principal investigator attach a brief (1 page), current CV including a list of key publications and recent grants over the last five years. Asterisk (*) those relevant to this project.

7. LOCATION OF RESEARCH ACTIVITY

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8. OTHER FUNDING

Provide brief details of past, current or requested support for this project, including Scheme, project title, funding years and amounts.

9. SIGNATURE OF LA TROBE UNIVERSITY PRINCIPAL INVESTIGATOR

Signature:

Date: / /

Name:

10. SIGNATURE OF CSIRO PRINCIPAL INVESTIGATOR

Signature:

Date: / /

Name:

11. CERTIFICATION OF LA TROBE UNIVERSITY HEAD OF SCHOOL/DEPARTMENT

I support this application.

Signature:

Date: / /

Name:

12. CERTIFICATION OF CSIRO CHIEF(S) OF DIVISION

I support this application.

Signature:

Date: / /

Name:

FOR OFFICE USE ONLY

Date Application Received		Application Number	
Funding Approved?	Yes/No		
Funding Amount	To La Trobe University: \$		(inclusive of GST)
	To CSIRO : \$		(inclusive of GST)
Date Applicants Informed			
Date Payment Made			
Date final report due:			
Date final report received:			
Date supplementary report due:			
Date supplementary report received:			