

**This fully-signed form must be submitted with the full proposal to Research Branch by Friday 2<sup>th</sup> December 2011**

<b>ARC Project Title</b>		<b>Project ID</b>	FL12 _____
<b>Laureate Fellowship Applicant</b>	Name:	Phone:	
	Host School:	e-mail:	

**Certification by Laureate Fellowship applicant**

I certify, to the best of my knowledge, that:

- a) all the details on this application form are true and complete;
- b) I have complied with the ARC FL Funding Rules and Instructions to Applicants and if I am successful I will accept the Funding Agreement relating to ARC FL 2012;
- c) I understand and agree that all statutory requirements must be met before the proposed research can commence; and
- d) in submitting this application, I consent to its referral to assessors for consideration.

**Signature of Laureate Fellowship applicant**

Name of Laureate Fellowship applicant	Signature of Laureate Fellowship applicant	Date

**Certification by Head/s of School**

- i) I agree to accept the applicant in my School under the circumstances set out in the application, if successful, and certify that sufficient working and office space is available, or will be provided, for the Fellow and any proposed additional staff;
- ii) The School will be responsible for managing any salary shortfalls that might occur in relation to staff to be employed from this grant including any shortfall resulting from an appointment above the level that is equivalent to the top step of the University salary package that is closest to the package awarded by the sponsor; and
- iii) I agree to the per annum contribution(s) in cash and in-kind by this School as indicated below **and detailed on the attached schedule.**

**Signatures of Head/s of School**

Name of Head of School	Signature of Head of School	Confirmation by Head/s of School Per annum Contribution of Cash & In-kind funding	
		Cash	\$ p.a.
		In-kind	\$ p.a.
		Cash	\$ p.a.
		In-kind	\$ p.a.
		Cash	\$ p.a.

**Certification by Executive Dean or Delegate**

Name of Executive Dean or Delegate	Signature & Date	I agree to the per annum cash contribution indicated below from my Faculty towards this Project	
		Cash	\$ p.a.

**Certification by Deputy Vice-Chancellor & Vice President (Research) or Delegate (Research Branch will arrange this signature)**

Name of DVC&VPR or Delegate	Signature & Date	I agree to the per annum cash contribution requested below from the DVC&VP(R) Budget	
		Cash	\$ p.a.
		CASH	\$
		IN-KIND	\$

**SCHEDULE PAGE (attach further pages if necessary)**

**1. Details of University in-kind contributions** (Note: only include specialised or specific items additional to general University infrastructure support).

Item	Contributing UA School	Value Yr 1 \$	Value Yr 2 \$	Value Yr 3 \$	Value Yr 4 \$	Value Yr 5 \$

**2. Details of any cash or in-kind contributions from non-University parties**

Source & Item	Cash or In-Kind?	Confirmed Y/N? *	Value Yr 1 \$	Value Yr 2 \$	Value Yr 3 \$	Value Yr 4 \$	Value Yr 5 \$

- \* Written confirmation of any cash or in-kind contributions from other parties must be included with the application when it is submitted to Research Branch.
- Requested or unconfirmed contributions will not be included in the “Letter of Support”