

# Expression of Interest Form

**Use this version as a cleaner drafting worksheet.** Some items in the online form are conditional, so not every field will apply to every applicant. Complete the fields relevant to your submission, then transfer into the online portal.

## Section A - Chief Investigator (CI)

### Personal title

### First name

### Surname

### Preferred pronouns

She/Her  He/Him  They/Them

### Are you of Aboriginal or Torres Strait Islander origin?

No  Yes, Aboriginal  Yes, Torres Strait Islander

*For persons of both Aboriginal and Torres Strait Islander origin, mark both 'yes' options.*

### Academic qualifications

*Enter official academic postnominals, e.g. BSc, PhD, MD.*

### Conferring institution

### Year conferred

*This is the year the qualification was formally conferred; it may differ from the year of completion.*

### Early Career Researcher

Yes  No

*Select Yes only if you meet the eligibility criteria outlined in the grant guidelines.*

### CI position title

*Formal title held by the CI at the administering institution.*

### Department

**Phone number - Chief Investigator**

*Include area code.*

**Email - Chief Investigator**

*It is preferable for the CI to be listed as the submitter. If the submitter is not the CI, EOI lodgement and outcome notifications are sent to the submitter email address.*

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**Section B - Associate Investigator(s)**

**Do you have any Associate Investigators?**

Yes  No

*You may include up to 10 Associate Investigators. For each one, list: Title, First Name, Surname, Postnominals, Institution, and Time on project (e.g. Dr Chris Jones, PhD, University of X, 50%).*

**Associate Investigator 1**

**Associate Investigator 2**

**Associate Investigator 3**

**Associate Investigator 4**

**Associate Investigator 5**

**Associate Investigator 6**

**Associate Investigator 7**

**Associate Investigator 8**

**Associate Investigator 9**

**Associate Investigator 10**

## Section C - Project

### Project title

Keep the title clear, plain-English, and suitable for a general audience. The online form notes a 300 character limit and says the title cannot be changed once submitted.

### Significance

In non-scientific terms, briefly describe the potential significance of the project and its relevance to children. Suggested limit: 100 words.

### Impact area

Education  Health  Welfare

Tick all that apply.

### Research category

### Discipline

## Project summary - aims, hypothesis, research plan, impact and budget

Provide enough information for the Research Committee to understand how the proposal is relevant to children. The online form notes that shortlisted applicants will be asked for additional detail at full application stage.

### Aims

Suggested limit: 150 words.

### Hypothesis or research question

Suggested limit: 100 words.

### Brief research plan

*Suggested limit: 500 words.*

**Impact statement**

*Describe the potential impact of your research on children's health, education, or welfare. Suggested limit: 200 words.*

**Related research**

*Summarise similar peer-reviewed research being undertaken by others in this field. Include references where useful. The online form notes a 350 word limit.*

**Project duration**

1 year    2 years

**Budget estimate (AUD)**

*Enter the estimated whole-dollar budget total only. Full budget detail is only requested if shortlisted.*

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**Section D - Administering Institution**

**Administering institution**

**ABN**

**Business address - Country**

**Business address - Address line 1**

**Business address - Address line 2 (optional)**

**Business address - City**

**Business address - State / Province / Region and Postcode**

<input type="text"/>	<input type="text"/>
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State / Province / Region

Postcode

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**Research administration office contact**

One contact per organisation. Confirm the correct contact details with the administering institution research administration office.

**Personal title (RAO contact)**

**First name**

**Surname**

**Preferred pronouns**

She/Her  He/Him  They/Them

**Position title (RAO contact)**

**Phone number - research administration office**

*Include area code.*

**Email - research administration office**

**Institution where the work will be conducted**

Work will be conducted at the administering institution  Other location

*If the work will not be primarily conducted at the administering institution, complete the host institution fields below.*

**Host institution name**

**Chief Investigator position at host institution**

*Formal title held at the host institution.*

**Department**

**Host institution business address - Country**

**Host institution business address - Address line 1**

**Host institution business address - Address line 2 (optional)**

**Host institution business address - City**

**Host institution business address - State / Province / Region and Postcode**

<input type="text"/>	<input type="text"/>
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State / Province / Region

Postcode

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**Section E - Person Authorising Expression of Interest**

The administering institution's representative certifies that the project is appropriate to the facilities available and would be carried out in accordance with the relevant agreement and research guidelines.

**Personal title (authoriser)**

**First name**

**Surname**

**Preferred pronouns**

She/Her  He/Him  They/Them

**Position title (authoriser)**

**Institution**

**Phone number - authoriser**

*Include area code.*

**Email - authoriser**