# 2025 Facilitating Research Collaboration Funding

**Application Form**

**Due: 4:30pm, 13 November 2024**

## Lead Applicant Details

|  |  |
| --- | --- |
| Title, First Name, Surname |  |
| Position Title |  |
| School |  |
| Research Centre or Institute *(if applicable)* |  |
| Current ECU employment *(e.g. if you have an ongoing appointment or contract and FTE)* |  |

## Other ECU Applicant(s) Details (e.g. collaborators, mentor)

|  |  |
| --- | --- |
| Title, First Name, Surname |  |
| Position Title |  |
| School/Research Institute/Centre |  |

## Collaborator Details

|  |  |
| --- | --- |
| Title, First Name, Surname |  |
| Position Title |  |
| Organisation(s) |  |
| Links to CV, Research Profile and Achievements *(e.g. ORCID iD)* |  |

## Current Collaborative Relationship *Detail the type of current collaborative relationship including past and current collaboration activities with the national/international expert or if this collaboration activity is to facilitate a new collaboration.*

|  |
| --- |
|  |

## Planned Research Activities *Detail the research area, the expected research and research collaboration activities and/or knowledge or skill sharing expected.*

|  |
| --- |
|  |

## Collaboration Plans *Include which researcher/s will be travelling, timing and planned research collaboration activities.*

|  |
| --- |
|  |

## Expected Collaboration Outcomes *Relate your response to the various purposes of the scheme and detail how this activity will develop the collaboration, grow research excellence and the collaborative relationship will be maintained. Detail expected timing including for outputs and grant submissions.*

|  |
| --- |
|  |

**Indicative Budget** *Check the budget with your School Finance Coordinator.* *Include your School finance spreadsheet with your email when submitting your application.*

|  |  |  |
| --- | --- | --- |
| **Item** | **Estimated Funding Amount** | **Brief Explanation and Justification of Budget Item** |
| Travel/Airfares |  |  |
|  |  |  |
|  |  |  |
| Accommodation |  |  |
|  |  |  |
|  |  |  |
| Incidental costs |  |  |
|  |  |  |
|  |  |  |
| **Total** | **$** |  |

## Associate Dean (Research) Approval *(duplicate table if applicants are from multiple Schools)*

|  |
| --- |
| Yes, the Associate Dean (Research) supports this application.  No, the Associate Dean (Research) has reservations regarding this project,  If no, please provide details:  **ADR Name: Signature: Date:** |