# Expression of Interest

# Funding for Supervisors of Aboriginal and Torres Strait Islander Higher Degree by Research Candidates

## Applicant Details

|  |  |
| --- | --- |
| Title, First Name, Surname |  |
| Email Address |  |
| School |  |
| Research Centre or Institute (if applicable) |  |
| Current ECU employment | ☐ Ongoing ☐ Contract: End date\_\_\_\_\_\_\_\_\_\_\_\_ |
| Position type | [ ]  Research Only [ ]  Teaching/Research[ ]  Other (please specify) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

This EOI is seeking funding for the following:

[ ]  Course Fees of $1,325

[ ]  Teaching Buyout $\_\_\_\_\_\_\_. (required to be an Aboriginal or Torres Strait Islander HDR candidate current or planned supervisor). It is recommended you check with your relevant finance contact to confirm this amount.

## Why are you interested in completing the microcredential (200 word limit). How does it relate to your current and planned Indigenous research and HDR supervision plans?

**How will achieving this microcredential enhance your current/future supervision of Aboriginal and Torres Strait Islander Candidates and projects (200 word limit).**

**School Support**

Arrange support and signature of your School Associate Dean (Research) and Associate Dean (Discipline). (If you currently have one of these roles, please organise for your Executive Dean’s approval).

[ ]  Yes, I support this application

[ ]  No, I have reservations regarding supporting this application

If no, please provide details:

**ADR Name:**

**Signature:**

**Date:**

[ ]  Yes, I support this application

[ ]  No, I have reservations regarding supporting this application

If no, please provide details:

**ADD Name:**

**Signature:**

**Date:**

**Applicant signature**

As the applicant, I confirm that:

* I have read and understand the Guidelines.
* I meet the eligibility criteria.
* I confirm I can meet the stated course attendance and assessment requirements.

**Applicant Name:**

**Signature:**

**Date:**