**PGCS 2025 Research Grant Program Application Form**

**Applicant Information:**

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**University Information (as applicable):**

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Location: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Research Considerations:**

**Do you have ethical approval for this research?**

Yes / No / Submitted, awaiting approval / Not required

**Is this research a requirement of a tertiary postgraduate qualification?** Yes / No

If ‘yes’ Course and University: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**Total funding sought from PGCS** (max. $40,000 GST inclusive): $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please indicate if you would accept less than this amount? Yes / No

**Please note**, the grant awarded (if any) will be the full, final, and complete payment made by PGCS. The Applicant is responsible for all taxes, fees and other institutional charges that may arise out of, or in connection with the payment of the grant.

**For more information on the PGCS 2025 Research see:**

**<https://consec.eventsair.com/pgcs2025/pgcs-research-proposal>**

**Researcher Details:**

**The applicant detailed above must be the primary researcher.**

Provide details below of any supervisors, collaborators, or research assistants working with the applicant including name, University affiliation (if any) and the person’s role in the proposed research. Provide information below or attach a separate document:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**Proposed Budget:**

**Provide an overall budget for the research (in general terms) and details of how the grant is proposed to be used.**

Provide information below or attach a separate document:

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**Research Grant Declaration**

***All applicants must submit this signed declaration with their application.***

Should I be successful in my application I agree to provide PGCS with a written report of my research project within two months of completion. If requested I agree to present this at a PGCS Symposium. I also agree to comply with the ‘**Responsibilities of Successful Research Grant Applicants**’ as detailed in the PGCS Research Grant Guidelines available online.

**Applicant:**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Full Name Printed |  | Signature |  | Date |