RMH Application Lodgement Form
Form Preview

Application Details

indicates a required field

Applicant Details

Name *

Title   First Name   Last Name

Position Title *

RMH Department *

RMH Employee ID

Office Phone Number

Mobile Number

Email Address

Grant Details

Funding Body *

Funding Scheme

example: Ideas Grant; Fellowship; Scholarship; Synergy Grant; Grant in Aid

What is the closing date of the funding scheme?

If the closing date is imminent, contact the Office for Research as early as possible - (03) 9342 8530

Project Title - Scientific *

RMH Application Lodgement Form

Form Preview

Application ID number

Budget

If known, what is the total amount of funding requested in your application?

$

Provide estimate if budget not yet finalised

Does the grant require cash contributions by the RMH and/or collaborators? Provide details of the contributions of each party.

Certification

Collect required signatures on the Certification Form and then upload below.

Attach the Certification: Application Lodgement Form *
Attach a file:

Please identify the Head of Department that signed the Certification Form

Title   First Name   Last Name

Confirm Position Title

Grant Submission for Review

Where possible, email a copy of the application to the Office for Research.

If the funding body's application process is through an online portal or platform, notify the Office for Research for instruction.

Email: RMHrao@mh.org.au

Phone: (03) 9342 8530