**Faculty of Medicine**

**RESEARCHER DEVELOPMENT AWARD REQUEST**

|  |  |
| --- | --- |
| Student name: |  |
| Student number: |  |
| Student email: |  |
| Principal Advisor name: |  |
| Principal Advisor email: |  |
| Program: | Choose an item. |
| Current enrolment: | Choose an item. |
| Confirmation of Candidature date: | Click or tap to enter a date. |
| Have you submitted your thesis for examination? | Choose an item. |
| If Yes – Date submitted: | Click or tap to enter a date. |
| If No - Expected submission for examination (Year/Qtr): | Year/Qtr: |
| Have you applied for funding previously from the Faculty of Medicine Researcher Development Award or the Faculty’s earlier travel and conference support scheme? | Choose an item. |

The **Faculty of Medicine’s Researcher Development Award** supports our students' research experience and professional development, through travel and attendance at conferences, skills development activities and collaborative visits, to present research and to enhance post-doctoral employability.\*

PhD candidates may request funding up to $4,000 throughout the period of candidature; MPhil candidates up to $2,000. The award may be claimed as a single award for one activity, or as multiple smaller awards throughout candidature.

**Eligible activities** include:

* Registration or fees for conferences, specialised workshops, or skills development. Students are encouraged to present their work at conferences they attend or institutions they visit.
* Flights including domestic and international
* Accommodation
* Local transport costs, including to/from airports
* Functions such as a conference dinner or site visits; but not optional leisure activities
* Abstract submission fees
* Poster printing costs
* Visa processing costs, related to the approved travel.

**Ineligible activities** include:

* Direct project costs
* Travel for fieldwork or data collection
* Software, datasets, data analysis
* Publication costs (article processing charges)
* Any costs associated with private travel or activities

*\* QIMR Berghofer, MRI-UQ and the UQ Poche Centre enrol their HDR students through the Faculty of Medicine but provide HDR support directly to their students. Our HDR students from these units should access the support provided by those units instead.*

**Event details**

|  |  |
| --- | --- |
| Event |  |
| Location/s |  |
| Type of travel | Choose an item. |
| Dates, including travel |  |
| Private travel dates\* |  |

*\* HDR students are not subject to UQ’s Dual Purpose Travel policy, but UQ funds, including this award, should not be used for additional costs attributable to private travel.*

**Budget**

Please provide expected cost per line item and how much you are requesting from this scheme. Add more rows if required.

HDR students are not required to use the University’s travel provider and the preferred process is for students to receive the funds directly and make all arrangements themselves.

The approved amount will be transferred to the student by electronic funds transfer (EFT), unless you indicate and provide a reason for any items that require purchase through UQ Finance or Travel.

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Expected**  **Full Cost** | **Amount from**  **Faculty Award** | **EFT to student OR hold funds for purchase through UQ.**  **Please provide a reason if budget items are to be purchased through UQ.** |
| Item | $ | $ | Choose an item. |
| Item | $ | $ | Choose an item. |
| Item | $ | $ | Choose an item. |
| Item | $ | $ | Choose an item. |
| **Total .** | **$** | **$** |  |

|  |  |
| --- | --- |
| Total request from Faculty Award |  |
| Total by Funds Transfer to student |  |
| Total to be held for UQ purchase |  |

|  |
| --- |
| Reason for UQ purchase |
|  |

**Student Declaration**

* The details above are complete and the budget is costed as accurately as possible
* The funds requested will not be used for any costs attributable to private travel
* I will attach my [Principal Advisor’s support statement](https://medicine.uq.edu.au/files/88354/HDR-Researcher-Development-Award_Advisor-Statement.docx) and my [EFT details](https://medicine.uq.edu.au/files/88813/HDR-Student-EFT-Details.docx) when submitting this request
* I agree to receive this funding into my nominated bank account unless otherwise noted above
* I will use the funds to directly cover the development costs listed above or will discuss any variation to the activity or the budget with my Principal Advisor
* I will notify the Faculty of Medicine and return the Award funds if the funds cannot not be used for an appropriate activity that meets the intent of this scheme.
* I acknowledge that approval of this request is for the funds only, and I will separately obtain any approvals to travel that are required by UQ

**Student Signature:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Date:** \_\_\_\_\_\_\_\_\_\_\_\_\_

***Upload your request*** [***here***](https://medicine.uq.edu.au/research/hdr-student-support/researcher-development-support/faculty-medicine-researcher-development-award)***, including:***

* this form
* [Principal Advisor’s support statement](https://medicine.uq.edu.au/files/88354/HDR-Researcher-Development-Award_Advisor-Statement.docx)
* [HDR Student EFT Details form](https://medicine.uq.edu.au/files/88813/HDR-Student-EFT-Details.docx)

*Enquiries to Senior Research Administration Officer at* [*med.research@uq.edu.au*](mailto:med.research@uq.edu.au)