

APPLICATION FORM:

INNOVATION AND EXCELLENCE GRANTS

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| **Project Leader’s Name** | Position | Dept/Inst/School/Centre: |
|  |  |  |
| Name(s) | Position(s) | Role(s) |
|  |  |  |
| Title of Project: |  |
| Brief Description:(Indicate purpose, methodology, expected outputs) |
| Dissemination Plan |

|  |  |  |  |
| --- | --- | --- | --- |
| **BUDGET** | **TOTAL REQUIRED** | **THIS APPLICATION** | **OTHER SOURCES** |
| Equipment |  |  |  |
| Personnel |  |  |  |
| Software, Consumables, Travel |  |  |  |
| Other |  |  |  |
| TOTAL |  |  |  |
| Explanation/Justification of the Budget:(Demonstrate clearly how you arrive at the cost of each item eg quote from Information Technology) |  |
| Synopsis of the Proposal which, it is agreed, may be published: (no more than 100 words) |  |
| Comment by HOD/I/S or Pro Vice-Chancellor: |  |

For all research involving animal or human subjects, have the ethical issues raised by this application been referred to the appropriate ethics committee? Yes No

I CERTIFY that the project can be conducted within the Department/Institute/School.

Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 (Head of Dept/Inst/School)

**Applications should be sent to Geraldine Gulbransen, Administrator, National Centre for Teaching and Learning.**

 **Email: G.Gulbransen@massey.ac.nz**