



School of Creative Arts, Faculty of Arts

MASTERS and PhD STUDENT GRANTS

APPLICATION FORM

**Please see Coralie Crocker
School of Creative Arts. Room 203
8344 8362**

The School of Creative Arts undertakes to encourage and assist postgraduate students in their research. The Research support can be used to contribute to the costs of travel to and attendance at conferences, fieldwork, copying of photographic and other material, performances, exhibitions, software and other items related to the area of study.

All students enrolled in a Masters by Research or PhD program within the School will be eligible to apply. As a condition of receiving grant money successful applicants will be required to comply with certain conditions which are set out below. Please take time to read the conditions carefully.

CONDITIONS OF GRANT

As a condition of this grant, successful applicants are required to:

- 1/ Complete this application providing as much information as possible;
- 2/ Where travel is involved complete a Risk Assessment Form – available from Coralie;
- 3/ Provide receipts (original/s where appropriate);
- 4/ Submit a copy of any promotional material to Rita Lentini or Coralie Crocker for approval, prior to arrangements for printing are finalised;
- 5/ Discuss ordering and payment procedures with Rita Lentini (Room 201, x48229) and to obtain office approval **before** any expenditure is committed;
- 6/ Provide 3 copies of quotes when request is for the purchase of equipment;
- 7/ Final documentation to be approved by the Head of School or School Manager.

Personal Details

NAME IN FULL	
Present Enrolment (Please tick)	Masters Student <input type="checkbox"/> PhD Student <input type="checkbox"/>
Subject Area	
Student ID	
Telephone/Other	Ph () <input type="checkbox"/> Fax () <input type="checkbox"/>
	Mobile () <input type="checkbox"/>
	Email
Title of Research	

Conference/Project Details

Conference/Project Title
Purpose
Venue/Location
Contact Phone Number
Date/s of Attendance
Details of any Grants received or applied for from other sources
A copy of the Conference Flyer/Brochure must be submitted with this Application

Details of Expenditure

COST
\$

TRAVEL EXPENSES (Actual refund up to 60%)	
LIVING ALLOWANCE eg. accommodation (Maximum \$100 per day)	
OTHER EXPENSES e.g. equipment purchase, photocopying, registration fees, etc.	
TOTAL AMOUNT APPLIED FOR	
If an Advance is required please indicate the amount here	

Will you be applying for TRIPS, other funding or sponsorship? Yes No

Please advise if you have previously been granted funding, and the source and extent of
Funding for your project. Yes No

(If yes please provide details)

ADDITIONAL INFORMATION IN SUPPORT OF APPLICATION

All applications will be considered and approved by the School's Management Committee.

Successful applicants will be notified in writing.

_____ / _____ / 200

Signature of Applicant

_____ / _____ / 200

Approval of Supervisor

Office Use Only

Checklist

- | | | | | | |
|----|--|-----|--------------------------|----|--------------------------|
| 1/ | Completion of Application Form | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| 2/ | Student Themis Group Code set up (once only) | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| 3/ | Student Themis Supplier Form Completed (once only) | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| 4/ | Risk Assessment Form completed (for travel purposes) | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| 5/ | All appropriate receipts attached | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| 6/ | Copies of all documents provided to Rita Lentini | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| 7/ | Student Payment Request (Themis form) completed | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |

APPROVAL STATUS

APPROVED Yes No

Reimbursement is subject to production of original receipts.

Approval is recommended for reimbursement according to the following categories and approved amounts:

(a) TRAVEL EXPENSES (Indicate Amount)	
(b) LIVING ALLOWANCE	
(C) OTHER EXPENSES	
This amount has been approved for an Advance Payment/ Reimbursement	

_____/_____/200_____
Signature of Head of School/School Manager