



Australian Government
Australian Research Council

Please email the completed form to
ncgp@arc.gov.au

2009

ELIGIBILITY EXEMPTION/RULING REQUEST
Discovery Projects

Check List for Administering Organisations

Please submit a completed check list for each *Discovery Projects* (DP) Proposal for which one or more Eligibility Exemptions or Eligibility Rulings are being sought. Only include the relevant form for the type of Eligibility Exemption or Eligibility Ruling requested. (An individual DP proposal may request more than one 'type' of eligibility ruling on this form.)

REQUIRED DOCUMENTS

Type of Eligibility Exemption/ Eligibility Ruling Request		Supporting Documentation Required
1	Medical and Dental Research – Eligibility Ruling	Summary of Medical and Dental Research proposal (Form 1)
2	Fellowship candidate – Eligibility Exemption - APD	Statement of candidate's circumstances and justification for exemption - Proposed Fellow (Form 2)
	- ARF	
	- QEII	
	- APF	
3	Other (please specify)	Appropriate documentation (Form 3)

Please mark a **cross** in the box applicable

ADMINISTERING ORGANISATION RESEARCH OFFICE TO COMPLETE

I certify that all details on this form are true and correct:

Title/Name of responsible officer: _____
 (DVCR or equivalent or delegate)

Signature of responsible officer: _____

/ /
 Date

Position of responsible officer: _____

ARC TO COMPLETE

Type of Eligibility Exemption/Eligibility Ruling Request:		Eligibility Exemption approved or favourable eligibility ruling granted? Y/N	Identification Number for successful Exemptions/Rulings
1	Medical and Dental Research		
2	APD candidate <name>		
	ARF candidate <name>		
	QEII candidate <name>		
	APF candidate <name>		
3	Other		

Comments/Issues:

Reason(s) Eligibility Exemption/Ruling request not approved:

Signature of Executive Director _____ / /
Date

Title/Name of Executive Director: _____

Date response letter sent to Research Office: / /

FORM 1

MEDICAL AND DENTAL RESEARCH* ELIGIBILITY RULING REQUEST

(Maximum of two pages)

Proposed Project Leader *(CI or Fellow):*

Proposed Administering Organisation:

Proposal Title:

Name of all proposed Investigators	Researcher Role	Organisation Name
<i>eg: Title/First/Family Name</i>	<i>CI or PI or Fellow</i>	<i>Organisation</i>

(Add more or delete rows in the table above as required and expand on the following questions.)

* See definition of Medical and Dental Research provided in the Interpretation Section of the *Discovery Projects Funding Rules for funding commencing in 2009*.

Broad Research Area:

Field of Research:

Keyword/Phrases *(to describe the field of research more specifically):*

Identify the health issue/s or disease/s relevant to the research:

Proposal Description *(in plain English):*

Please describe any proposed research involving patients and/or clinical trials:

FORM 2

PROPOSED FELLOWSHIP ELIGIBILITY EXEMPTION

(Please complete one form for each fellowship exemption requested with a maximum of 2 pages per request)

Proposed Project Leader (CI or Fellow):

Proposed Administering Organisation:

Proposal Title:

Type of Fellowship being sought:	APD		ARF		QEII		APF	
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Please mark a **cross** in the box applicable

Type of Fellowship Exemption Requested:

1	Proposed Fellow does not hold a PhD but has an equivalent research degree or experience – provide evidence that their research degree or experience is equivalent to a PhD and provide details of time at which they were awarded/achieved the requisite qualification/experience	
2 *	Proposed Fellow's qualification or experience does not accord with timing requirements specified in Section 8.5 of the Discovery Projects Funding Rules:	
	a. For APD candidates please provide details and justification in support of exemption of the requirement for the candidate to have been awarded a PhD on or after 6 March 2005 (including details regarding the date of award of the qualification).	
	b. For ARF/QEII candidates seeking their first ARF or QEII please provide details regarding the date of award of PhD and provide justification for exemption of the requirement for them to have had eight years or less professional experience since the award of their PhD.	
	c. For ARF/QEII candidates seeking their subsequent ARF or QEII please provide details regarding the date of award of PhD and provide justification for exemption of the requirement for them to have had 13 years or less professional experience since the award of their PhD.	

Please mark a **cross** in the box applicable

* Note: justification can, among other things, include reasons such as research career interruption, eg non-research employment, misadventure, carer responsibilities.

Name of Fellowship candidate:

Type and Date of PhD or Equivalent Qualification awarded:

Qualification:	Date of Award: (mm/yy):
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Research Experience Gained *(Please describe as fully as possible and specify total months/years since PhD,):*

FORM 2

PROPOSED FELLOWSHIP ELIGIBILITY EXEMPTION

(Please complete one form for each fellowship exemption requested with a maximum of 2 pages per request)

Employment History

(Indicate employment history (in years/months), in order from most recent employment back to the date of PhD awarded or equivalent status having been attained)

Time Period: Month/Year – Month/Year	Employment history (include position title)	Was employment research related: Y/ N	Total period in months/years
<i>most recent:</i>	<i>Industry Experience, Career Interruption, Non-research Employment etc</i>		
<i>eg Feb 07 - now</i>	<i>Career interruption due to family carer responsibilities</i>	<i>No</i>	<i>1 year</i>

(Add more or delete rows in the table above as required and expand on the following question.)

STATEMENT

Please justify the special circumstances in support of this Eligibility Exemption:

FORM 3

OTHER ELIGIBILITY EXEMPTION/RULING

(Please complete one form for each Exemption/Ruling requested with a maximum of 2 pages per exemption/ruling)

Proposed Project Leader *(CI or Fellow)*:

Proposed Administering Organisation:

Proposal Title:

No.	Name of all proposed investigators	Researcher Role	Organisation Name
1	<i>Title/First Name/Family Name</i>	<i>CI, PI, or Fellow</i>	<i>Organisation</i>
2			
3			
4			

(Add more or delete rows in the table above as required)

Describe the nature of this request:

Please list the relevant section/subsection of the Funding Rules under which you believe this situation requires an exemption or ruling:

STATEMENT

Provide detailed information, including justification in support of this particular Eligibility/Ruling Request. *(Attach further supporting documentation as appropriate)*