ELIGIBILITY EXEMPTION/RULING REQUEST

_Discovery Projects_

Check List for Administering Organisation Research Office

Please submit a completed check list for each Discovery Project (DP) Proposal for which one or more Eligibility Exemptions or Eligibility Rulings are being sought. Only include the pages 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

<table>
<thead>
<tr>
<th>Type of Eligibility Exemption/ Eligibility Ruling Request</th>
<th>Supporting Documentation Required</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Medical or Dental Research – Eligibility Ruling</td>
</tr>
<tr>
<td>2</td>
<td>Fellowship candidate (APD, ARF or QEII) – Eligibility Exemption</td>
</tr>
<tr>
<td>3</td>
<td>Other (please specify)</td>
</tr>
</tbody>
</table>

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: _____________________________________________

Position of responsible officer: _____________________________________________

Date signed ______/_____/______
<table>
<thead>
<tr>
<th>Type of Eligibility Exemption/Eligibility Ruling Request:</th>
<th>Eligibility Exemption approved or favourable eligibility ruling granted? Y/N</th>
<th>Identification Number for successful Exemptions/Rulings</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 Medical or Dental Research</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2 APD candidate &lt;name&gt;</td>
<td></td>
<td></td>
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<tr>
<td></td>
<td></td>
<td></td>
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<tr>
<td>2 ARF candidate &lt;name&gt;</td>
<td></td>
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<td></td>
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<tr>
<td>2 QEII candidate &lt;name&gt;</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
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<tr>
<td>3 Other</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Comments/Issues:

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

Signature of ARC delegate

Title/Name of ARC delegate

Date signed _____/___/_____

Date response letter sent to Research Office: _____/___/_____
FORM 1 MEDICAL OR DENTAL RESEARCH
ELIGIBILITY RULING REQUEST
(Maximum of two pages)

Proposed Project Leader (CI or Fellow): __________________________________________________

Proposed Administration Organisation: _________________________________________________

Proposal Title: ______________________________________________________________________

<table>
<thead>
<tr>
<th>Name of all proposed Investigators</th>
<th>Researcher Role</th>
<th>Organisation Name</th>
</tr>
</thead>
<tbody>
<tr>
<td>eg: Title/First/Family Name</td>
<td>CI or PI or Fellow</td>
<td>Organisation</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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

Broad Research Area: ________________________________________________________________

Field of Research: _________________________________________________________________

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

Identify the health issues or disease relevant to the research: ___________________________

Proposal Description (in plain English): ______________________________________________

Does the Proposal involve the treatment of patients and/or clinical trials? YES/NO
If yes, please describe: ______________________________________________________________
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 Administration Organisation: __________________________________________________

Proposal Title: ______________________________________________________________________

Type of Fellowship being sought: APD □ ARF □ QEII □

Type of Fellowship Exemption Requested:

1  Proposed Fellow does not hold a PhD but has an equivalent research qualification or experience – provide evidence that their research 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 5.5 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 1 March 2004 (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.

* Note: justification can, among other things, include reasons such as research career interruption, e.g. 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): ___________________

Research Experience Gained (Total months/years since PhD): _____________________________
### Employment History

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

<table>
<thead>
<tr>
<th>Time Period: Month/Year – Month/Year</th>
<th>Employment history (include position title)</th>
<th>Was employment research related: Y/ N</th>
<th>Total period in months/years</th>
</tr>
</thead>
<tbody>
<tr>
<td>most recent:</td>
<td>Industry Experience, Career Interruption, Non-research Employment etc</td>
<td></td>
<td></td>
</tr>
<tr>
<td>eg Feb 04 - now</td>
<td>Career Interruption</td>
<td>No</td>
<td>2 yrs</td>
</tr>
</tbody>
</table>

(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:

____________________________________________________________________________________
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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 Administration Organisation: _________________________________________________

Proposal Title: ______________________________________________________________________

<table>
<thead>
<tr>
<th>No.</th>
<th>Name of all proposed investigators</th>
<th>Proposed Researcher Role</th>
<th>Organisation Name</th>
</tr>
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<tbody>
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<td></td>
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<td>4</td>
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</tbody>
</table>

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

1.1 Describe the nature of this request ___________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________

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

STATEMENT

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