# Onemda

## Open Access + Travel/Conference Schemes

## APPLICATION FORM

**Onemda: Aboriginal and Torres Strait Islander Health and Wellbeing**
Melbourne School of Population and Global Health, University of Melbourne

Applications must be submitted by **5.00pm on Thursday 29th February 2024.**

**Please download this form to complete and send to m.cox@unimelb.edu.au**

| | |
|---|---|
| Title and Full Name: | |
| Job Title: | |
| Mobile Number: | |
| Email Address: | |

## Scheme:

Open Access Funding Scheme

Travel and Training/Professional Development Support Scheme

## Eligibility Criteria (choose relevant one/s)

Staff member or PhD student

MPH Capstone student whose primary supervisor is in Onemda

## Other Questions (tick only if yes)

If you are applying for OA Scheme – are you the lead author?

If you are applying for travel for a conference – are you presenting?

Do you have access to any other funds for this purpose?

## For Open Access Applications

| |
|---|
| 1. What are the details of the paper you are publishing? Please include list of authors and title. What is the status of the publication, has this been published, under review, submitted etc. |
| |
| 2. What journal are you submitting your paper to? |
| |

## For Travel/Conference/Prof Dev Applications

| |
|---|
| 1. What are the details of your request (i.e. virtual conference, including conference name, dates and details of your presentation, website address etc) |
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| 2. If granted, how do you anticipate this funding will benefit your research project? |
| |

**Budget**

| 3. Provide a budget of the expenses you are applying for in the table below. | | | |
|---|---|---|---|
| Expense (provide detailed breakdown) | Total cost | Amount received from other sources | Amount requested in this application |
| | | | |
| | | | |
| | | | |
| Total Costs | | | |

**Required documentation – please note that your application cannot be considered unless all supporting documentation relevant to your application is attached in the one document clearly labelled.**

| 4. Please tick and attach any of the following (if relevant to your application): |
|---|

Details of the publication and its status if submitted or previously paid

Training or professional development details, synopsis etc

Other documents you consider to be relevant

**Supervisor approval**

Please indicate:

I support this application

Name: _____

Signature: _____     Date:_____