###### This report is to be completed by the staff member, endorsed by the Linguistics Department Research Director and forwarded to Hiranya Anderson, [Hiranya.anderson@mq.edu.au](mailto:Hiranya.anderson@mq.edu.au)

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| **1. Applicant Details** | | | | | | | |
| **Family Name** |  | | **Given Name** | |  | | |
| **Title** |  | | **Staff No.** | |  | | |
| **Phone** |  | | **Email** | |  | | |
| **MU PhD Candidate** | **Yes  No** | | | | | | |
| **Academic Staff** | **General Staff** | | **Full-Time** | | | **Part-time** | |
| **Previous Funding:** | (year)  (year) | | **Dollar Amount:** | | $ | | |
|  |  | |  | |  | | |
| **2. Project Supported or Conference Details** | | | | | | | |
|  | | | | | | | |
|  | | | | | | | |
| **3. Funding** | | | | | | | |
| **Amount Approved** | |  | | **Total Amount Used** | | |  |
|  | | | | | | | |
| **4. Report -** maximum of one page total | | | | | | | |
| 1. Provide a brief summary of the project or conference (100 words) 2. For funds that assisted with project costs, describe the results achieved to date and relate these to the original aims, including comments on any difficulties encountered.   *and/or*   1. For funds that assisted with conference attendance costs, please describe in further detail the conference and how the funds used will contribute to your work. Also, please provide a copy of the paper you presented. 2. List any publications, or other outputs that your project has given rise to. For conference funding, list details of any submissions for publication (or submissions in progress) indicating any problems that may have prevented this. | | | | | | | |
| a) 100 word summary | | | | | | | |
|  | | | | | | | |
| b) *and/or* c) | | | | | | | |
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| d) | | | | | | | |
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| Applicant Certification  *‘I certify that the information I have provided in this application form is true and correct.’* | | |
| Name |  | Signature: |
| Date |  |

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| **Linguistics Department Research Director, Certification**  *’I accept this submission of the REF Final Report‘* | | | |
| Name |  | Signature: |
| Date |  |

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| --- | --- | --- | --- | --- |
| **Office Use Only** | | | | |
| Date Submitted |  | | Pmt of funds confirmed & entered | **Yes  No** |
| Complete in Database | \_\_\_\_\_/\_\_\_\_\_\_\_/\_\_\_\_\_\_ | |
| All Documents Scanned & Saved | | \_\_\_\_\_/\_\_\_\_\_\_\_/\_\_\_\_\_\_ | | |