ACU Teaching Development Grants 2020 – Group 2

Focus: Building Cultural Capacity

Application Form

Context

Please refer to the Teaching Development Guidelines before you complete this application form. The guidelines contain important and relevant information to assist you with your application.

The closing date for TDG applications is **Monday 10 August 2020. Applications are to be submitted as one document to** [awards&grants.LTC@acu.edu.au](mailto:awards%26grants.LTC@acu.edu.au).

The Application Form for the current year must be used. The completed application has the following sections:

1. This *Application Form* requires the Head of School approval, the signed project team signatures and other relevant information.
2. *Project Proposal* (max 4 pages, 2.0 cm margins, Calibri font 11 point)
3. TDG Budget (one page) Excel Template sheet
4. Student survey form (1 page) if applicable

**Please combine the 3 sections (plus draft student survey form if applicable) and submit as one PDF document**. Further advice can be sought from the Awards and Grants Team, Learning and Teaching Centre at [awards&grants.LTC@acu.edu.au](mailto:awards%26grants.LTC@acu.edu.au)

**Funding Categories (for further information refer to the TDG guidelines)**

|  |  |
| --- | --- |
| **Funding categories** | **Tick which funding category you are applying for:** |
| Up to $5,000 |  |
| Between $5,000 – $8,000 |  |
| Between $8,000 - $12,000 |  |

Priority Areas

Indicate which priority area your application addresses:

**create a culturally appropriate, relevant, safe and inclusive teaching and learning environment within ACU for Aboriginal and Torres Strait Islander students**

**produce culturally competent graduates with the skills and attributes needed to deliver comprehensive services to Aboriginal and Torres Strait Islander peoples and communities**

Project Title and Project Leader

|  |  |
| --- | --- |
| Project Title: | **Click here to enter Project Title** |
| Project Leader: | **Click here to enter Project Leader** |
| Project Leader Contact Details: Title, Position, Phone, Email, Campus | **Click here to enter Project Leader Contact Details** |
| Relevant Experience: | **Click here to enter Project Leader Experience** |

Previous Teaching Development Grants

Please list previously funded Teaching Development Grants (OLT, ACU and Faculty)

|  |  |  |  |
| --- | --- | --- | --- |
| Name of Project | Year Awarded | Final Report Submitted  Y/N | Did this project require an extension Y/N |
| **Click here to enter Project Title 1** |  | Choose an item | Choose an item. |
| **Click here to enter Project Title 2** |  | Choose an item | Choose an item |

Project Team Members

|  |  |
| --- | --- |
| List Team Members and Contact Details: | **Click here to enter team members’ details** |
| Relevant Experience | **Click here to enter brief description of relevant experience for each team member** |

In-kind Support (LTC)

Advice and Guidance is available for up to 10 hours in total. Please choose from the four areas listed below.

|  |  |
| --- | --- |
| Technology Enhanced Learning |  |
| Educational Design |  |
| Developing an Ethics application |  |
| Project Evaluation |  |
| **Approval received from Director LTC** |  |

Head of School Statement of Support for Project Leader and Project

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Name and Title of Head of School or Director** | | | | |
| The applicant has discussed this application with me | Yes |  | No |  |
| I support this application | Yes |  | No |  |
| Head of School (of Project Leader) please provide a statement of support for the project. | | | | |
| **Click here to add statement of support** | | | | |
| **(HOS) Signature:** | | | **Date:** | |

Supervisor Support for Project Team Members

|  |  |  |
| --- | --- | --- |
| **Team Member(s)** | | **Supervisor(s)** |
| 1 | Name:  Signature: | Name:  Signature: |
| 2 | Name:  Signature: | Name:  Signature: |
| 3 | Name:  Signature: | Name:  Signature: |
| 4 | Name:  Signature: | Name:  Signature: |