1. Project Title ………………………………………………………………………………………………

2. Names, Schools (or other Units) and campus locations of the Project Leader(s) and Group members

Project Leader(s)…………………………………………………………………………………………

Other Staff involved in the Project
(Insert details here)

3. Phone number, Facsimile number and E-mail address of the Project Leader(s)
(Insert details here)

4. Project Summary: aim, intended student learning outcomes, description and significance of the project (including a specific statement of what is going to be done in the project and how the specified outcomes will be achieved)
(Insert appropriate text here)

5. Brief description of the local and broader educational context within which the Program is based. This should normally include brief attention to relevant literature and any other innovation (both within and beyond the University) related to the area of the proposal and its relevance for the project
(Insert appropriate text here)

6. What specific steps will be taken to gauge the success of this project?
(Insert appropriate text here)

7. Experience of members of the group in this area
(Insert appropriate text here)

8. Strategies for the dissemination of the project outcomes within and beyond the University (i.e. communicating to colleagues the nature and impact of the project)
(Insert appropriate text here)

9. Total amount of project funding sought …………………………………………………

10. Itemised budget (this must include specific details of costs) and purposes of expenditure
(Insert appropriate text here)
Statement from Head(s) of School(s) of Project Leader(s)

If, as Head of School of the Project Leader you do not support this application, please provide reasons. Otherwise, please sign below.

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Signed ........................................... (Head of School) Date  ……………………

On the attached page please provide the names and signatures of each person named in the application and the name and signature of each applicant’s Supervisor.

In presenting this proposal, I am aware that ethical clearance of this project may be required. I have seen and read any comments which have been made above by the Head of School.

Signed ........................................... (Project Leader[s]) Date  ……………………

NOTE:
The original of the application should be submitted to:

Teaching Development Grants and Awards Committee
C/- Administrative Officer, Secretariat
Australian Catholic University
MacKillop Campus
PO Box 968, North Sydney  NSW  2059.

CLOSING DATE FOR APPLICATIONS: 19 September 2008
Please provide below the names and signatures of each person named in the application and the name and signature of each applicant’s Supervisor.

**NB:** If an applicant is a Head of School and Supervisor, please provide name and signature of Dean or other supervisor.

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