# NPBDN Diagnostic Residential Project Application Form 2023

This form is to apply for Diagnostic Residential Project funding.

Applicants should refer to the [Guidelines for the NPBDN Diagnostic Residential Program](https://www.plantbiosecuritydiagnostics.net.au/app/uploads/2021/12/Guidelines_Diagnostic-Residentials.pdf) and [NPBDN Diagnostic Residential Program Host Commitments](https://www.plantbiosecuritydiagnostics.net.au/app/uploads/2021/12/Host-Commitments_Diagnostic-Residentials.pdf) while completing this form.

Applications must include endorsement from their line manager and the manager of the host laboratory/organisation. The endorsement can be in the form of signing this form or through supporting emails provided with this application form.

Applications close at **midnight June 12, 2023.**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **APPLICANT DETAILS** | | | | |
| **Full name:** |  | | | |
| **Organisation name:** |  | | | |
| **Position:** |  | | | |
| **Phone:** |  | **Mobile** | |  |
| **Email:** |  | | | |
| **Address:** |  | | | |
| **Signature** |  | | **Date:** |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **ENDORSEMENT FROM APPLICANT’S LINE MANAGER** | | | | |
| **Full name:** |  | | | |
| **Organisation name:** |  | | | |
| **Position:** |  | | | |
| **Phone:** |  | **Mobile:** | |  |
| **Email:** |  | | | |
| **Address:** |  | | | |
| **Endorsement** – In signing this form, you are acknowledging support from your organisation for the applicant to undertake the described project and complete the associated reporting requirements. | | | | |
| **Signature** |  | | **Date:** |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **ENDORSEMENT FROM HOST LABORATORY/ORGANISATION** | | | | |
| **Organisation name:** |  | | | |
| **Full name of contact:** |  | | | |
| **Position:** |  | | | |
| **Address: (not PO Box)** |  | | | |
| **Email:** |  | **Phone:** | |  |
| **Host commitment[[1]](#footnote-2)** – In signing this form, you agree to the time and resource commitments associated with this project and to provide feedback to the NPBDN Coordinator about the project. | | | | |
| **Signature** |  | | **Date:** |  |

# Diagnostic Residential Project Details

|  |
| --- |
| **PROJECT DESCRIPTION** |
| **Overview of proposed activities (in 200 words or less)** |
|  |
| **OBJECTIVES** |
| **Detail the specific Diagnostic Residential Project objectives** |
|  |
| **List which pests or group of pests will be covered in the project** |
|  |
| **Will this project address a known gap or target alternative diagnostic capability/capacity? Provide details** |
|  |
| **TIMEFRAME AND LENGTH** |
| **What is the proposed length of the residential and dates?** |
|  |

# Outcomes and outputs of the residential

*Responses should be limited to 100 words per field.*

|  |
| --- |
| **BENEFITS** |
| **Describe the benefits this project will provide you, the applicant, in terms of professional development.** |
|  |
| **Describe the benefits of this project to your organisation.** |
|  |
| **Describe the benefits of this project to the host laboratory/organisation.** |
|  |
| **Describe how this project will contribute to the broader National Plant Biosecurity Diagnostic Network** |
|  |
| **Detail any additional linkages or contacts expected to be developed from the residential project** |
|  |
| **REPORTS AND PAPERS** |
| **Detail any documents, reports, presentations, manuscripts, protocols etc. to be developed as a result of the residential project.** |
|  |
| **Do you anticipate any additional outputs from this residential project?** |
|  |
| **COMMUNICATION** |
| **Describe how you will communicate the outcomes of the residential project to your own organisation, the host organisation and the wider NPBDN.** |
|  |
| **TRAINING** |
| **How will you train others in your laboratory on the skills, techniques, information, etc. obtained from the residential project?** |
|  |
| **NATIONAL DIAGNOSTIC PROTOCOL (NDP)** |
| **Will the described project contribute to the development, review or validation of an NDP?**  **If yes, provide details on how this project will contribute to an NDP.** |
|  |
| **Is the NDP Coordinator[[2]](#footnote-3) aware of this project application?** |
|  |
| **POSITIVE CONTROL MATERIAL, SPECIMENS AND DIAGNOSTIC IMAGES** |
| **Will your project investigate options to import positive control material and/or specimens for state reference collections?** |
|  |
| **Will your project provide high resolution images for the Pest and Disease Image Library (PaDIL)?[[3]](#footnote-4)** |
|  |

# Budget

|  |  |  |
| --- | --- | --- |
| **ITEM** | **INCLUSIONS** | **FUNDING REQUESTED (GST EXCLUSIVE)** |
| **Travel** |  |  |
| **Accommodation** |  |  |
| **Meals and allowance** |  |  |
| **Consumables** |  |  |
| **Other** |  |  |
| **Total** | |  |

|  |
| --- |
| **In kind support or costs covered by your agency or the host organisation (e.g. wages and consumables)** |
|  |

1. Refer to the [NPBDN Diagnostic Residential Program Host Commitments](https://portal.plantbiosecuritydiagnostics.net.au/app/uploads/2020/07/Host-Commitments_Diagnostic-Residential-2020.pdf) document for further details. [↑](#footnote-ref-2)
2. The NDP Coordinator can be contacted at [NDPCoordinator@phau.com.au](mailto:NDPCoordinator@phau.com.au) [↑](#footnote-ref-3)
3. PaDIL can be found at [padil.gov.au/](https://www.padil.gov.au/) [↑](#footnote-ref-4)