# National Diagnostic Protocol Review

# Application Form 2023

This form should be used to submit your application for the review of the National Diagnostic Protocols (NDP).

The Subcommittee on Plant Heath Diagnostics (SPHD) are seeking individuals or groups to undertake the review and verification, and five-yearly review of the NDPs specified later in this form.

The successful applicants will receive funding to cover their time to carry out the work.

Application requirements:

* All applicants must complete pages 1-4
* Refer to *Guidelines for Diagnostic Protocol Review 2023*.
* The guidelines are available on the [NPBDN website (plantbiosecuritydiagnostics.net.au)](mailto:NPBDN%20website%20(plantbiosecuritydiagnostics.net.au)) or via [NDPCoordinator@phau.com.au](mailto:NDPCoordinator@phau.com.au).
* Applications close at **5pm AEDT 10th January 2024**.
* Only activities which will be completed and reports provided by May 1, 2024, will be contracted.

## Contact details

|  |  |  |  |
| --- | --- | --- | --- |
| **APPLICANT** | | | |
| **Full name:** |  | | |
| **Organisation name:** |  | | |
| **Position:** |  | | |
| **Phone:** |  | | |
| **Mobile:** |  | | |
| **Email:** |  | | |
| **Mailing address:** |  | | |
| **Signature (can be digital)** |  | **Date:** |  |

*Applicants must have endorsement from their line manager. This endorsement can be in the form of signing the application form below or through supporting emails provided with this application form.*

|  |  |
| --- | --- |
| **LINE MANAGER OF APPLICANT** | |
| **Full name:** |  |
| **Organisation name:** |  |
| **Position:** |  |
| **Phone:** |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Mobile:** |  | | |
| **Email:** |  | | |
| **Mailing address:** |  | | |
| **Signature (can be digital)** |  | **Date:** |  |

# Project details

|  |
| --- |
| **Select which NDP or draft protocol you are interested in reviewing as part of this project? More then one can be selected.**  **NDP review and verification**  o *Ralstonia solanacearum (Moko and Bugtok disease)*  o *Cryptotermes spp.* (Drywood termites)  **NDP verification**  o *Homalodisca vitripennis (Glassy winged sharp shooter)*  **NDP Update of the old draft**  o  *Drosophila suzuki* (Spotted winged drosophila) |
| **Expertise to review selected NDP/s**  *Outline your experience/expertise in the pest group(s) or related pests being included in the draft NDP and any prior experience in developing or reviewing NDPs. If more than one person will be involved in the review, list all to be involved and their relevant experience.* |
| **Timeline**  *Outline the expected timeline for completion including a proposed start and end date (noting that only activities that will be completed by May 1, 2024, can be contracted).* |
| **Linkages and contacts expected to be developed (if any)** |

# Budget

|  |  |  |
| --- | --- | --- |
| **ITEM** | **INCLUSIONS** | **FUNDING REQUESTED (GST exclusive)** |
| **Salary** |  |  |
| **Consumables** |  |  |
| **Other** |  |  |
| **Total (GST exclusive)** |  |  |

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| --- |
| **In kind support or costs covered by your agency (e.g. wages and consumables)** |
| **Additional funding requested or received from another source (e.g. laboratory residentials, industry funding)** |