# The Watervale Award

## Application Form

Please complete all sections of this application form. We strongly advise to read the guidelines carefully before completing the application.

Please send the completed form to [firstnations@anu.edu.au](mailto:firstnations@anu.edu.au) by the submission deadline specified in the guidelines.

Applicants will be notified of the outcome of their application via email.

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| 1. Applicant information | |
| Lead researcher | |
| First name |  |
| Last name |  |
| Preferred name |  |
| Pronouns (optional) |  |
| Email address |  |
| Phone number |  |
| University ID |  |
| Position |  |
| ANU College |  |
| Research Team - Please provide names, surnames, position and affiliation | |
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| 2. Title of the proposal |
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| 3. Summary of the proposal (max. 500 words) |
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| 4. Impact of this research project (max. 300 words)  Please address the following in your impact statement:   * How will this research affect Indigenous communities? * How will Indigenous peoples contribute to this research? * Expected outputs and outcomes. |
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| 5. Alignment of the proposed research with the strategic objectives of the University and its First Nations Portfolio (max. 300 words) |
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| 6. Timeline |
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| 7. Budget and justification (max. 1 page)  Please include details of any other funding or in-kind support received or being sought from ANU or external sources. |
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| 8. Experience or demonstrated capacity to produce and deliver the outlined project (max. 200 words) |
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| 9. Attachments  Please list any attachments that support this application, if relevant. |
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| 10. Statement of support from applicant’s referee  The statement of support can be submitted as a separate document if that is more practical. If so, please ensure the applicant's name and title of the proposal are included in the document. | |
| Name of referee | Position and affiliation |
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| Statement of support (max. 300 words) | |
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| Signature | Date |
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* I have read and understood the Watervale Award Guidelines 2025.

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| Applicant’s signature | Date |
|  |  |

School Director / School Manager Approval

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| --- | --- |
| Full name | Position |
|  |  |
| Signature | Date |
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