## PSNAP Surveillance Residential Program Application Form 2021

This form should be used to apply for Surveillance Residential Project funding.

Refer to the [**Guidelines for the PSNAP Surveillance Residential Program** **2021**](http://plantsurveillancenetwork.net.au/wp-content/uploads/2021/02/Guidelines_Surveillance-Residential-Feb-2021.pdf) and [**Host Commitments document**](http://plantsurveillancenetwork.net.au/wp-content/uploads/2021/02/Host-Commitments_Surveillance-Residential-Feb-2021.pdf) while completing this form.

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

Applications close at **COB Friday 26 May 2021.**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| 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:** |  |

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| --- | --- | --- | --- | --- |
| Endorsement from host organisation | | | | |
| **Organisation name:** |  | | | |
| **Full name:** |  | | | |
| **Position:** |  | | | |
| **Email:** |  | **Phone:** | |  |
| **Address: (not PO Box)** |  | | | |
| **Host commitment**[[1]](#footnote-1)– In signing this form, you agree to the time and resource commitments associated with this project and to provide feedback to the PSNAP Coordinator about the project. | | | | |
| **Signature** |  | | **Date:** |  |

### Surveillance Residential Project Details

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| PROJECT DESCRIPTION |
| Overview of proposed activities (in less than 200 words) |
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| **OBJECTIVES** |
| Detail the specific Surveillance Residential Project objectives |
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| List which pests or group of pests will be covered in the project |
|  |
| Will this project address a known gap or target alternative surveillance 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.*

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| BENEFITS |
| Describe the personal benefits this project will provide in terms of professional development. |
|  |
| Describe the benefits of this project to your organisation |
|  |
| Describe the benefits of this project to the host organisation |
|  |
| Describe how this project will contribute to the Plant Surveillance Network Australasia-Pacific |
|  |
| Detail any additional linkages or contacts expected to be developed from the residential project |
|  |
| **OUTPUTS** |
| Detail any outputs, documents, reports, presentations, manuscripts, protocols etc. to be developed as a result of the residential project. |
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| COMMUNICATION |
| Describe how you will communicate the outcomes of the residential project to your own organisation, the host organisation and wider PSNAP. |
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| **TRAINING** |
| How will you transfer the knowledge gained with others in your organisation on the skills, techniques, information, etc. obtained from the residential project? |
|  |
| **NATIONAL SURVEILLANCE PROTOCOL (NSP)** |
| Will the described project contribute to the development, review or validation of a NSP?  If yes, provide details on how this project will contribute to an NSP. |
|  |
| Is the SNPHS Executive[[2]](#footnote-2) aware of this project application? |
|  |

### 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 [PSNAP Surveillance Residential Program Host Commitments](http://plantsurveillancenetwork.net.au/wp-content/uploads/2021/02/Host-Commitments_Surveillance-Residential-Feb-2021.pdf) document for further details. [↑](#footnote-ref-1)
2. The SNPHS Executive can be contacted at [SNPHS@agricultre.gov.au](mailto:SNPHS@agricultre.gov.au) [↑](#footnote-ref-2)