### Instructions

Only Australian organisations with an Australian Business Number may apply for an Australia Awards Fellowship. Individuals and organisations based outside Australia are not eligible to apply. Completion and submission of this application form is restricted to authorised employees of Australian organisations.

The Application form must be completed in accordance with the Australia Awards Fellowships Round 20 Guidelines.

The acceptance of your submission in no way implies any commitment to fund it. The approval of funding under the Australia Awards Fellowships program is at the discretion of the Department of Foreign Affairs and Trade (DFAT) and subject to a competitive selection process.

Enquiries may be directed to the Australia Awards Fellowships Secretariat at **fellowships@dfat.gov.au** 

#### Checklist

Applicants must:

- read the Australia Awards Fellowships Round 20 Guidelines carefully and fully understand the contents before submitting an application;
- read the relevant DFAT country brief and thematic documents listed in the Guidelines;
- complete all sections of the application form marked with an asterisk (\*);
- provide a budget (for multi-country provide ratio of budget per country);
- provide a proposed total number of Fellows (include list of partner organisation names and breakdown of numbers per country); and
- declare you have the full agreement of the proposed Overseas Counterpart organisation(s) for the activity.

## Australian Host Organisation (AHO) Details

#### \* indicates a required field

If the application is successful, DFAT will enter into a legally binding funding agreement with the Australian organisation listed (subject to sufficient grant funding being available to DFAT). If there is more than one Australian organisation, please indicate the lead organisation.

**NOTE:** Organisations based outside of Australia are **not eligible** to apply. There is a limit to the number of applications AHOs can submit, only six (6) compliant applications received from each organisation will be assessed.

| Organisation Name *   |  |   |
|---|--|---|
|   | Please ensure your organisation business name in the box below organisation name in capital let FOREIGN AFFAIRS AND TRADE                      |   |
| Trading As  |  |   |
| J   |  |   |
| ABN *   |  |   |
|   | The ABN provided will be use   | ad to look up the following   |
|   | information. Click Lookup ab entered the ABN correctly.  |   |
|   | Information from the Australian  | Business Register   |
|   | ABN  |   |
|   | Entity name  |   |
|   | ABN status   |   |
|   | Entity type  |   |
|   | Goods & Services Tax (GST)   |   |
|   | DGR Endorsed   |   |
|   | ATO Charity Type   | More information  |
|   | ACNC Registration  |   |
|   | Tax Concessions  |   |
|   | Main business location   |   |
|   | Must be an ABN   |   |
| Is your ABN currently active? *                                       | ○ Yes  | ○ No  |
| Only Australian Organisations wit<br>Australia Awards Fellowship prog |  | re eligible to apply under the  |
| Based on your response above, y so is <b>not eligible to apply</b> .  | our organisation does not hol  | d a currently active ABN and  |
| The validation below will prevent                                     | submission of this application   | า.  |
|   |  |   |
|   |  |   |
|   |  |   |
| Organisation Type *   | <ul> <li>Federal Government</li> <li>State Government</li> <li>Local Government</li> <li>University / Tertiary</li> <li>Institution</li> </ul> | <ul><li>○ NGO</li><li>○ Industry Body / Group</li><li>○ Private or Business</li></ul> |

| Postal Address *                  | Address                   |                                     |                    |             |           |
|-----------------------------------|---------------------------|-------------------------------------|--------------------|-------------|-----------|
|                                   |                           |                                     |                    |             |           |
|                                   |                           |                                     |                    |             |           |
|                                   | Address Lin<br>Country ar | ne 1, Suburb/Town, :<br>e required. | State/Pro          | vince, Post | code, and |
|                                   | (This will b merchandi    | e used to send the <i>A</i><br>se)  | Australia <i>i</i> | Awards bra  | nded      |
| Street/Business Address           | Address                   |                                     |                    |             |           |
| *                                 | Address                   |                                     |                    |             |           |
|                                   |                           |                                     |                    |             |           |
|                                   |                           | ne 1, Suburb/Town,                  | State/Pro          | vince, Post | code, and |
|                                   | Country ar                | e required.                         |                    |             |           |
| Main Contact Person               |                           |                                     |                    |             |           |
| This is the main contact person w | ith whom                  | DFAT will correspo                  | ond.               |             |           |
| Please ensure where possible tha  |                           |                                     |                    |             |           |
| entire funding round and post-Fel | lowsnip to                | ensure continuity                   | tnrougr            | i to compi  | etion.    |
| Contact Officer *                 | Title                     | First Name                          | Last Na            | me          |           |
|                                   |                           |                                     |                    |             |           |
| Position *                        |                           |                                     |                    |             |           |
| <b>-</b>                          |                           |                                     |                    |             |           |
| Phone Number *                    |                           |                                     |                    |             |           |
|                                   | Must be an                | Australian phone n                  | umber.             |             |           |
| Email Address *                   |                           |                                     |                    |             |           |
| Alternate Contact Person          |                           |                                     |                    |             |           |
| Alternate Contact i erson         |                           |                                     |                    |             |           |
| Alternative Contact Officer *     | Title                     | First Name                          |                    | Last Nam    | e         |
|                                   |                           |                                     |                    |             |           |
| Position *                        |                           |                                     |                    |             |           |
|                                   |                           |                                     |                    |             |           |
| Phone Number *                    | NA to In                  | A control l'accorde a con           |                    |             |           |
|                                   | Must be an                | Australian phone n                  | umber              |             |           |
| Email Address *                   |                           |                                     |                    |             |           |
| Authoricad Signatury              |                           |                                     |                    |             |           |
| Authorised Signatory              |                           |                                     |                    |             |           |

The name of the person authorised to sign must be a representative of the AHO authorised to sign on behalf of the organisation. Their name will appear on the Funding Agreement if successful.

| Person authoris<br>sign Funding Ag<br>deed if successf  | reement                          | Title            | First Name       | Last Nan  | ne                              |  |  |  |  |
|---|----------------------------------|------------------|------------------|---|---------------------------------|--|--|--|--|
| Position *  | Position *                       |                  |                  |   |                                 |  |  |  |  |
| Previously funded Australia Awards Fellowships  |                                  |                  |                  |   |                                 |  |  |  |  |
| Has the Australian organisation O Yes O No previously received Australia Awards Fellowship funding? *         |                                  |                  |                  |   |                                 |  |  |  |  |
| Click "Add More" to insert additional lines and click "Maximise" to view a larger version of the table below. |                                  |                  |                  |   |                                 |  |  |  |  |
| Which round?  | Name of<br>arrangement<br>funded | Amou<br>t receiv | red i            | Did the grant<br>neet its<br>objectives an<br>deliverables? | d                               |  |  |  |  |
| Enter a number between 1 and 19.  |                                  | Must b           | e a dollar<br>t. |   | Must be no more than 150 words. |  |  |  |  |
|   |                                  | \$               | C                | O Yes O No  |                                 |  |  |  |  |
| Other funding from Commonwealth of Australia  Are you receiving any other funding   Yes   No                  |                                  |                  |                  |   |                                 |  |  |  |  |
| from the Commonwealth of Australia? *   |                                  |                  |                  |   |                                 |  |  |  |  |
| Click "Add More" to insert additional lines.  |                                  |                  |                  |   |                                 |  |  |  |  |
| Grant Name  |                                  | alue             |                  | Issuing   | Agency                          |  |  |  |  |
|   | M                                | ust be a doll    | ar amount.       |   |                                 |  |  |  |  |
|   |                                  |                  |                  |   |                                 |  |  |  |  |

## Fellowship Proposal

\* indicates a required field

### Summary

Please provide a statement summarising the proposed Fellowship, including its overall goal and how it will contribute to the priority development area (as listed in guidelines).

| Summary *   |  |
|---|--|
|   |  |
| Word count:<br>Must be no more than 200 words.        |  |
| Details   |  |
|   | ot identify "DFAT", "Fellowship" or your organisation name<br>n names in parenthesis at the end of the title.  |
| Example: "Reforming national tea<br>(Pacific)".       | nching standards in primary schools in Tonga and Fiji  |
| Program Name *  |  |
|   | Word count:<br>Must be no more than 12 words and use plain English. Do not include technical explanations.   |
| Program Type *  | O Bilateral O Multi-country A bilateral Fellowship involves Fellow(s) from one overseas country only. A multi-country Fellowship involves Fellows from more than one overseas country.   |
| Main Priority Area *                                  |  |
| Secondary Priority Area                               |  |
| Mixed-Mode or Flexible De                             | elivery  |
| Does the proposal include flex mixed-mode delivery? * | Mixed-mode and flexible delivery will allow Fellowships to take advantage of the variety of modes of delivery that are available including in Australia, in Australian off-shore campuses, in partner country institutions, through distance or online learning and partner country pre and post Fellowships activities. |

### Proposed Fellowship Duration and Dates

The Fellowship proposal should include a minimum of two (2) weeks in Australia for each Fellow.

Overseas travel time to and from Australia cannot be included in the calculation.

The duration should include the entire period of Fellowship (Australia and In-Partner Country activities) and must not be over 52 weeks.

If your proposal includes more than one cohort, please ensure that the total duration of all the cohort equals the total duration of days in Australia.

| Estimated Start Date of Fellowship *                           | Must be a date no earlier   | than 1 October 2025   |
|--|---|---|
| Estimated End Date of Fellowship *                             |   | est date that all Fellow activities have<br>er Country) but can be no later than 29<br>ns). |
| Is your total duration more than 52 weeks? *                   | ○ Yes   | ○ No  |
| Duration of Days in<br>Australia *                             | Must be a number and at See <a href="https://www.timeand">https://www.timeand</a> | least 14.<br>date.com/date/duration.html  |
| Duration of Days in Partner Country/ies *                      | Must be a number. See htduration.html   | ttps://www.timeanddate.com/date/  |
| The program is more than 52 eligibility requirements.          | weeks. Therefore, th  | e application does not meet our   |
| Fellowship Activities  |   |   |
| * indicates a required field                                   |   |   |
| Australian Activities  |   |   |
| Provide a brief overview of the Fellowship's objectives and ex |   | and how these contribute to the   |
|  |   |   |
| Word count:<br>Must be no more than 250 words.                 |   |   |
| Partner Country Activities                                     |   |   |
| Provide a brief overview of the contribute to the Fellowship's |   | tivities planned and how these<br>cted outcomes *   |
| Word count:  |   |   |

| Must be no more than 250 words.  |                                     |                       |
|--|-------------------------------------|-----------------------|
| Mode of delivery *  ○ Face to Face ○ C   | Online                              | ○ Hybrid              |
| Location of Partner Country Activity *   |                                     |                       |
| Overseas Counterpart Orga  | anisation(s) (OCO)                  | Details               |
| Click "Add More" to insert additiona   | al OCOs                             |                       |
| Organisation Name *  |                                     |                       |
| Contact Officer *  | Title Firs                          | st Name Last Name     |
| Position *   |                                     |                       |
| Phone Number *   | Provide Interna                     | ational calling code. |
| Email Address *  | Must be an em                       | ail address.          |
| Country *  |                                     |                       |
| I declare the following have been obtained: (1) The agreement to the Australia Awards Fellowship An agreement to source Fellow the above-named Overseas Courganisation (OCO) *   | o host<br>ps. (2)<br>(s) from       | ○ No                  |
| Agreement to host the Australian A to be eligible to submit this applica Based on your response(s) above, to the validation below will prevent subset of the validation below will be also below the validation below the validation below the validation below will be also below the validation below will be also below the validation below the val | ition.<br>this criterion has not be | en met.               |

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**Proposed Number of Fellows** 

Click "Add More" to insert additional lines.

| Country | Overseas<br>Counterpa<br>Organisati | <b>DIFAT</b>         | Female<br>DFAT<br>Funded | Other<br>DFAT<br>Funded | Male<br>AHO/OCO<br>Funded | Female<br>AHO/OCO<br>Funded | Other<br>AHO/OCO<br>Funded |
|---------|-------------------------------------|----------------------|--------------------------|-------------------------|---------------------------|-----------------------------|----------------------------|
|         |                                     | Must be a<br>number. | Must be a number.        | Must be a number.       | Must be a number.         | Must be a number.           | Must be a number.          |
|         |                                     |                      |                          |                         |                           |                             |                            |

Total DFAT Funded Fellows \*

This number/amount is calculated.

Must be no more than 15.

Total AHO/OCO Funded Fellows \*

This number/amount is calculated.

If only one (1) DFAT Funded Fellow, explain the value proposition when compared to a larger cohort?  $^{\ast}$ 

#### Word count:

Must be no more than 200 words. Use plain English.

## Fellowship Proposal - Selection Criteria

\* indicates a required field

Fellowship Alignment 35%

## How does the Fellowship align with one of priority development areas and relevant DFAT country and regional programs?

In answering this criterion, the following should be considered:

- how does the Fellowship contribute to at least one of the priority development issues;
- how does the Fellowship contribute to shared priorities with proposed partner country(ies).

| Fellowship A | lignment * |  |  |
|--------------|------------|--|--|
|              |            |  |  |
|              |            |  |  |
|              |            |  |  |
|              |            |  |  |
|              |            |  |  |

#### Word count:

Must be no more than 500 words and use plain English. Do not include technical explanations.

Fellowship Outcome 35%

## How will the Fellowship build relationships and deliver outcomes between Australian and partner institutions and individual Fellows?

In answering this criterion, the following should be considered:

- the development outcome(s) that the Fellowship is intended to support and how it will build capacity, skills and knowledge to advance the outcome(s) and the partner organisation;
- why the Fellowship approach is appropriated to build capacity and meet specific needs of Fellows in the partner organisation;
- strategies for maintaining and strengthening partnerships and linkages following the Fellowship with the partner organisation and Fellows; and
- engagement with government, private and civil society sectors, both in-Australia and in-country, including through co-funding.

| Fellowship O | utcomes * |  |  |
|--------------|-----------|--|--|
|              |           |  |  |
|              |           |  |  |
|              |           |  |  |
|              |           |  |  |

#### Word count:

Must be no more than 500 words and use plain English. Do not include technical explanations.

### Organisational Capability 30%

## How will the AHO effectively manage contractual and other program requirements?

In answering this criterion, the following should be considered:

- track record of the AHO in meeting contractual and other requirements for Australia Awards and other programs;
- how the AHO and partner organisations demonstrate viability and commitment to the Fellowship, including the value add and/or comparative advantage the AHO has in delivering the Fellowship;
- policies, processes and internal controls that are in place to allow the organisation to meet contractual and other program requirements (on fraud, CP and PSEAH) including overall project management, risk management, Fellow management/oversight and records management;
- how the AHO maintains a proper and reliable financial management system (including appropriate supporting records) to support project management and accurate acquittal reporting (including co-contributions);
- how the AHO will manage the daily living allowance for individual participating Fellows;
- how the AHO has utilised the lessons learnt from previous Fellowships and other programs to address past performance concerns (if applicable);
- flexible delivery modes and innovative approaches such as split site study (in-Australia and in-country) as well as distance and online learning to improve the effectiveness of the Fellowship and promote best practice; and
- access to on-award activities (that enhance Fellows' experience and establish linkages with Australia) and support alumni engagement opportunities.

| Organisational Capability *   |                      |
|---|----------------------|
|   |                      |
|   |                      |
| Word count: Must be no more than 500 words and use plain English. Do not include tech                                     | nnical explanations. |
| Disability Equity and Rights  |                      |
| Will the Fellowship take specific actions Yes or achieve specific outcomes in relation to disability equity and rights? * | ○ No                 |
| How do you plan to address Disability inclusive developmen  | <b>t</b> *           |
| Word count:<br>Must be no more than 200 words.  |                      |
| Engagement with First Nations Australians   |                      |
| Does your proposal include  o Yes engagement with First Nations Australians? *  | ○ No                 |
| Provide details of First Nation engagement *  |                      |
| Word count:<br>Must be no more than 200 words.  |                      |

## Fellowship Budget

\* indicates a required field

### The budget amount must be:

- In compliance with the eligible costs in the Round 20 Guidelines If you are successful, at the end of fellowship activities, you will be asked to fully acquit the awarded budget against the line items detailed in the guidelines. Any cost outside those noted as eligible for DFAT funding will be the responsibility of the Australian Host Organisation to pay.
- Entered in AUD
- GST exclusive

• Enter \$0 for all the non-applicable contributions

Accurate budgeting is vital.

Include budget amounts in the following tables for each of the countries you selected on Page 3 in the "Proposed Number of Fellows" table.

They have been provided here for ease of reference.

| This question is read only. |  |
|-----------------------------|--|
|                             |  |

## **Proposed Budget**

Excluding assistance for disability in Australia and program overhead fees. Enter these into their respective tables further below.

Click "Maximise" to view a larger version of the table before completing the required information.

Click "Add More" to insert additional lines.

| Country | DFAT Funding<br>Requested | AHO Co-<br>Contribution  | OCO Co-<br>Contribution  | Total Cost                               |
|---------|---------------------------|--------------------------|--------------------------|--|
|         | Must be a dollar amount.  | Must be a dollar amount. | Must be a dollar amount. | This number/<br>amount is<br>calculated. |
|         |                           |                          |                          |  |

Additional assistance for disability considerations, including reasonable accommodations, in Australia

Click "Maximise" to view a larger version of the table before completing the required information.

Click "Add More" to insert additional lines.

| Country | DFAT Funding<br>Requested | AHO Co-<br>contribution | OCO Co-<br>contribution | Total Cost                               |
|---------|---------------------------|-------------------------|-------------------------|--|
|         | Must be a number.         | Must be a number.       | Must be a number.       | This number/<br>amount is<br>calculated. |
|         |                           |                         |                         |  |

### Program Overhead Fees

Program Overhead Fees (up to a maximum of 10 per cent of "**Total DFAT Funds requested (excluding overheads)**" and up to a maximum of \$25,000).

Program Overhead Fees excludes additional assistance for disability.

Click "Maximise" to view a larger version of the table before completing the required information.

Click "Add More" to insert additional lines.

| Country  | DFAT Funds Requested  |  |  |
|--|---|--|--|
|  | Must be a number.   |  |  |
|  |   |  |  |
| Total Program Overhead Fees *  | Validations Total DFAT Funds Requested (excluding overheads and disability considerations) *  |  |  |
| No greater than 10% of "Total DFAT funds requested (excluding overheads)" and cannot exceed 25000. | \$ This number/amount is calculated.  |  |  |
| exceed 23000.  | Total Programs Overhead Fees ÷ Total DFAT Funds Requested *  Must be equal to or less than 10 |  |  |

### **Grand Total**

| Grand Total DFAT Funds            | Grand Total AHO Co-contribution *Grand Total Counterpart Co- |                       | Grand Total of All Costs * |  |
|-----------------------------------|--|-----------------------|----------------------------|--|
| Requested *                       | ¢  | contribution *        | ¢                          |  |
| \$                                | This number/amount is  | \$                    | This number/amount is      |  |
| This number/amount is calculated. | calculated.  | This number/amount is | alculated.                 |  |

## **DFAT Funded Cost per Fellow**

The amount below is automatically calculated and cannot be edited.

The cost per fellow is calculated excluding Additional Assistance for Disability in Australia.

| Cost per Fellow * | \$                       |                                   |
|-------------------|--------------------------|-----------------------------------|
|                   | Calculated as: (Proposed | Budget + Program Overhead Fees) ÷ |
|                   | Total Number of DFAT Fu  | nded Proposed Fellows             |

## **Additional Information**

Attach any additional documents here that you believe will support your application.

| Additional Attachments | Attach a file: |  |  |
|------------------------|----------------|--|--|
|                        |                |  |  |

### Communication

\* indicates a required field

### Where did you hear about the Australia Awards Fellowships program?

Choose one and provide specific details.

| Communication * | <ul><li>DFAT/Australia Awards website</li><li>Other website</li></ul>        | <ul> <li>Other Government</li> <li>Department/Official</li> <li>Australian Education</li> <li>Centre or Academic</li> <li>Institution</li> </ul> |
|-----------------|--|--|
|                 | ○ Email  | Australian Embassy or High Commission  |
|                 | <ul><li>Other Publication</li><li>DFAT Representative in Australia</li></ul> | <ul><li>Media article</li><li>Other</li></ul>  |
| Provide details |  |  |

### Declaration

\* indicates a required field

## This declaration MUST be completed by an appropriate office bearer of the Australian organisation with the authority to commit the organisation to the funding and program proposal

I, an officer duly authorised by the AHO to make this declaration on its behalf, make the following declaration:

- 1.I have completed and submitted this form on behalf of an Australian Organisation.
- 2.I, on behalf of the AHO and OCO have read and understood the Round 20 Guidelines and Pre-departure Guidelines.
- 3.The AHO has received agreement from the OCO(s) listed in this applicant to partner with AHO for this proposal.
- 4.The program duration will not exceed more than 52 weeks, from the date a funding agreement is entered into with DFAT.
- 5.The AHO acknowledges that this proposal, if approved, will **not** give rise to any expectation of, or commitment to, funding by DFAT of any future activity.
- 6.Funding for this proposal will be subject such grant funding being available to DFAT and to the terms and conditions of a funding agreement, to be signed by the AHO and DFAT.
- 7.The AHO consents to the Australian Government using and disclosing extracts of this application and the proposed Fellowships program for assessment and promotional purposes.
- 8.I warrant that the organisation will use its best endeavours to ensure:
  - that individuals or organisations named in the proposal or involved preparing the proposal and submitting it to DFAT are in no way linked, directly or indirectly, to organisations and individuals associated with terrorism.

- that the funding is not proposed to be used in any way to provide direct or indirect support or resources to organisations and individuals associated with terrorism.
- 9.I warrant that individuals, persons, entities or organisations named in the proposal or involved in preparing and submitting the proposal to DFAT are not:
  - directly or indirectly engaged in, preparing, planning, assisting in or fostering the doing of a terrorist act;
  - listed on the Criminal Code Act List:
  - listed on the Sanctions List:
  - listed on the World Bank List;
  - acting on behalf of, or at the direction of, individuals, persons, entities or organisations mentioned in subsections (i) to (iv); and/or
    - listed on the Criminal Code Act List:
    - listed on the Sanctions List:
    - listed on the World Bank List:
    - acting on behalf of, or at the direction of, individuals, persons, entities or organisations mentioned in subsections (i) to (iv).

#### NOTE:

**Criminal Code Act List** means the list of organisations that are specified as a "terrorist organisation" by regulations made under the Criminal Code Act 1995 (this list is currently available at <a href="https://www.nationalsecurity.gov.au/what-australia-is-doing/terrorist-organisations/listed-terrorist-organisations">https://www.nationalsecurity.gov.au/what-australia-is-doing/terrorist-organisations</a>

**Sanctions List** means the list of individuals, entities or organisations designated or listed by the United Nations Security Council, its committees or the Australian Government for targeted financial sanctions or similar measures (this list is currently available at <a href="http://dfat.gov.au/international-relations/security/sanctions/pages/consolidated-list.aspx">http://dfat.gov.au/international-relations/security/sanctions/pages/consolidated-list.aspx</a>).

**World Bank List** means a list of organisations maintained by the World Bank in its Listing of Ineligible Firms or Listings of Firms, Letters of Reprimand posted World Bank Listing of Ineligible Firms Individuals

| •   | () i agree        |            |             |  |
|---|-------------------|------------|-------------|--|
| Authorised AHO Officer                          | Title             | First Name | Last Name   |  |
| Name *  |                   |            |             |  |
| Authorised AHO Officer                          | Address           |            |             |  |
| Address *                                       |                   |            |             |  |
|   |                   |            |             |  |
| Authorising AHO Name *                          | Organisation Name |            |             |  |
|   |                   |            |             |  |
| AHO Referee Details                             |                   |            |             |  |
| The Referee must not be an employee of the AHO. |                   |            |             |  |
| AHO Referee *                                   | ○ Individ         | ual O      | rganisation |  |
|   |                   |            |             |  |

|                               | Organisation Name   |            |           |  |
|-------------------------------|---|------------|-----------|--|
|                               | Title   | First Name | Last Name |  |
| AHO Referee Email *           |   |            |           |  |
| AHO Referee Phone<br>Number * |   |            |           |  |
| Approving Officer Details     |   |            |           |  |
| Approving Senior Officer *    | Title   | First Name | Last Name |  |
|                               | The name of the Australian Organisation Senior Officer approving this application |            |           |  |
| Date of Approval *            |   |            |           |  |