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**Microscopy Australia Industry Subsidy Scheme­­­­**

**Application Form**

Please complete Section 1 and pass it onto the Microscopy Australia Facility Director to complete Section 2.

**SECTION 1: INDUSTRY PARTNER**

Name

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| --- |
|  |

Email address

|  |
| --- |
|  |

Phone number

|  |
| --- |
|  |

Company name

|  |
| --- |
|  |

ABN (if you do not supply an ABN, you will be requested to provide some other means of proving you are an Australian business entity)

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| --- |
|  |

Project Title

|  |
| --- |
|  |

Company size (select)

|  |  |
| --- | --- |
|  | SME (Business has < $20 million aggregated turnover) |
|  | Large Entity (Business has > $20 million aggregated turnover) |

Industry Sector

|  |  |
| --- | --- |
|  | Manufacturing |
|  | Bio/Medical |
|  | Agriculture/Resources |
|  | Ot­­her |

Technology Readiness Levels

|  |  |
| --- | --- |
|  | Research (Level 1-3) |
|  | Development (Level 4-6) |
|  | Deployment (Level 7-9) |

Project Description (max 300 words)

|  |
| --- |
| A suggested format for the Project Description is as follows (2-3 paragraphs):   * The question you are trying to answer * Relevant background information * Any preliminary results * Instrument kind and time required (if known) |

**Confidentiality**

Microscopy Australia has reporting requirements to the federal government. Reports of participants and project results can remain confidential within these reports. Additionally, Microscopy Australia publishes Research Highlights and newsletters and there is an opportunity for industry work to be showcased in such publications with the permission of the industry participant.

**I hereby certify that the information I have given Microscopy Australia as a basis for obtaining access to a laboratory is true and correct. I have read and understood the Microscopy Australia Industry Subsidy Guidelines. I agree that any publications resulting from the use of this facility must acknowledge Microscopy Australia.**

Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**SECTION 2: MICROSCOPY AUSTRALIA FACILITY DIRECTOR**

Name

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| --- |
|  |

Facility

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| --- |
|  |

Institution

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| --- |
|  |

I have attached the quote for the project proposed in this application and confirm that we can accommodate this project.

Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_