**NSW Circular Rapid Review EOI Form**

***Once completed, please submit this form via email to*** [***caitlyn@nswcircular.org***](mailto:caitlyn@nswcircular.org)***.***

**Primary Contact Details**

First Name: **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Last Name: **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Email Address: **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Phone Number: **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

University Name: **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Project Information**

|  |  |
| --- | --- |
| **Topic** | **Information** |
| **Challenge**  **Name** |  |
| **Project Title** |  |
| **Summary of proposed project**  2 pages max | * *Describe methods and approach, including data collection and analysis, major information sources etc.* * *As relevant, include observations about current knowledge in the challenge issued and implications for approach, if any* |
| **Expected impact and benefits**  ½ page max | * *Observations about proposed impact and benefits and any additional not discussed in challenge* |

**Research Team**

|  |  |
| --- | --- |
| **Lead researcher** | |
| **Name** |  |
| **Position** |  |
| **Institution** |  |
| **Department**  **Faculty Division** |  |
| **Mobile** |  |
| **Email** |  |
| **URL** | *Insert link to website with CV* |

|  |  |
| --- | --- |
| **Associate** | |
| **Name** |  |
| **Position** |  |
| **Institution** |  |
| **Department**  **Faculty Division** |  |
| **Mobile** |  |
| **Email** |  |
| URL | *Insert link to website with CV* |

|  |  |
| --- | --- |
| **Other team members** | |
| **Name 1** |  |
| **Position/role** |  |
| **Institution** |  |
| **Email** |  |
| **Name 2** | *As relevant* |
| **Position/role** |  |
| **Institution** |  |
| **Email** |  |
| **Name 3** | *As relevant* |
| **Position/role** |  |
| **Institution** |  |
| **Email** |  |
| **Name 4** | *As relevant* |
| **Position/role** |  |
| **Institution** |  |
| **Email** |  |

**NSW Circular use only**

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| --- | --- |
| **Date received** |  |
| **Date referred for assessment** |  |
| **Date of assessment** |  |
| **Outcome of assessment** |  |
| **Reasons attached** |  |
| **Chair signature & date** |  |
| **Referred to Projects sub-committee** |  |
| **Sub-committee outcome** |  |
| **Sub committee Chair signature & date** |  |