**INCENTIVE AWARD CLAIM FORM**

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| **SECTION 1: APPLICANT DETAILS** | |
| * 1. **Incentive Applied for:** | Patent  Research Book  Journal Article  Book Chapter  Externally Funded Projects |
| * 1. **Name(s) of Applicant(s):**   **Note: Please add all applicants name who are claiming for the incentive for the particular publication. Claims will not be processed separately. Contributors who reside external to FNU are not eligible for incentive claim.** | 1. Name: Example, John Peters Position/Title: Example, Professor   2.  3.  4. |
| * 1. **Researcher ID (s) :** | 1.  2.  3.  4. |
| * 1. **Employment Number(s):** | 2.  3.  4. |
| * 1. **Tax Identification Number** *(TIN)***:** | 2.  3.  4. |
| * 1. **Fiji National Provident Fund Number** *(FNPF Number)***. May not be applicable to expatriates.** | 2.  3.  4. |
| * 1. **College, School, Division Department** | College ☐ School ☐ Division ☐ Department ☐ (check the box)  2.  3.  4. |
| * 1. **(a) Publication Title:**   **(b) ISSN:**  **(c) Date of Publication:**  **(d) DOI:**  **(e) ISBN #:**  **(f) Attach a copy of the publication (pdf)**  **(g) Publication link** |  |
| * 1. **(a) UN Sustainable Development Goals.** Is your publication aligned to SDGs? Please check the relevant box.  |  |  | | --- | --- | | **No.1 No Poverty**  **No.2 Zero Hunger**  **No.3 Good Health and Well-being**  **No.4 Quality Education**  **No.5 Gender Equality**  **No.6 Clean Water and Sanitation**  **No.7 Affordable and Clean Energy**  **No.8 Decent Work and Economic Growth**  **No.9 Industry, Innovation and Infrastructure**  **No.10 Reduced Inequality**  **No.11 Sustainable Cities and Communities**  **No.12 Responsible Consumption and Production**  **No.13 Climate Action**  **No.14 Life Below Water**  **No.15 Life on Land**  **No.16 Peace and Justice Strong Institutions**  **(b) Should the publication qualify for an additional SDG payment:** Yes  No  **(c) Does the FNU Lead author agree to share the premium payment with FNU Co-authors** Yes  No |  | | |
| * 1. **Publication Reference (APA reference style preferred)** |  |
| * 1. **External Funding Success:**   *(please attach evidence)* | Yes ☐ No ☐  If Yes please attach evidence |
| * 1. **Name of lead Author (Student or Staff)** | FNU Staff ☐ Non FNU Staff ☐ Student☐ |
| * 1. **Name of Corresponding Author:** | FNU Staff ☐ Non FNU Staff ☐ Student☐ |
| * 1. **Rank Per Academic Ranking System:** | **Scopus Q1 ☐ : Q2 ☐ : Q3 ☐ : Q4 ☐** |
|  |  |
| * 1. **If multiple researchers/authors, state percentage of work per each researcher/author, affix signatures of all authors in the authorship/co-authorship contributor form.** |  |
|  |  |
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| **SECTION 2: APPLICANT(S) DECLARATION (All applicants must fill in this section. Add name, signature, date for additional applicants).** | |
| **Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | |
| **SECTION 3: COLLEGE APPROVAL** | |
| * 1. **Associate Dean Research Comments:** | |
| * 1. **Associate Dean Research Validation of Scopus Ranking** | |
| **Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | |
| **SECTION 4: RESEARCH OFFICE USE ONLY** | |
| **Comments:**  **Approved**  **Not Approved**  **Form Returned**  **Date Received \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **Date Returned if incomplete \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **Reasons for return \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | |
| **Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Designation: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | |