This form is a grant application to the HCF Research Foundation (ABN 40 577 146 605) (**Application**).

# General Information

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| --- |
| Office use only |

Project ID:

Project Title:

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|  |

Short Title (max 60 characters):

|  |
| --- |
|  |

Lay project description (100 words)

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Academic Discipline:

|  |  |  |  |
| --- | --- | --- | --- |
|  |  |  |  |

List 4 keywords

|  |  |
| --- | --- |
| Amount requested:  |  |
| Duration of the study: |  |
| Has work on the project already begun? |  Yes/No |

# Principal Investigator

|  |  |  |  |
| --- | --- | --- | --- |
| Title: |  | First name: |  |
| Last name: |  |
| Department: |  |
| Current Position: |  |
| Institution Legal Entity Name: |  | ABN: |  |
| Institution Physical Address: |  |
| Institution Trading As: |  |
| Postal Address: |  |
| Phone:  |  | Email: |  |
| Primary role\* |  |

\* Indicate whether the Principal Investigator is **primarily**:

**A** - Academic **C** – Clinical **G** - Government representative

**P -** Provider Representative (e.g of hospital or local area service) **O -** Other

# Privacy and Declaration

The HCF Research Foundation collects your personal information that you submit in this form to assist in considering your Application. By completing this form you confirm that the information is true and complete and you agree to the HCF Research Foundation collecting your information. The HCF Research Foundation may also use and disclose your personal information to other parties, including HCF and its related bodies corporate, for the purpose of conducting reference checks and conducting the activities of the HCF Research Foundation. The HCF Research Foundation's Privacy Policy explains how and for what other purposes the HCF Research Foundation collects, uses, discloses (which may include to overseas recipients in compliance with its privacy obligations) and keeps personal information, secures personal information, how to opt out from direct marketing (if applicable), how to request access and correction of your personal information, how to complain about a privacy breach and how complaints are handled by the HCF Research Foundation. The policy is available at **www.hcf.com.au/about-us/hcf-foundation**.

By completing this form I also acknowledge and agree that where I am disclosing personal information (including sensitive information) of another person, I have:

* the authority of that person, to provide their information (including sensitive information) and to receive from the HCF Research Foundation their information for the purposes of your Application;
* notified that person that I have disclosed their personal information to the HCF Research Foundation; and
* informed that person the HCF Research Foundation uses and discloses personal information to other parties, including HCF and its related bodies corporate, for the purpose of conducting the activities of the HCF Research Foundation and otherwise deals with personal information in accordance with the HCF Research Foundation Privacy Policy available at [**www.hcf.com.au/about-us/hcf-foundation**](http://www.hcf.com.au/about-us/hcf-foundation).

I declare that I:

* understand and agree that any experimentation involving human subjects will conform to the general principles set out in the National Health and Medical Research Council (NH&MRC) statement on Human Experimentation; and
* have reviewed the draft Research Grant Agreement and the Principal Investigator has reviewed the Principal Investigator Deed provided and neither I or the Principal Investigator have any objections to signing these documents as presented should this application for funding be successful.

|  |
| --- |
| **Signed by:****Signature**:  |
| **Name**:  |
|  PLEASE PRINT (name of Authorised instituion Representative) |
| **Institution**:  |
| **Dated**:  |

# Project administrator details (only complete if different to PI)

The point of contact that the HCF Research Foundation will use for communication regarding this application

|  |  |  |  |
| --- | --- | --- | --- |
| Title: |  | First name: |  |
| Last name: |  |
| Current appointment: |  |
| Postal Address: |  |
| Phone:  |  | Email: |  |

# Co-investigators

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Name**  | **Current appointment** | **Institution** | **Role\*** | **Most relevant qualification** | **Away for a significant period (Y/N)** | **Hours/week devoted to this project** | **Email address** |
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\* Indicate whether the investigator is **primarily** (Choose only one for each investigator):

**A** - Academic **C** – Clinical **G** - Government representative **P** - Provider Representative (e.g of hospital or local area service) **O** - Other

* All Co-investigators listed above are aware of their inclusion in this application and have agreed to participate.

# Project

## Background (max 500 words)

## Aims (max 100 words)

# Methodology

## General (max 500 words)

|  |  |
| --- | --- |
| Is there an intervention? | Yes/No |

## If there is an intervention, describe the tool/technique etc that will be used (max 100 words)

Describe any benchmark or control group that results will be compared against. (max 50 words)

## Analysis and statistics (max 200 words)

## How will participants be recruited? (max 100 words)

## References (max 400 words)

# Project Outcomes

## Scale

|  |  |  |
| --- | --- | --- |
| How many people are affected in Australia each year? | # |  |

## Translation

If the intervention is shown to be successful, what will be necessary for the findings to be translated into practice, and how will this be achieved? (max 200 words)

Has there been any stakeholder consultation in developing this research project proposal? (if so please provide detail) (max 200 words)

Please list the key stakeholders that you will work with during the research phase, as well as those you will consult with once the research is complete? (i.e. in order to gain the maximum translation opportunity for your research findings) (max 200 words)

Describe any policy implications that the results of this project may have and how you would propose to ensure the results are appropriately considered by the key stakeholders? (max 200 words)

|  |  |
| --- | --- |
| Information regarding costs of larger scale translation of findings will be provided in the final report: | Yes / No |

Which sector is this project being run in?

🞎 Public 🞎 Private 🞎 Both

## Key messages

What are the potential outcomes of the research? (max 100 words)

# Ethics

Any research on animal or human studies requires approval by an institutional ethics committee. Examples of types of research that may require ethics approval are: trial experiments, clinical or community based interventions, collection of blood or other biological material samples, questionnaires or surveys, reviews of case notes or access to medical records.

If the agency or institution responsible for administering the grant does not itself have an ethics committee set up according to NH&MRC guidelines, **it must arrange for research proposals to be reviewed by a local institution which does have such a committee.**

|  |  |
| --- | --- |
| Ethics application status |  |
| If relevant  | Date of approval |  |
|  | Valid until |  |

*Please forward report from ethics committee.*

If not submitting an ethics application, explain why (max 100 words)

# Timeline

Please provide a timeline for the project.

E.g. Literature review complete; participant recruitment finished; data collection completed, etc.

Assume a starting date of 1 January

|  |  |  |
| --- | --- | --- |
| **Phase** | **Objective/goal** | **Planned completion date** |
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# Budget

Justification for budget (N.B. Excel spread sheet with detailed budget must also be included): (max 400 words)

## Other funding

Has funding previously been obtained for this project?

|  |  |  |  |
| --- | --- | --- | --- |
| **Funding body** | **Year** | **Amount funded** | **% of project** |
|  |  |  |  |
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Is funding currently being or will be sought from another funding body?

|  |  |  |  |
| --- | --- | --- | --- |
| **Funding body** | **Year** | **Amount sought** | **% of project** |
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If funding already in place, describe what contribution our funding will make. (max 200 words)

# Reviewers

Please indicate your 2 reviewers. Please note you must contact and ask reviewers if they will review your project and send them your application for review.

**Reviewer 1**

|  |  |
| --- | --- |
| Name |  |
| Position |  |
| Institution |  |
| Email address |  |
| Phone |  |

**Reviewer 2**

|  |  |
| --- | --- |
| Name |  |
| Position |  |
| Institution |  |
| Email address |  |
| Phone |  |