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| **HEALTH SERVICES****RESEARCH GRANTS****EXPRESSION OF INTEREST FORM**April 2024 |



**Please answer only the questions asked; adhere to all word count restrictions; and read the “Health Services Research Grants Application Guidelines” that is provided on the HCF Research Foundation website.**

**Please note that information entered in this form is considered strongly indicative of the final application, although not strictly binding.**

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| project summary | Please fill in below per allocated word count. |

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| **Project Title** (max 20 words) |
|  |
| **Which topic does the project align to?** |
|  |
| 3-5 Keywords |
|  |

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| RESEARCH Project Information |  |
| Background (max 300 words) |
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| Aims and hypothesis (max 100 words) |
|  |
| Briefly describe the proposed research design/methodology (max 300 words) |
|  |
| Describe the potential research outputs and how they will be translated into practice at scale to improve patient outcomes? (max 200 words) |
|  |
| Why should this health services research project be funded? Make a compelling case for the significance of the research, and the impact of the proposed work (for e.g. on patient outcomes, health system etc.). (max 150 words) |
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| If this research was to feature on the front page of the newspaper, what would be the headline? |
|  |
| Who are the likely co-investigators? (add rows as needed)

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| Name | Role in Project |
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| Who are the key stakeholders and stakeholder groups that will be engaged to ensure translation? (add rows as needed)

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| Name | Role in Project |
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| Project LEAD |  |

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| Title |  | First Name |  | Surname |
|  |  |   |  |  |
| Institution/Organisation |  | Department |  | Current position  |
|  |  |   |  |  |
| Contact Phone Number |  | Email Address |  |  |
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| PRIVACY  | . |

**By completing and submitting this form you confirm that:**

1. you agree to the HCF Research Foundation collecting the information in this form and use it to assist in considering your Application;
2. you have the consent to provide the information of other persons referred to in this form (**Other Persons**) to the HCF Research Foundation;
3. HCF may also use and disclose the personal information in this form to other parties, including HCF and its other subsidiaries, for the purposes of assessing your Application and conducting the activities of the HCF Research Foundation and I have made the Other Persons aware of this.

For more information about 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 of direct marketing (if applicable), how to request access and correction of your personal information, how to complain about a privacy breach and complaints are handled by the HCF Research Foundation, please check out our privacy policy at hcf.com.au/about-us/hcf-foundation.

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| DECLARATION | . |

* I acknowledge that all the information contained within this application supplied by me is complete and accurate.
* I will contact the HCF Research Foundation if any information contained within this EOI changes or is incorrect.
* If the full application is funded, I will ensure the described research will be carried out in accordance with good scientific practice as per relevant Australian and international regulations.
* My Institution authorises and approves the submission of this EOI.
* I confirm that I have read and understand this declaration.

|  |  |  |
| --- | --- | --- |
| Signature |  | Name (please print) |
|   |  |   |

Institution/Organisation

|  |  |
| --- | --- |
|  |  |
| Date |
|  / / |

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| **The Trustee for the HCF Research Foundation** ABN 40 577 146 605403 George Street, Sydney, NSW 2000GPO Box 4242, Sydney NSW 2001  |  **OFFICE USE ONLY**

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| Project ID |  |  |
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| Send your fully completed form and any attachments as a single PDF to HCF Research Foundation  |

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|  | EMAIL UShcffoundation@hcf.com.au  |

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