## Applicant eligibility

* indicates a required field

## Applicants please note:

Before completing this application form, you must read the **2021 MSH Research Support Scheme Funding Guidelines**. It may be helpful to keep the Funding Guidelines open while completing the form.

Applications close 5pm Thursday 17 September 2020.

**To accommodate unexpected technical problems do not leave submission to the last minute - incomplete applications and/or late applications will not be considered under any circumstances.**

Refer to sections 5.1, 10 and 12 of the Funding Guidelines for eligibility criteria.

If you have any questions in regard to these eligibility criteria, please contact the **Research Support Coordinator** on **07 3443 8057** or **MSH-RSS@health.qld.gov.au**

## Confirmation of applicant eligibility

**I confirm that:**

- I have read the 2021 MSH Research Support Scheme Funding Guidelines.
- I meet the applicant eligibility criteria described in the Funding Guidelines, and
- to the best of my knowledge my MSH appointment will be for the duration of the grant.
- the proposed research activity is NOT already funded through an award type listed on the current Australian Competitive Grants Register or international equivalent.

**Select: ***
○ Yes                                              ○ No
You must be able to answer YES in respect to all of the above statements to progress.

## PA Research Foundation Research Awards

Refer to section 5.3 and section 12 of the Funding Guidelines.

**Check YES below if you wish to be considered for funding by the PA Research Foundation**
○ YES

## PA Research Foundation key research area in which this application should be considered

**(Choose one only) ***
☐ Prostate cancer ☐ Breast cancer ☐ Skin cancer ☐ Other cancer ☐ Other health research project

## Women in Health Research grants

Refer to section 5.1.4 and section 10.2 of the Funding Guidelines for information and eligibility.

**Select YES below if you wish to submit your Project Grant application through the Women in Health Research pathway**

○ YES

## Indigenous Health Research grant

Refer to section 5.1.4 and section 10.2 of the Funding Guidelines for information and eligibility

**Select YES below if you wish to submit your Project Grant application through the Indigenous Health Research pathway**

○ YES

## Capacity Development grants

Refer to section 5.1.4 and 10.2 of the Funding Guidelines for information and eligibility

**Select YES below if you wish to submit your Project Grant application through the Capacity Development pathway**

○ YES

## Principal Investigator (Applicant) Details

* indicates a required field

PART A:

### Principal Investigator (Applicant) contact details

| **Principal Investigator (Applicant) name** * | Title | First Name | Last Name |
|---|---|---|---|
| | | | |

| **Metro South Health site** * | Organisation Name |
|---|---|
| | |
| | For example: Logan Hospital or Metro South Addiction and Mental Health Services |

| **Department and Division** * | |
|---|---|
| | |
| | For example: Department of Gastroenterology, Division of Medicine |

**Position held in organisation** *

For example: Physiotherapist

**MSH employee ID number**

*Required for a SERTA funded grant. Must be between 6 and 8 digits, for example: 00123456 or 123456,

**Provide details of your MSH appointment and, if applicable, academic partner university appointment/s** *

For example: 0.5 FTE OT at PA Hospital and QUT Postgrad Candidate based at IHBI in the TRI; Prof of Emergency Medicine at Logan (50% of my salary) and Griffith University Research Fellow (50% of my salary).

**Academic qualifications** *

For example: MBBS

**Primary Phone Number** *

Must be an Australian phone number.

**Primary Email** *

Must be an email address.

**Mobile Phone Number** *

Must be an Australian phone number.

PART B:

Principal Investigator (Applicant) research performance relevant to opportunity

**Are there any disruptions to your career (greater than 28 days) that may have impacted on your research performance that you would like to have taken into consideration?** *

Word count:
Must be no more than 200 words.

Grants awarded to the Principal Investigator (Applicant) in last 5 years

| Grant type and funding body | Funding period | Amount | Relevant to this application? |
|---|---|---|---|
|  |  | $ |  |

|  |  |  |  |
|---|---|---|---|
|  |  |  |  |
|  |  | Must be a dollar amount. |  |

## Evaluation Criteria 1: Scientific Quality

* indicates a required field

Refer to Section 8 of the Funding Guidelines for guidance on how Scientific Quality is evaluated.

## Project title

**Project title: ***

Must be no more than 50 words.
Your title should be short but descriptive.

## Location of research activity

**Where will the research activity take place? ***

Refer to section 10.2.3 i and section 12.6 of the Funding Guidelines for eligibility criteria.

## Project details

**Please provide a copy of your Research Proposal with the following headings:**
- **Applicant name**
- **Title of Project**
- **Background**
- **Aims/Objectives**
- **Hypothesis**
- **Methodology**
- **Milestones at 6 months, and yearly up to 5 years**
- **Expected outcomes**
- **References**

**Formatting:**
- **Maximum 6 pages incl references**
- **Arial font 10**
- **Line spacing 1.5**
- **Top, bottom, left and right page margins 2cm**

**Please upload your Research Proposal** *

Attach a file:

External Experts: refer to section 7.1 of the Funding Guidelines for guidance on nominating eligible External Experts.

External Experts may be contacted by the RSS Sub-Committee to provide additional expert evaluation or comment in respect to your application. They will not however be the sole reviewer of the application. You must seek confirmation from your expert that they are available to be contacted between September 2020 and November 2020.

## External Expert

Use the 'Add More' option to nominate up to three (3) external experts.

| Name | Title | First Name | Last Name |
|------|-------|------------|-----------|
|      |       |            |           |

**Position held in organisation**

**Organisation**

Organisation Name

**Email**

Must be an email address.

**Phone number**

**Availability confirmed?**    ☐ Yes ☐ No

**Who contacted this expert?**

**Conflict of Interest**

○ I declare there is no Conflict of Interest in respect to the nomination of this expert

○ I have declared a potential, actual or perceived Conflict of Interest in accordance with section 7.1 (i) of the Funding Guidelines

**Provide a brief summary to support your nomination of this person as an acknowledged expert in the field of research proposed:**

Word count:
Must be no more than 200 words.

## Evaluation Criteria 2: Justification of Budget

* indicates a required field

Refer to Section 8 of the Funding Guidelines for guidance on how Budget is evaluated.

## Instructions:

**Please outline your project budget in the tables below.**

**Consult with your Business Manager for costings to build your budget.**

**The maximum value of a Project Grant is $100,000.**

List each item separately.

Provide clear descriptions for each item.

Please do not add commas to figures – e.g. type $1000 not $1,000 – this will ensure your figures for each table total correctly.

## Personnel

- include type of appointment and on-costs
- include the facility or institution where this person will undertake the majority of the research activity
- include whether this person is a MSH staff member

| Description | Amount requested |
|---|---|
|  |  |
|  |  |
|  |  |
|  | Must be a dollar amount. |

## Subtotal Personnel

**Total Personnel Amount**

$

This number/amount is calculated.

## Equipment

- list items costing **more than $500** each
- indicate whether it will be procured through MSH
- **Note:** computers will not be funded

| Description | Amount requested |
|---|---|
|  | $ |

| | |
|---|---|
| | |
| | |
| | Must be a dollar amount. |

## Subtotal Equipment

**Total Equipment Amount**    $ [                    ]

This number/amount is calculated.

## Consumables

| Description | Amount requested |
|---|---|
| | $ |
| | |
| | |
| | Must be a dollar amount. |

## Subtotal consumables

**Total consumables**    $ [                    ]

This number/amount is calculated.

## Travel / Conference / Publication

| Description | Amount requested |
|---|---|
| | $ |
| | |
| | |
| | Must be a dollar amount. |

## Subtotal travel / conference / publication

**Total travel / conference / publication**    $ [                    ]

This number/amount is calculated.

## Other expenditure

For example: Biostatistics services; Clinical Research Facility costs; Biorepository costs; Legal costs for IP considerations; Pharmacy, Pathology, X-Ray costs.

| Description | Amount Requested |
|---|---|
| | $ |
| | |
| | |
| | Must be a dollar amount. |

## Subtotal other expenditure

**Total other expenditure**

$

This number/amount is calculated.

## Grand Total

**Grand Total**

$

This number/amount is calculated.
What is the total financial support you are requesting in this application?

## Budget justification

**Provide full details on how the budget will be used to support this project** *

Word count:
Must be no more than 300 words.

## Provide details of other grants related to this project that you have applied for, whether the funding has been confirmed or not.

| Type of grant and Funding body | Confirmed Funding? | Grant amount |
|---|---|---|
|  |  | $ |
|  |  |  |
|  |  |  |

## Evaluation Criteria 3: Clinical Significance

* indicates a required field

Refer to Section 8 of the Funding Guidelines for guidance on how Clinical Significance is evaluated.

## Clinical significance

**In plain English describe the clinical significance of the proposed research.** *

Word count:
Must be no more than 300 words.

## Translational impact

**In plain English, how do you plan to translate your research project into better health outcomes over the next 5-10 years? ***

Word count:
Must be no more than 300 words.

## Evaluation Criteria 4: Clinical Originality and Innovation

* indicates a required field

Refer to section 8 of the Funding Guidelines for guidance on how Clinical Originality and Innovation is evaluated.

## Clinical originality and innovation

**In plain English describe how your proposal is clinically original and/or innovative. ***

Word count:
Must be no more than 300 words.

## Evaluation Criteria 5: Collaborative Strength and Capacity Building

* indicates a required field

Refer to section 8 of the Funding Guidlines for guidance on how Collaborative Strength and Capacity Building is evaluated.

## Investigative team

For the purpose of completing this application please list:

- up to 4 Co-investigators and
- up to 2 Associate Investigators.

It is acknowledged that in the background research teams may include additional members.

## Please provide details for up to four (4) Co-investigators:

Refer to section 10 of the Funding Guidelines for guidance on eligibility.

| Name including Title | Health Profession | Organisation | MSH site | MSH FTE |
|---|---|---|---|---|
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | eg. 0.4 FTE, or none |

## Please provide details for up to two (2) Associate Investigators:

| Name including Title | Health Profession | Organisation | MSH site | MSH FTE |
|---|---|---|---|---|
| | | | | |
| | | | | |
| | | | | eg. 0.4 FTE, or none |

## Why is this the right team for the project?

**Provide a summary of each team members qualifications and expertise, contribution to the field of research, their role in the project and how their participation contributes to the collaborative strength of the project. ***

Word count:
Must be no more than 500 words.
Note: To be considered for PA Research Foundation funding the project team must include representation clinical provision and allied health and a new researcher (less than 5 years) and basic science (where relevant).

**List the 10 publications most relevant to this application that you and your CI's have authored or co-authored in the previous 5 years. ***

## Certification

*indicates a required field*

### Certification by Principal Investigator

You need to be able to answer YES to each of the following statements before submitting your application.

I certify that:

**Written agreement (such as an email) has been obtained from all investigators named in this application. ***
○ YES

**The investigative team meets the relevant eligibility criteria for this grant category as specified in the Funding Guidelines. ***
○ YES

**I understand that should this application be successful all named Co-investigators will be required to sign the Conditions of Award. ***
○ YES

**On behalf of the investigative team, we accept and agree to comply with the Australian Code for the Responsible Conduct of Research 2018, the National Statement on Ethical Conduct in Human Research 2007 (updated 2018), and any requirements identified by a Human Research/Animal Ethics Committee. ***
○ YES

**The research will not commence until all ethical clearances and site specific approvals (SSA's) have been obtained. ***
○ YES

**I acknowledge and accept that grant payments from MSH SERTA can only be made to a MSH employee, and must be journalled into a MSH research cost centre. ***
○ YES

**An annual Progress Report will be provided to the approving HREC and a Final Report will be provided at the end of the funding period. ***
○ YES

**On behalf of the investigative team, we accept and agree to comply with MSH Policies and Procedures and requests from MSH Research office in respect to the management of Research Support Scheme grants. ***
○ YES

## Certification by Head of Department

**See section 6.2.1 of the Funding Guidelines.**

**Upload the Certification page signed by your Head of Department. \***
Attach a file:

## Applicant Feedback

You are nearing the end of the application process. Before you review your application and click the **SUBMIT** button please take a few moments to provide some feedback.

**Please indicate how you found the online application process:**
○ Very easy      ○ Easy      ○ Neutral      ○ Difficult      ○ Very difficult

**How many minutes in total did it take you to complete this application? \***

Estimate in minutes i.e. 1 hour = 60

**Please provide us with your suggestions about any improvements and/or additions to the application process/form that you think we need to consider.**

Word count:
Must be no more than 200 words.