Form Preview

Applicant eligibility

* indicates a required field

Applicants please note:

Before completing this application form, you must read the **2022 MSH Research Support Scheme Funding Guidelines.**

Applications close 3pm Tuesday 10 August 2021.

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 the 2022 MSH RSS Funding Guidelines for eligibility and assessment criteria.

If you have any questions in regard to these 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 2022 MSH Research Support Scheme Funding Guidelines.
- I am a MSH employee, and
- to the best of my knowledge my 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 <u>Australian Competitive Grants Register</u> or international equivalent.

Select: *	
○ Yes	○ No
You must be able to answer YES in respect to a	Il of the above statements to progress to the next page

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 *	Organisa	ation Name	

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	For example: Logan Hospital or Metro South Addiction and Mental Health Services
Department of: *	
	For example: Nutrition and Dietetics
Division of: *	
	For example: Clinical Support Services
Position held in organisation *	
	For example: Physiotherapist
MSH employee ID number *	
	Must be between 6 and 8 characters. For example: 00123456 or 123456
Provide details of your	
MSH appointment and, if applicable, academic	For example, 0.5 FTF OT at DA Hespital and OUT Destared
partner university appointment/s *	For example: 0.5 FTE OT at PA Hospital and QUT Postgrad Candidate based at TRI; Prof of Emergency Medicine at Logan (50% of my salary) and Griffith University Research Fellow (50%
	of my salary).
Academic qualification/s	
	For example: MBBS
Year HDR awarded *	
	For example: 2018, or n/a.
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

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			28 days) that may have d like to have taken into
Considerations			
Word count: Must be no more than 2	00 words.		
Grants awarded	to the Principal Ir	nvestigator (Ap	oplicant) in last 5 years
Grant type and funding body	Funding period	Amount	Relevant to this application?
		\$	
		Must be a dollar	amount
Evaluation Crite	eria 1: Scientific	Quality 40%	
* indicates a required	field		
Refer to section ! Criteria.	9 of the Funding	Guidelines for	guidance on Evaluation
Scientific Quality will I			ethodology and proposed
outcomes?			
	rationale for conductir esign and methodolog	~	s and proposed outcomes?
• Is the sample size	e and analysis plan ap	propriate for mear	
	e completed in the tin empetitive nationally?	neframe?	
Project title			
Project title: *			
Must be no more than 5 Your title should be shor			
Broad research a	irea		

Select the response that broadly describes this research area:

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	Location	of	research	activity
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More than 50% of the research activities must be conducted within a MSH facility.

List the locations where research activities will take place? *

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 Attach a file:	your Research Proposal *

External Experts: refer to section 8.1 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 2021 and November 2021.

External Expert

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

Name	Title	First Name	Last Name

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Position held in organisation	
Organisation	Organisation Name
Email	
Phone number	Must be an email address.
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 8.1 (iv) 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 15%

* indicates a required field

Refer to section 9 of the Funding Guidelines for guidance on Evaluation Criteria.

Justification of Budget will be evaluated as follow:

- Is there evidence of adequate consideration to resources required to complete the project?
- Is the budget reasonable, appropriate, justified, and able to be managed within the Metro South Health financial guidelines?

Instructions:

Please outline your project budget in the tables below.

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Refer to section 7.5 of the Funding Guidelines for examples of eligible and ineligible expenditure.

Consult with your Business Manager for costings to build your budget, particularly for calculating salary over several years and on-costs.

A budget template has been made available on the MSH RSS website.

The maximum value of a Early Career Researcher Grant is \$75,000.

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

Your description must include:

- 1.type and length of appointment
- 2.the facility or institution where this person will undertake the majority of the research activity
- 3.whether this person is a MSH employee

Description	Amount requested
	\$
	Must be a dollar amount.

Subtotal Personnel

Total Personnel amount	\$	
	This number/amount is ca	alculated

Equipment

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

Description	Amount requested
	\$
	Must be a dollar amount.

Subtotal Equipment

Total Equipment amount	\$

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This number/amount is calculated.

Consumables

Description	Amount requested	
-	\$	
	Must be a dollar amount.	
Subtotal consumables		
Total consumables amount	\$ This number/amount is calculated.	
Travel / Conference / Pu	ıblication	
Description	Amount requested	
	\$	
	Must be a dollar amount.	

Subtotal travel / conference / publication

Total travel / conference / publication amount

\$

This number/amount is calculated.

Other expenditure

For example: Pharmacy, pathology, imaging, biostatistics services; Clinical Research Facility costs; biorepository costs; legal costs for IP considerations.

Description	Amount Requested	
	\$	
	Must be a dollar amount.	

Subtotal other expenditure

Total other expenditure amount

\$

This number/amount is calculated.

Grand Total

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Grand Total

\$	
This number/amount is calculated. What is the total financial support you are reque	esting 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 relapplied for, whether the funding	lated to this project that you have has been confirmed or not.

Type of grant and Funding Confirmed Funding? body		Grant amount	
		\$	

Evaluation Criteria 3: Clinical Significance 15%

Refer to section 9 of the Funding Guidelines for guidance on Evaluation Criteria.

Clinical significance will be evaluated as follows:

- The extent to which the proposed research has potential to contribute to advancements in knowledge that will inform clinical practice.
- The extent to which the proposed research will have impact and deliver meaningful outcomes for patients, clinicians and decision makers.
- The extent to which the proposed research addresses a clinical need, gap or issue of importance to the Health Service.

Clinical significance

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

^{*} indicates a required field

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Word count: Must be no more than 300 words.
Does the proposed research address health equity in one or more disadvantaged community groups? *
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: Originality and Innovation 5%
* indicates a required field
Refer to section 9 of the Funding Guidelines for guidance on Evaluation Criteria.
Originality and Innovation will be evaluated as follows:
 The extent to which the research proposal demonstrates potential to generate new knowledge or deliver solutions by using or developing a novel approach or concept, methodology, technology or intervention, or by reinterpreting or challenging existing pathways or models.
Originality and innovation
In plain English describe how your proposal is original and/or innovative. *
Word count: Must be no more than 300 words.

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Does your research proposal consider environmental impacts on human health? *

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Does this project inc	lude environmental sustainability initiatives? *

Evaluation Criteria 5: Collaborative Strength and Capacity Building 25%

* indicates a required field

Refer to section 9 of the Funding Guidelines for guidance on Evaluation Criteria.

Collaborative Strength and Capacity Building will be evaluated as follows:

- Evidence of individual team members expertise and contribution to their field of research and;
- a diversity of research skills and experience through *meaningful* collaborations across disciplines, sites, and with partners.
- The potential for the collaboration to strengthen the research profile of MSH and have ongoing benefits.
- Evidence of engagement and consultation with relevant stakeholders, including consumer partners as appropriate.

Research team

Refer to section 5.2 of the Funding Guidelines for guidance on eligibility.

For the purpose of completing this application:

- Co-investigators make a significant contribution to the design and conduct of the research and their participation is for the term of the project.
- Associate Investigators provide some intellectual and practical input into the research and their participation warrants inclusion of their name on a resulting publication.

Co-investigator details:

Use the ADD MORE button to add additional team members.

Full name incl profession or academic title	Health Profession	Organisation	Location

Associate Investigator details:

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Name including Title	Health Profession	Organisation	Location
Involvement of co	nsumers		
Outline the consume involvement through			ngoing consumer
mvorvement tinough	out the me of this p	i ojecti	
Word count: Must be no more than 300	words		
must be no more than so	, words.		
Why is this the rig	ht team for the p	roject?	
Starting with the Principle team members:	oal Investigator, your re	esponse must include a	summary of each
qualifications			
contribution to therole in the project;			
		the collaborative stren	gth of the project.
Team profile *			
Word count:			
Must be no more than 500) words.		
List the best 10 publ		this application that	you and your CI's
have authored in the	previous 5 years.		
		_	
If not named above, Mentor.	provide a profession	al summary and con	act details for your

Certification

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* 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.

The research will not commence until both ethical approval and site specific approval/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 ION specific to the research project. *

YES

A Progress Report will be provided to the approving HREC annually, and a Final Report will be provided at the end of the funding period. *

O YES

On behalf of the research 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. *

O YES

Certification

See section 7.2.2 of the Funding Guidelines.

IMPORTANT UPDATE 5 August 2021:

In the context of the snap SEQ COVID19 lockdown we are aware some 2022 RSS applicants are concerned about their capacity to secure their Head of Department's signature on the

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Certification page that needs to be uploaded with the application before the closing deadline of 3pm Tuesday 10 August.

Our advice is:

Having taken all reasonable steps to secure the Head of Department signature on the Certification page, the following are now approved alternatives in the event the Head of Department signature cannot be obtained due to their unavailability as a result of the SEQ lockdown:

- An email from the Head of Department certifying to the points on the Certification page (ie copy and paste the Certification page from the Funding Guidelines into an email and ask them to respond to the email. Upload a PDF of their email to the section of the application that asks for the Certification page).
- Failing the above, a signature on the Certification page by a line manager or senior manager of the department who is without a conflict of interest (ie is not a member of the research team).

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