

2023 TRI LINC scheme grant application

Form Preview

Executive Summary

* indicates a required field

Please read the **2023 LINC Funding Guidelines** available on the [TRI LINC Scheme website](#) before completing this application to ensure you meet the eligibility criteria and for detailed information on how your application will be evaluated.

If you have any questions please contact the **TRI Research & Clinical Translation Manager** at funding@tri.edu.au

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.

Project title

Provide a short title: *

Word count:

Must be no more than 30 words.

Principal Investigators

Principal Investigator - Clinician (PI-Clinician):

Name:

Title	First Name	Last Name
<input type="text"/>	<input type="text"/>	<input type="text"/>

Organisation: *

- Metro South Health (MSH)
- Children's Health Queensland (CHQ)
- Children's Health Queensland - Oncology dept (CHQ - Oncology)

Principal Investigator- Researcher (PI-Researcher):

Name:

Title	First Name	Last Name
<input type="text"/>	<input type="text"/>	<input type="text"/>

Organisation: *

- The University of Queensland
- Mater Research
- Queensland University of Technology
- Queensland Health / Metro South Health

Lay summary

Write a lay summary - simply, clearly and in plain English without jargon and unexplained acronyms. The lay summary should clearly explain a problem, the clinical and research question/s, propose a solution/s, and state the significance, innovation, and expected impact of the project. *

Word count:

Must be no more than 250 words.

If the applicant is successful, this Lay Summary may be used to promote the project on the TRI, MSH, Mater or CHQ websites.

Project abstract

Justify the researcher/clinician collaboration and potential project in terms of background/problem; your initial aims and objectives; a hypothesis/research question; then provide an outline for possible research design and methods, results/analysis and conclusions expected. *

Word count:

Must be no more than 450 words.

Total amount requested

The maximum amount of funding is \$50,000 *

Must be a number.

This value should equal the amount calculated in Part D3 of the budget.

Evaluation Criteria 1: Collaborative potential (35%)

* indicates a required field

Refer to section 8 of the Funding Guidelines for guidance on Evaluation Criteria.

Collaborative potential will be evaluated as follows:

- It is a new or recently formed collaboration?
- Each PI can appropriately contribute to their field of research relevant to the proposed research
- Nominated mentors have ability and capacity to support EMCRs

Project Sites and Collaborating Organisations:

Summarise the sites and collaborators who will be involved in this project.

Use the "Add more" button to add more rows.

Investigator:	Name:	Organisation and department:	Location:	Responsibility:
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				Brief description of what will be conducted by the site/collaborator, e.g. patient recruitment, mentor for PI-Clinician or PI-Researcher, study coordination etc.]

Team quality and capability relevant to this project:

Describe how this team will work together to achieve the project aims, taking into account the expertise and capacity of team members relevant to the proposed project. *

Word count:

Must be no more than 500 words.

Is this a new or recently formed collaboration between the Principal Investigators? *

- Yes
 No

If yes, please provide details of the collaboration.

Word count:

Must be no more than 150 words.

If no, explain how the proposed project differs from your previous collaborations *

Word count:

Must be no more than 150 words.

Investigator full details:

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Principal Investigator - Clinician

Name: *

Title	First Name	Last Name
<input type="text"/>	<input type="text"/>	<input type="text"/>

Organisation, Department and Position: *

Email: *

Phone number/s: *

Eligibility: *

- I confirm I am a MSH employee with a clinical appointment
- I confirm I am a CHQ employee with a clinical appointment
- I confirm I am a CHQ employee with an oncology services group clinical appointment

Please state the date of which your clinical undergraduate degree was conferred: *

Must be a date.

ORCID ID:

Register for an ORCID ID at the following link <https://orcid.org/register>

Clinical load - number of hours per week: *

Number of hours per week you will commit to the project: *

Describe your responsibilities in the project and how your skills/experience is relevant to the proposed project as well as your availability to commit time to lead this research, taking into account any other projects you are involved in. *

Word count:

Must be no more than 500 words.

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Are you currently undertaking other projects in the same field, or directly related to this proposed project, outside your current workload?

- Yes
 No

If Yes, please list brief information on the nature of the other projects, source and level of funding and how they are different to this proposal.

PI-Clinician Relative to Opportunity declaration:

Declare any career disruptions that may affect applicant eligibility, if relevant. (refer to Appendix Two of funding guidelines - NHMRC Relative to Opportunity Policy, for additional information).

For clinicians, relative to opportunity examples may include consideration around regional and remote clinical placements. Other considerations for career disruption will be assessed based on relative to opportunity principles.

Please upload a CV less than 12 months old, detailing relevant research experience including the past five (5) years of publications and past funding success if applicable, max three (3) pages. *

Attach a file:

Mentor for PI-Clinician

PI-Clinician and PI-Researcher must each include a Co-Investigator who is able to provide a mentoring role for the duration of the project.

The mentor for PI-Clinician must be an experienced clinician.

Mentors must be:

- willing and have the capacity to provide expert guidance for the duration of the project
- employed by MSH, CHQ or TRI respectively or external to MSH or CHQ if the field of research determines the expertise lies outside both organisations.

Mentor's name *

Title First Name Last Name

<input type="text"/>	<input type="text"/>	<input type="text"/>
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Organisation, Department and Position: *

Organisation Name

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Email: *

Phone number/s: *

Number of hours per week this Co-Investigator will commit to the project: *

Describe this Co-Investigator's role in the project and how their skills/experience is relevant to the proposed project as well as their availability to commit to the project and the role of mentor. *

Word count:

Must be no more than 200 words.

Upload a CV less than 12 months old, detailing relevant research experience including the past five (5) years of publications and past funding success if applicable, max three (3) pages. *

Attach a file:

Principal Investigator - Researcher (TRI-based)

Name: *

Title First Name Last Name

Organisation, Department and Position: *

Email: *

Phone number/s: *

Eligibility: *

I confirm I am employed by a TRI partner institution and based at TRI for at least 20% of my time

Please state the date of which your postgraduate research degree was conferred: *

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Must be a date.

ORCID ID

Register for an ORCID ID at the following link <https://orcid.org/register>

Research load - number of hours per week: *

Number of hours per week you will commit to the project: *

Describe your responsibilities in the project and how your skills/experience is relevant to the proposed project as well as your availability to commit time to lead this research, taking into account any other projects you are involved in. *

Word count:

Must be no more than 500 words.

Are you currently undertaking other projects in the same field, or directly related to this proposed project, outside your current workload? *

- Yes
 No

If Yes, please list brief information on the nature of the other projects, source and level of funding and how they are different to this proposal.

PI-Researcher Relative to Opportunity declaration:

Declare any career disruptions that may affect applicant eligibility, if relevant. (refer to Appendix Two of funding guidelines - NHMRC Relative to Opportunity Policy, for additional information).

Please upload a CV less than 12 months old, detailing relevant research experience including the past five (5) years of publications and past funding success if applicable, max three (3) pages *

Attach a file:

Mentor for PI-Researcher

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PI-Clinician and PI-Researcher must each include a Co-Investigator who is able to provide a mentoring role for the duration of the project.

The mentor for PI-Researcher must be an experienced researcher with a track-record in designing and implementing translational research.

Mentors must be:

- willing and have the capacity to provide expert guidance for the duration of the project
- employed by MSH, CHQ or TRI partner institute respectively or external to MSH or CHQ if the field of research determines the expertise lies outside both organisations.

Mentor's name: *

Title	First Name	Last Name
<input type="text"/>	<input type="text"/>	<input type="text"/>

Organisation, Department and Position: *

Organisation Name

Email: *

Phone number/s: *

Number of hours per week this Co-Investigator will commit to the project: *

Describe this Co-Investigator's role in the project and how their skills/experience is relevant to the proposed project as well as their availability to commit to the project and the role of mentor. *

Word count:

Must be no more than 200 words.

Upload a CV less than 12 months old, detailing relevant research experience including the past five (5) years of publications and past funding success if applicable, max three (3) pages.

Attach a file:

Co-Investigators (CI's)

Provide details of other Co-Investigators in this section.

If Co-Investigators hold joint appointments, please specify one primary appointment that is most relevant to the proposal.

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Use the "Add more" button to add another CI.

Name including professional or academic title:

Organisation and Department:

Position in organisation:

Email:

Phone number/s:

Must be an Australian phone number.

Project Role and Relevant Experience:

Word count:

Must be no more than 200 words.

Describe their role in the project; how their skills/experience is relevant to the proposed project.

Capacity to commit to the project:

Their availability to commit to the project, in hours per week.

Upload a CV less than 12 months old, detailing relevant research experience including the past five (5) years of publications and past funding success if applicable, max 3 pages.

Attach a file:

Associates Investigators (AI's)

Provide details of your Associate Investigators in this section, if applicable.

If Associate Investigators hold joint appointments, please specify one primary appointment that is most relevant to the proposal.

Use the "Add more" button to add another AI.

Name including professional or academic title:

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Organisation and Department:

Position in organisation:

Email:

Must be an email address.

Phone number/s:

Must be an Australian phone number.

Project Role and Relevant Experience:

Word count:

Must be no more than 200 words.

Describe their role in the project; how their skills/experience is relevant to the proposed project; and state their availability to commit to the project.

***Optional - upload a condensed CV (max 2 pages) for this AI at your discretion.**

Attach a file:

Evaluation Criteria 2: Clinical/Public Health significance (25%)

* indicates a required field

Refer to section 8 of the Funding Guidelines for guidance on Evaluation Criteria.

Clinical/Public Health Significance will be evaluated as follows:

- Does the project have clinical or public health relevance?
- Will it address the burden of disease or clinical issue of importance or consumer identified need?
- Does it have the potential to progress clinical or public health outcomes through new ideas/diagnosis/ procedures/ technologies/ programs/health policy?
- Will it progress clinical knowledge (originality)?

Project Background and Rationale:

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Provide a concise summary of the current knowledge relating to the aim/s of the research, stating the importance of the proposed research for advancing new knowledge, and identifying the significance of the research to clinical care. *

Word count:

Must be no more than 1000 words.

Aims and Objectives:

What are the initial research aims and objectives? *

Word count:

Must be no more than 300 words.

Significance:

Describe how the proposed research is directed at improving the outcomes of patients or the end consumer and why your approach will be novel or the point of difference over existing approaches. *

Word count:

Must be no more than 150 words.

References:

References: *

Evaluation Criteria 3: Project feasibility (15%)

* indicates a required field

Refer to section 8 of the Funding Guidelines for guidance on Evaluation Criteria.

Project feasibility will be evaluated as follows:

- Clearly articulated outline for a scientifically sound project?
- Acknowledgement of potential risks and barriers to the project being developed

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- Thought put into potential design and methodology to achieve preliminary proof-of-principle data
- Is it likely the project design can be completed and ethics approval & governance occurs by Year 1?
- Is it likely that the pilot study can be completed within the second year?

Design and Methods:

Provide an overview of a possible research design and methodology for generating preliminary proof-of-concept data as well as any thoughts on stakeholder engagement involved. It is expected that this will be developed over the course of the first year of grant funding. *

Word count:

Must be no more than 1000 words.

Project plan:

Enter details of each key step/milestone that is required to complete this proposed project and estimate the time in months that the milestone will take to complete within the two-year scope of this grant. Where relevant, ethics and site-specific approval processes and patient recruitment are eligible milestones.

Milestone:	Estimated duration in months:	Total duration of project in months:
	Must be a number.	This number/amount is calculated.

Supporting documents:

Upload any additional documentation relevant to your Research Proposal e.g. tables or images in this section, if applicable.

Supporting document/s:

Attach a file:

Evaluation Criteria 4: Translation potential (15%)

* indicates a required field

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Refer to section 8 of the Funding Guidelines for guidance on Evaluation Criteria.

Translation potential will be evaluated as follows:

- Does this project have the potential to change clinical practice, healthcare policy or service delivery?
- Is there a concept for a 'product'* which will address an unmet or poorly met healthcare issue?
- Is the 'product' novel or are there competitors?
- Is there a point of market difference?
- Is there any understanding of the market for the 'product'?
- Has there been consumer consultation/ clear articulation of the end consumer and how they will benefit?

*Product can refer to a diagnostic test, device, therapeutic, new clinical procedure, new treatment regimen/drug combination, policy

Innovation and Impact:

Outline the novelty of the project and/or any potential impacts this research could result in (this may range from a new diagnostic test, medical device, therapeutic, treatment regime or changes to clinical protocols or policy). *

Word count:

Must be no more than 500 words.

Translational plan:

Provide an outline for how this research could be potentially translated into clinical practice. If you can, highlight any barriers and risks likely to be involved in translating this project and how you may be able address these in the project design. Where possible, please note any considerations you have given to market size, existing solutions, industry and consumer needs, and potential stakeholders that you may be able to begin consulting with in your research design phase. *

Word count:

Must be no more than 500 words.

Evaluation Criteria 5: Justification of budget (10%)

* indicates a required field

Refer to section 8 of the Funding Guidelines for guidance on Evaluation Criteria.

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Budget justification will be evaluated as follows:

To what extent is the budget justified, appropriate and able to be managed?

YEAR 1 budget request (excluding GST):

Year 1 - budget item **Unit cost or annual salary** **Number of units or FTE p.a.** **Amount requested**

			\$
			\$
			\$
			\$
			\$
Description of the item	Must be a number.	Must be a number.	Unit cost x number of units

Subtotal Year 1 budget

Total year 1 budget

\$

This number/amount is calculated.

YEAR 2 budget request (excluding GST):

Year 2 - budget item **Unit cost or annual salary** **Number of units or FTE p.a.** **Amount requested**

			\$
			\$
			\$
			\$
			\$
Description of the item	Must be a number.	Must be a number.	This number/amount is calculated.

Subtotal year 2 budget

Total year 2 budget

\$

This number/amount is calculated.

Grand Total:

Grand Total

\$

This number/amount is calculated.

Budget justification:

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Provide a rationale for each budget item requested and any supporting information regarding appropriateness of costs. Budget items with no rationale may not be considered. Please group the budget justifications under an appropriate heading e.g. Personnel, Equipment, Consumables or Other (eg. Biostats, third party services). *

Word count:

Must be no more than 700 words.

Provide details of anticipated leveraged funding, cash or in-kind support for this project from any other source. *

Confirmation and Certification

* indicates a required field

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

Type of grant and Funding body	Confirmed funding?	Grant amount
		\$
		\$
		\$
eg. 2022 Co-funded Collaboration grant, MSH RSS		

Conflict of Interest declaration:

Declare any potential conflict of interest that may be inherent in this submission whereby a named investigator represents TRI, MSH or CHQ in an advisory or governance capacity. *

[For example, TRI Committee membership]

Certification:

See pages 15 and 16 of the 2023 LINC Funding Guidelines.

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Upload the Certification page with all required signatures: *

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.

Any feedback provided will not be considered by the grant review panel. This feedback will be de-identified by TRI and will be used for grant scheme improvement purposes only.

How did you find out about the LINC grant scheme?

- TRI newsletter
- MSH Research newsletter
- CHQ Research newsletter
- Social media
- TRI website
- MSH Research website
- CHQ Research website
- Poster
- Word of mouth
- Other:

Do you think the LINC program is important to fostering clinician and researcher collaborations?

Do you have any suggestions for making it easier to form collaborations between clinicians and TRI-based researchers?

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

Estimate in minutes i.e. 1 hour = 60

Please indicate how you found the online application process:

- Very easy Easy Neutral Difficult Very difficult

Please provide us with your suggestions for 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.

