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Applicant eligibility

* indicates a required field

Applicants please note:

Before completing this application form, you must read the **2024 MSH Research Support Scheme Funding Guidelines.**

Applications close 3pm Thursday 27 July 2023.

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 **2024 MSH Research Support Scheme Funding Guidelines** for full 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 2024 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 any other organisation.

Select: *

O Yes

You must be able to answer YES in respect to ALL 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	Title	First Name	Last Name
(Applicant) name: *			

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Metro South Health site:	Organisation Name		
*	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 MSH: *			
	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 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 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.		

MSH Research is collecting baseline data to inform activities related to the <u>Metro South Health First Nations Health Equity Strategy</u>.

Are you of Aboriginal and/or Torres Strait Islander origin?

Visit the Metro South Health First Nations Health Equity Strategy for more information.

PART B:

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Principal Investigator (Applicant) research performance relative to opportunity

	-	that you would like t	•		
Word count: Must be no more than 20	0 words.				
Grants awarded t	o the Principal Inv	estigator (Applica	nt) in last 5 years		
Grant type and funding body	Funding period	Amount	Relevant to this application?		
		\$			
		\$			
		\$			
		Must be a dollar amount.			
Outcomes from previous grants Briefly describe the outcomes from the grant funded research listed above, including where the grant term is still current.					

Evaluation Criteria 1: Research quality and design 35%

* indicates a required field

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

Research quality and design will be evaluated as follows:

- Is the research proposal cohesive, with clearly stated aims, methodology and proposed outcomes?
- Is there a sound rationale for conducting the research, relevant to MSHHS?
- Is the proposed research original or is there a point of difference from existing knowledge?
- Does the study design and methodology support the aims and proposed outcomes?
- Where relevant, evidence of consultation with a Biostatistician.

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- Is the sample size and analysis plan appropriate for meaningful outcomes?
- Can the project be completed in the timeframe?

Project title

Project title: *

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

Broad research area

Select the response that broadly describes this research area:

Location of research activity

Refer to section 5.3 for criteria.

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
- Data management and analysis plan
- Milestones at 6 months, and yearly, up to 5 years
- Expected outcomes
- References

Formatting:

- Maximum 8 pages incl references
- Arial font 10
- Line spacing 1.5
- Top, bottom, left and right page margins 2cm

Please upload your Research Proposal *

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Attach a file:				
External Experts: refer to section 8.1 of the Funding Guidelines for guidance on nominating eligible External Experts.				
Please note: Nominating engine External Expert is OPTIONAL, and is NOT for the purpose of asking that person to assess or score your application. External Experts will only be contacted by the Research Support Coordinator in the instance the RSS Sub-Committee require additional expert evaluation or comment in respect to the scientific merit your application. Typically, the External Expert might be asked one or two specific questions about methodology where the field of research is particularly niche or novel. You must seek confirmation from your expert that they are available to be contacted between September and November 2023.				
External Expert				
Use the 'Add More' option to nom	inate up to	three (3) externa	al experts.	
Name	Title	First Name	Last Name	
Position held in organisation				
Organisation	Organisat	ion Name		
Email	Must be an	ı email address.		
Phone number				
Availability confirmed?	□ Yes □] No		
Who contacted this expert?				
Conflict of Interest	the nomin	nation of this expe declared a poten t in accordance w	nflict of Interest in ert itial, actual or perc ith section 8.1 (iii)	ceived Conflict
Provide a brief summary to support your nomination of this person as an	Word cou	nt.		
ana paraon da dh	vvoiu COU	IIL.		

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acknowledged expert in the field of research:

Must be no more than 200 words.

Evaluation Criteria 2: Significance to Metro South community 25%

* indicates a required field

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

Significance will be evaluated as follows:

- The extent to which the proposed research addresses a clinical need, evidence gap, or issue of importance to the Health Service.
- The extent to which the proposed research will have impact on burden of disease and deliver meaningful outcomes for the community.
- The extent to which the proposed research considers health equity for disadvantaged groups.
- The extent to which the proposed research aligns with the RSS Objectives, and intents contained in the individual grant category description at Sections 5.3 of the Funding Guidelines.

Significance

In plain English, provide a brief outline of the proposed the research is significant. *	research and explain why
Word count: Must be no more than 300 words.	
Explain how your research considers health equity and groups. *	disadvantaged community
Word count: Must be no more than 300 words	

Describe how the proposed research aligns with RSS Objectives and the intent of the Co-funded Collaboration grant opportunity. *

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Word count: Must be no more than 300 words.	
Describe any environmental sustainability initiatives built in	nto this project.
	projecti
Evaluation Criteria 3: Clinical impact 10%	
* indicates a required field	
Refer to section 9 of the Funding Guidelines for guid Criteria.	lance on Evaluation
Impact will be evaluated as follows:	
 The extent to which the proposed research will contribute to a knowledge that will inform clinical practice or health policy. The extent to which the proposed research has potential to del positive impact for patient care and/or health service delivery. Where relevant, evidence of an implementation and evaluation For Basic Science projects, articulation of a translation pathway 	iver solutions that have a plan.
Clinical impact	
In plain English, describe the anticipated clinical impacts of research. *	the proposed
Word count: Must be no more than 300 words.	

Translational plan

In plain English, detail the short and long term plan to translate the proposed outcomes over the next 5-10 years? *

_		_		
-	rm	Dr	ΔVI	
10	rm		CVI	-vv

Word count:

Must be no more than 300 words.

Evaluation Criteria 4: Collaborative Strength and Capacity Building 20%

* 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.
- The extent to which there is a diversity of research skills and experience through meaningful collaborations across disciplines and with partners.
- Clear description of an active role and responsibility for each team member.
- The potential for the collaboration to build research capacity and strengthen the research profile of MSH.
- Evidence of engagement and consultation with relevant stakeholders, including consumer partners as appropriate

Research team

Refer to section 5.3 and 5.4 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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Use the ADD MORE button to add additional team members.

Name including Title	Health Profession	Organisation	Location
Involvement of co	nsumers		
Outline the consume involvement through			ongoing consumer
Word count: Must be no more than 300	words		
Must be no more than 500) words.		
Why is this the rig	ht team for the p	roject?	
Starting with the Principle team members:	oal Investigator, your r	esponse must include a	a summary of each
qualificationscontribution to the			
their role in the proand how their part	•	the collaborative stren	gth of the project.
Team profile *			
Word count: Must be no more than 500) words.		
List the best 10 publ have authored in the			you and your CI's

Evaluation Criteria 5: Budget and Feasibility 10%

* indicates a required field

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

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Budget and Feasibility will be evaluated as follow:

- Is the budget reasonable, appropriate, and justified?
- Is there evidence of adequate consideration to resources required to complete the project?
- Is there evidence of adequate consideration of possible difficulties and possible solutions?
- Is there evidence of adequate consultation with a head of department and business manager?
- Represents value for investment.

Instructions:

Please outline your project budget in the tables below.

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 <u>budget template tool</u> has been made available on the Metro South Research website.

The maximum value of a Co-funded Collaboration Grant is \$50,000*.

*Each of the university partners, except UQ CHSR, have contributed \$25K cash, matched by MSH SERTA, to offer up to two grants per partner. UQ CHSR will contribute up to \$25K inkind, for one grant, matched with \$25K from MSH SERTA.

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.whether this person is a MSH employee
- 3.the facility or institution where this person will undertake the majority of the research activity.

Description	Amount requested
	\$
	\$
	\$
	Must be a dollar amount.

Subtotal Personnel

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Total Personnel amount	
Total Personnel amount	\$ This number/amount is calculated.
Equipment	
Equipment	
 list items costing more that indicate whether it will be p Note: general use compute 	rocured through MSH
Description	Amount requested
	\$
	\$
	\$ Must be a dollar amount.
	Must be a dollar almount.
Subtotal Equipment	
Total Equipment amount	\$
	This number/amount is calculated.
Consumables	
Description	Amount requested
	\$ \$
	P \$
	Must be a dollar amount.
Subtotal consumables	
Total consumables	\$
amount	This number/amount is calculated.
Travel / Conference / Pub	olication
Description	Amount requested
	\$
	\$
	Must be a dellar arequist
	Must be a dollar amount.
Subtotal travel / confere	nce / publication
Total travel /	dt.
conference / publication	\$ This number/amount is calculated.
amount	This number/amount is calculated.

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Word count:

Must be no more than 300 words.

Other expenditure

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

Description	Amount Requested	I
	\$	
	\$	
	\$	
	Must be a dollar amoun	t.
Subtotal other expenditure		
Total other expenditure amount		
\$		
This number/amount is calculated.		
Grand Total		
Crond Tatal		
Grand Total		
\$		
This number/amount is calculated.	ing in this application?	
What is the total financial support you are request	ing in this application?	
Pudget justification		
Budget justification		
Provide full details on how the budget w	vill be used to suppo	rt this project. *
3		
Word count:		
Must be no more than 300 words.		
Feasibility and planning		
. Sastaming		
Detail the consultation process undertal project. *	cen to develop the f	ramework for this

What could prevent the project progressing as planned and what strategies have been considered to avoid delays? *

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Word count: Must be no more than 300 words. ie. slow recruitment, staff shortage	e, pandemic disruptions, clinical	responsibilities.
Provide details of other grants related to this project that you/your team have applied for.		
Type of grant and Funding body	Confirmed Funding?	Grant amount
		\$
		\$
		\$
Certification		
* indicates a required field		
Certification by Principa	l Investigator	
You need to be able to answer your application.	YES to each of the following s	statements before submitting
I certify that:		
Written agreement (such as named in this application. *		ned from all investigators

On behalf of the research team, we accept and agree to comply with the

The research team meets the relevant eligibility criteria for this grant category as

I understand that should this application be successful all named Co-investigators

specified in the Funding Guidelines. *

will be required to sign the Conditions of Award. *

○ YES

O YES

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approval/s - including a suitable collaborative research agreement - 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. *
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. * ○ 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. * $_{\odot}$ YES
Certification
See section 7.2.2 of the Funding Guidelines.
Upload the Certification page (page 17 of the Funding Guidelines) signed by your Head of Department. * Attach a file:
Upload the Certification page (page 18 of the Funding Guidelines) signed by the University authorised delegate. * 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.

2024 Co-funded Collaboration Grants Form Preview

Word count:

Must be no more than 200 words.