Form Preview

#### 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: *				

Form Preview

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	For example: 0.5 FTE OT at PA Hospital and QUT Postgrad	
appointment/s: *	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	
Year and month HDR	Tor example. MBBS	
awarded:		
Primary phone number:	Must be an Australian phone number.	
Primary email: *	Trast Se an Australian priorie maniber	
	Must be an email address.	
Mobile phone number: *		
	Must be an Australian phone number.	
MSH Research is collecting ba South Health First Nations He	eseline data to inform activities related to the Metro ealth Equity Strategy.	

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

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

PA	RT	B:

Principal Investigator (Applicant) research performance relative to opportunity

Are there any disruptions to your career (greater than 28 daimpacted on your research performance that you would like 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 a	mount.

Outcomes from previous grants

Briefly describe the outcomes from the grant funded reseincluding where the grant term is still current.	arch listed above,

#### Evaluation Criteria 1: Research quality and design 40%

\* 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?

#### Form Preview

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

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P(0)			_
	-	~ ~ ~ ~ ·	_

# 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

Form Preview

- Line spacing 1.5
- Top, bottom, left and right page margins 2cm

Please upload your Research Proposal * Attach a file:	
External Exports: refer to section 9	1 of the

External Experts: refer to section 8.1 of the Funding Guidelines for guidance on nominating eligible External Experts.

**Please note:** Nominating an 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 nominate up to three (3) external experts.

Name	Title	First Name	Last Name	
Position held in organisation				
Organisation	Organisa	tion Name		
Email	Must be a	n email address.		
Phone number				
Availability confirmed?	□ Yes □	□ No		
Who contacted this expert?				
Conflict of Interest	○ I decl	are there is no Cor	nflict of Interest in	respect to

**Funding Guidelines** 

the nomination of this expert

I have declared a potential, actual or perceived Conflict

of Interest in accordance with section 8.1 (iii) of the

Form Preview

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

1	Word count:			

Must be no more than 200 words.

#### Evaluation Criteria 2: Significance to Metro South community 15%

\* 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
- The extent to which the proposed research aligns with the RSS Objectives, and intents contained in the individual grant category description at Sections 5.1 of the Funding Guidelines.

#### Significance

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

Form Preview

Describe how the proposed research aligns with RSS Objectives and the intent of the Early Career Researcher grant opportunity. *
Word count: Must be no more than 300 words.
Describe any environmental sustainability initiatives built into this project.
Evaluation Criteria 3: Clinical impact 5%
* indicates a required field
Refer to section 9 of the Funding Guidelines for guidance on Evaluation Criteria.
<ul> <li>Impact will be evaluated as follows:</li> <li>The extent to which the proposed research will contribute to advancements in knowledge that will inform clinical practice or health policy.</li> <li>The extent to which the proposed research has potential to deliver solutions that have a positive impact for patient care and/or health service delivery.</li> <li>Where relevant, evidence of an implementation and evaluation plan.</li> <li>For Basic Science projects, articulation of a translation pathway</li> </ul>
Clinical impact
In plain English, describe the anticipated clinical impacts of the proposed research. *
Word count: Must be no more than 300 words.
Translational plan

Page 7 of 14

In plain English, detail the short and long term plan to translate the proposed outcomes over the next 5-10 years?  $\mbox{\ensuremath{^{*}}}$ 

\A/ I I		
Word count:		

Must be no more than 300 words.

## Evaluation Criteria 4: 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.
- 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 5.1 and 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:

Use the .	ADD	MORE	hutton	tο	bha	addi	tional	team	membe	rs
036 1116	ヘレレ	111011	DULLOII	··	auu	auai	cionai	CCUIII		

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.		
Why is this the rig	ht team for the pr	roject?	
Starting with the Princip team members:	oal Investigator, your re	esponse <b>must</b> include a	a summary of each
<ul><li>qualifications</li><li>contribution to the</li><li>their role in the pro</li><li>and how their part</li></ul>	oject; and	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
If not already named for your Research Me			

Form Preview

#### Evaluation Criteria 5: Budget and Feasibility 15%

#### \* indicates a required field

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

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 Early Career Researcher 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

Dagarintian

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
	\$
	\$
	\$

Form Preview

	Must be a dollar amount.
Subtotal Personnel	
Subtotal Fersonnel	
Total Personnel amount	\$
	This number/amount is calculated.
Equipment	
<ul> <li>list items costing more th</li> </ul>	han \$500 each
• indicate whether it will be	
• Note: general use compu	
- Italia general ase compa	isers will riot se fanded
Description	Amount requested
	\$
	\$
	\$
	Must be a dollar amount.
Cubtotal Fauinment	
Subtotal Equipment	
Tabal Familian and amazint	
Total Equipment amount	\$
	This number/amount is calculated.
Consumables	
Description	Amount requested
	\$
	\$
	Must be a dollar amount
	Must be a dollar amount.
Subtotal consumables	
Subtotal Collsullables	
Total consumables	
amount	\$
amount	This number/amount is calculated.
Transal / Carefornia / Dr	dell'action
Travel / Conference / Pu	ablication
Description	Amount requested
Description	\$
	\$ \$
	\$
	Must be a dollar amount.

Subtotal travel / conference / publication

Total travel / conference / publication amount	\$ This number/amount is calculated.
Other expenditure	
For example: Pharmacy, pathologicosts; biorepository costs; legal of	gy, imaging, biostatistics services; Clinical Research Facility costs for IP considerations.
Description	Amount Requested  \$
	\$
	Must be a dollar amount.
Subtotal other expenditure	re
Total other expenditure amou	unt
This number/amount is calculated.	
Grand Total	
Grand Total	
\$	
This number/amount is calculated. What is the total financial support yo	ou are requesting in this application?
Budget justification	
Provide full details on how th	ne budget will be used to support this project. *
Word count: Must be no more than 300 words.	
Feasibility and planning	
Detail the consultation proce project. *	ss undertaken to develop the framework for this
Word count:	

Must be no more than 300 words.

What could prevent the pro	niect nrogressing as planne	d and what strategies have
been considered to avoid d		u and what strategies have
Word count:		
Must be no more than 300 words. ie. slow recruitment, staff shortag	e, pandemic disruptions, clinical re	esponsibilities.
Provide details of other team have applied for.	grants related to this p	roject that you/your
Type of grant and Funding body	Confirmed Funding?	Grant amount
		\$
		\$
		\$
Certification		
* indicates a required field		
Certification by Principa	al Investigator	
You need to be able to answer your application.	YES to each of the following st	tatements before submitting
I certify that:		
Written agreement (such a named in this application. Tes	s an email) has been obtair *	ned from all investigators
The research team meets to specified in the Funding Guarantee (Control of the Funding Guarantee)		ia for this grant category as
I understand that should the will be required to sign the O YES		l all named Co-investigators
Australian Code for the Res Statement on Ethical Cond	eam, we accept and agree sponsible Conduct of Resea uct in Human Research 200 a Human Research/Animal	rch 2018, the National 7 (updated 2018), and any

The research will not commence until both ethical approval and site specific approval/s have been obtained. *  O 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. *  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. * $_{\odot}~\rm YES$
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:
Applicant Feedback
You are nearing the end of the application process. Before you review your application and click the <b>SUBMIT</b> 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.