

2026 TRI LINC Scheme grant application

Form Preview

Executive Summary

* indicates a required field

Please read the **2026 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.

Please note: word counts are a guideline. If you can answer the question in fewer words, you will not be penalised.

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

Principal Investigator- Researcher (PI-Researcher):

Name:

Title

First Name

Last Name

Organisation: *

- Metro South Health (MSH)
- Mater Health (Mater)
- Children's Health Queensland (CHQ)
- Children's Health Queensland Oncology Services (CHQ Onc)

Organisation: *

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

Plain language summary

Write a plain language summary - simply, clearly and in plain English without jargon and unexplained acronyms. This 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:

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Must be no more than 200 words.

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

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.

LINC Grant Selection

Please select which LINC grant category you would like your project considered towards. Multiple selections are welcomed. *

- | | |
|--|---|
| <input type="checkbox"/> TRI-MSH LINC Grant | <input type="checkbox"/> TRI LINC Grant |
| <input type="checkbox"/> TRI-Mater LINC Grant | <input type="checkbox"/> Women in Science and Healthcare LINC Grant |
| <input type="checkbox"/> TRI-CHQ Oncology LINC Grant | |

Multiple categories can be selected

About your Project

* indicates a required field

Clinical Significance and Translation Potential of Project

Provide an overview of your project including the clinical significance and translation potential. State how it will advance new / novel clinical knowledge or apply existing knowledge to progress changes to clinical practice, healthcare policy or service delivery. Describe how the proposed research is directed at improving the outcomes of patients. (Refer to section 8 of the Funding Guidelines for guidance on Evaluation Criteria). *

Word count:

Must be no more than 750 words.

Project Feasibility

Provide an overview of a possible research design and methodology for generating preliminary proof-of-concept data. Acknowledge any potential risks and barriers to the proposed project, as well as any thoughts on existing

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solutions and stakeholder engagement (e.g. industry and consumer needs). (Refer to section 8 of the Funding Guidelines for guidance on Evaluation Criteria).

*

Word count:

Must be no more than 500 words.

Can include dot points

Consumer Involvement Statement

LINC projects planning and design should include details of how you have considered, consulted with consumer/s or plan to involve consumer/s in the proposed project.

A Consumers is a person with lived experience of a health issue and/or accessing health care and health systems ([NHMRC Statement for Consumer and Community Involvement in Health and Medical Research](#)), and are the ultimate funders, users and beneficiaries of medical research and innovation ([MRFF Principles for consumer involvement in research](#)). Consumers can be patients and potential patients, and their families, friends, carers, and other members of the public.

Provide a summary of how the team plans to partner with consumer/s during the project development and throughout the project. Describe the consumer involvement and engagement activities that will be carried out including the roles consumer/s will play in the project and how you will go about establishing a connection if not yet partnering with consumers and who will be the point of contact for consumers and their ongoing support during the project. *

Word count:

Must be no more than 400 words.

Note: The level and type of consumer involvement appropriate for each project will vary depending on the type of project.

Key Project Milestones

Highlight key milestones (minimum 4) that are 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, include ethics and site-specific approval processes and patient recruitment.

Milestone:	Estimated duration in months:	Total duration of project in months:

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	Must be a number.	This number/amount is calculated.
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YEAR 1 budget request (excluding GST):

Please provide an outline of budget for year 1 of the project.

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

			(Unit cost x number of units) This number/amount is calculated.

YEAR 2 budget request (excluding GST):

Please provide an outline of budget for year 2 of the project.

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

			(Unit cost x number of units) This number/amount is calculated.

Budget Totals

Year 1 budget subtotal: **Year 2 budget subtotal:** **Budget Grand Total:**

Must be a dollar amount.	Must be a dollar amount.	This number/amount is calculated.

Budget Justification

Please provide a brief justification summary on the requirement of the budget line items in the above tables. (Refer to Section 8 of the Funding Guidelines for guidance on Evaluation Criteria). *

Word count:

Must be no more than 200 words.

Can include dot points

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Please provide details of any anticipated leveraged funding: cash or in-kind support for this project from any source (Refer to Section 8 of the Funding Guidelines for guidance on Evaluation Criteria).

Collaborative Potential and Team

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

- Yes
- No

Please provide details on the collaborative potential of the project include: (A) How each PI can appropriately contribute (including who will be responsible for what part of the project) and highlighting how the collaboration is new. (B) How will the nominated mentors have the ability and capacity to support the PIs. (C) Highlight the skills and expertise held by each PI and project team members to support/strengthen the project. (Refer to section 8 of the Funding Guidelines for guidance on Evaluation Criteria). *

Word count:

Must be no more than 600 words.

Please provide a brief description on how this new collaboration was initiated and how it will be sustained to deliver the project *

Word count:

Must be no more than 250 words.

For example: The PIs will set up monthly meetings and whole team meetings at xx regularity

Please indicate if there are any prior or pending publications with the collaborating PIs or mentors? If Yes, please list the publication(s) and provide any supporting / clarifying information: *

Word count:

Must be no more than 200 words.

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Supporting documents (Optional):

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

Please do not upload full project protocols, full publications etc as these will not be considered

Supporting document/s:

Attach a file:

About the Project Team

* indicates a required field

Investigator full details:

Principal Investigator - Clinician

Name: *

Title First Name Last Name

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

Email: *

Phone number/s: *

Eligibility: *

- I confirm I am a MSH employee with a current clinical appointment
- I confirm I am a Mater Health employee with a current clinical appointment
- I confirm I am a CHQ employee with a current clinical appointment
- I confirm I am a CHQ employee with a current clinical appointment within the CHQ Oncology Services Group

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

*

Must be a date.

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ORCID ID:

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

How will this collaboration and project change/impact your clinician-researcher career? *

Word count:

Must be no more than 150 words.

Clinical load - number of hours per week: *

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

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 two (2) pages. *

Attach a file:

CV Size - maximum of two pages uploaded

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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, Mater Health or TRI respectively or external to MSH, CHQ or Mater Health 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: *

Principal Investigator - Researcher (TRI-based)

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 employed by a TRI partner institution and based at the TRI main campus for at least 20% of my time

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

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: *

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 two (2) pages *

Attach a file:

CV Size - maximum of two pages uploaded

Mentor for PI-Researcher

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.

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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: *

Co-Investigators and Associate-Investigators

List any Co-Investigators (CI) and Associate-Investigators (AI) who will be involved in this project.

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

Investigator:	Name:	Organisation and department/group:
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>

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	Outline on how this project differs
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from the LINC project being submitted. Please highlight how the two projects are different and what similarities or alignment there may be?

		\$	
		\$	
		\$	
eg. 2027 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, CHQ or Mater Health in an advisory or governance capacity. *

[For example, TRI Committee membership]

Certification:

See pages 15,16 and 17 of the 2025 LINC Funding Guidelines.

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
- Mater Research newsletter
- Social media
- TRI website
- MSH Research website
- CHQ Research website

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- Mater Health / 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.