

# 2027 Aboriginal and Torres Strait Islander Novice Researcher Grant

## Form Preview

### Applicant eligibility

\* indicates a required field

#### Applicants please note:

Before completing this application form, you must read the [2027 MSH Research Support Scheme Funding Guidelines](#) for full eligibility and assessment criteria, and submission instructions.

This application requires a Certification form (page 20 of the Funding Guidelines) signed by the applicant's head of department (HoD) and Research Supervisor to be uploaded. Please allow sufficient time to identify a suitable Research Supervisor and to brief your HoD about the research project, and secure their signatures, or escalation if the HoD is a named in the application.

**Applications close 3pm Monday 27 July 2026** - applicants and application teams are strongly encouraged to ensure a complete application is ready for submission at least 1 or 2 days before the deadline to mitigate last minute issues that could result in missing the deadline.

Late applications will not be accepted unless approved in accordance with Section 8.2.4 of the Funding Guidelines.

If you have any questions in regard to these criteria, please contact the **Senior Research Grants Coordinator** on **07 3443 8057** or **MSH-Grants@health.qld.gov.au**

### Confirmation of Applicant eligibility

#### I confirm that:

- I have read the 2027 MSH Research Support Scheme Funding Guidelines.
- I am a MSH employee, and
- identify as Aboriginal or Torres Strait Islander origin, 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 by any other organisation.

#### Select: \*

Yes

You must be able to answer YES in respect to ALL of the above statements to progress to the next page.

### Aboriginal and Torres Strait Islander health research

**Does the research project proposed in this application focus on Aboriginal and Torres Strait Islander health? \***

Yes

No

### MSH First Nations Community Jury for Health Research

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**If you have a Letter of Support from the MSH First Nations Community Jury please upload it here:**

Attach a file:

Email [MSHFirstNationsCommunityJury@health.qld.gov.au](mailto:MSHFirstNationsCommunityJury@health.qld.gov.au) for more information.

## Principal Investigator (Applicant) Details

\* indicates a required field

### PART A:

#### Principal Investigator (Applicant) contact details

**Principal Investigator (Applicant) name: \***

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

**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: Allied Health and Rehabilitation

**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 CNC at PA Hospital and QUT PhD Candidate based at TRI

**Academic qualifications: \***

For example: MBBS

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**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 relative to opportunity

**Are there any disruptions to your career (greater than 28 days) that may have impacted on your research performance that you would like to have taken into 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	Role	Amount	Relevant to this application?
			\$	
			\$	
			\$	
			Must be a dollar amount.	

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

\* indicates a required field

Refer to section 10 of the Funding Guidelines for guidance on Evaluation Criteria.

Research quality and design will be evaluated as follows:

- **Novice researchers** will be assessed on sound project idea and methodology, good understanding of the research area, easily achievable in the timeframe, as well as the nominated Research Supervisor's suitability to support the Applicant.

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- 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.
- 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.

### Plain English summary

**Provide a short plain English summary of the proposed research - use the link below for guidance. \***

Word count:

Must be no more than 150 words.

[Guide for developing a plain English research summary.](#)

### Broad research area

**Select the response that broadly describes this research area: \***

### Translational research stage

**Identify the Translational Research stage: \***

- T0 - Identification of opportunities and approaches to a health problem (basic research)
- T1 - Findings from basic research tested for clinical effect and/or applicability (Phase I and II clinical trials; observational studies)
- T2 - Health application to evidence based practice guidelines (Phase III clinical trials; observational studies; evidence synthesis and guidelines development)
- T3 - Practice guidelines to health practices (dissemination research; implementation research; diffusion research; Phase IV clinical trials)
- T4 - Practice to population health (outcomes research; population monitoring of morbidity, mortality, benefits and risk studies)

### Location of research activity

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Refer to section 6.2.3 i 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, every 6 months for the duration of the project**
- **Expected outcomes**
- **References**

**Formatting:**

- **No more than 8 pages incl references**
- **Arial font 10**
- **Line spacing 1.5**
- **Top, bottom, left and right page margins 2cm**

**Please upload your Research Proposal \***

Attach a file:

External Experts: refer to section 9.1 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 Senior Research Grants Officer 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 August and October 2026.

## External Expert

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

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<b>Name</b>	Title	First Name	Last Name
	<input type="text"/>	<input type="text"/>	<input type="text"/>
<b>Position held in organisation</b>	<input type="text"/>		
<b>Organisation</b>	Organisation Name <input type="text"/>		
<b>Email</b>	<input type="text"/>		
	Must be an email address.		
<b>Phone number</b>	<input type="text"/>		
<b>Availability confirmed?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No		
<b>Who contacted this expert?</b>	<input type="text"/>		
<b>Conflict of Interest</b>	<input type="radio"/> I declare there is no Conflict of Interest in respect to the nomination of this expert <input type="radio"/> I have declared a potential, actual or perceived Conflict of Interest in accordance with section 9.1 (iii) of the Funding Guidelines		
<b>Provide a brief summary to support your nomination of this person as an acknowledged expert in the field of research proposed:</b>	<input type="text"/>		
	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 10 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 priority population groups, and the high and medium priority needs of the Metro South community ([Brisbane South Joint Regional Needs Assessment 2025 - 2027](#))

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- The extent to which the proposed research aligns with the RSS funding principles, target groups/research areas, objectives, and intents contained in the individual grant category descriptions at Sections 6.1 of the Funding Guidelines.

## Significance

**In plain English explain how the research is significant. \***

Word count:

Must be no more than 300 words.

**Explain how your research considers health equity for priority populations groups and the high and medium priority needs of the Metro South community identified in the Brisbane South Joint Regional Needs Assessment 2025 - 2027. \***

Word count:

Must be no more than 300 words.

Link: [Brisbane South Joint Regional Needs Assessment](#).

**Describe how the proposed research aligns with the RSS objectives and intent of the Aboriginal or Torres Strait Islander Novice Researcher Grant category. \***

Word count:

Must be no more than 300 words.

## Evaluation Criteria 3: Clinical impact 5%

\* indicates a required field

Refer to section 10 of the Funding Guidelines for guidance on Evaluation Criteria.

Impact will be evaluated as follows:

- The extent to which the proposed research will contribute to advancements in knowledge that will inform clinical practice or health policy.
- 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.

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- Where relevant, evidence of an implementation and evaluation plan.
- For Basic Science projects, articulation of a translation pathway

### 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

**In plain English, detail the short (within the grant term) and long term plan to translate the proposed outcomes. \***

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 10 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 consultation and meaningful engagement with community representatives and consumers.

### Research team

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Refer to section 6.2.2 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 including professional or academic title	Health Profession	Organisation	Location
	Other:	Other:	Other:

### Associate Investigator details:

Use the ADD MORE button to add additional team members.

Name including title	Health Profession	Organisation	Location
	Other:	Other:	Other:

### Consumer and Community involvement

**Outline the consumer and community involvement in the project design and ongoing consumer involvement throughout the life of this project. \***

Word count:

Must be no more than 300 words.

### Why is this the right team for the project?

Starting with the Principal Investigator, your response **must** include a summary of each team member's:

- qualifications
- contribution to the field of research
- their role in the project; and

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- and how their participation contributes to the collaborative strength of the project.

### Team profile \*

Word count:

Must be no more than 500 words.

**If not already named above, provide a professional summary and contact details for your Research Supervisor and describe how they will support you in this project. \***

Word count:

Must be no more than 150 words.

Respond 'n/a' if your Research Supervisor has already been identified in the Team profile section.

**List the best 10 publications relevant to this application that you and/or your CI's have authored in the previous 5 years. \***

## Evaluation Criteria 5: Budget and Feasibility 15%

\* indicates a required field

Refer to section 10 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 consultation with stakeholders including the research partners, a head of department and research finance team.
- Is there evidence of adequate consideration of possible difficulties and possible solutions?
- Represents value for investment.

Instructions:

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Refer to section 8.5 of the Funding Guidelines for examples of eligible and ineligible expenditure.

Note: MSH will administer the grant. Where it is proposed in the budget for funding to be applied to services or activities provided by employees of universities or other organisations external to Metro South, the party will be required to submit a detailed invoice to MSH following completion of the service or activity to recover their costs (i.e., invoice in arrears).

**Please outline your grant budget in the tables below. There is a separate section for in-kind contributions.**

**Do not estimate your costs. Consult with the Metro South Research Finance team (MSH\_RES\_FIN@health.qld.gov.au) for costings to build your budget, particularly for calculating QH salary over several years and on-costs.**

A [budget template tool](#) has been made available on the Metro South Research website.

The maximum value of a Novice Researcher Grant is \$30K.

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.base salary + on-costs
- 3.whether this person is an employee of MSH or another organisation
- 4.the facility or institution where this person will undertake the majority of the research activity

Description	Amount requested	Paid to:
	\$	
	\$	
	\$	
For example: NG7 Nurse Researcher, 0.2 FTE for 2 years \$62,400 + \$7,500 on-costs, MSH employee, based at PA Hosp; or, HEWA5 Research Assistant 0.1 FTE for 12 months \$9,200 + \$2,750 on-costs, QUT employee based at TRI	Must be a dollar amount.	If this amount is allocated to an organisation external to MSH, name the organisation that will be submitting the invoice for cost recovery. For example: QUT, UQ, CSIRO.

## Subtotal Personnel

**Total Personnel amount**

\$

This number/amount is calculated.

## Equipment

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- list items costing **more than \$500** each
- indicate whether it will be procured through MSH or another organisation
- **Note:** general use computers, levies and maintenance of equipment are not eligible budget items.

Description	Amount requested	Paid to:
	\$	
	\$	
	\$	
For example: specialist software procured through QUT.	Must be a dollar amount.	If this amount is allocated to an organisation external to MSH, name the organisation that will be submitting the invoice for cost recovery. For example: QUT, UQ, CSIRO.

Subtotal Equipment

**Total Equipment amount**  This number/amount is calculated.

Consumables

Description	Amount requested	Paid to:
	\$	
	\$	
	\$	
For example: Sequencing kits and reagents.	Must be a dollar amount.	If this amount is allocated to an organisation external to MSH, name the organisation that will be submitting the invoice for cost recovery. For example: QUT, UQ, CSIRO.

Subtotal consumables

**Total consumables amount**  This number/amount is calculated.

Travel / Conference / Publication

Description	Amount requested	Paid to:
	\$	
	\$	
	\$	
	Must be a dollar amount.	If this amount is allocated to an organisation external to MSH, name the organisation that will be submitting the invoice for cost

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		recovery. For example: QUT, UQ, CSIRO.
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Subtotal travel / conference / publication

**Total travel / conference / publication amount**

\$   
This number/amount is calculated.

Other expenditure

For example: Participant gift cards; consumer remuneration; pharmacy, pathology, imaging, biostatistics and bioinformatics services; Clinical Research Facility costs; biorepository costs; legal costs for IP considerations.

Description	Amount Requested	Paid to:
	\$ <input type="text"/>	
	\$ <input type="text"/>	
	\$ <input type="text"/>	
	Must be a dollar amount.	If this amount is allocated to an organisation external to MSH, name the organisation that will be submitting the invoice for cost recovery. For example: QUT, UQ, CSIRO.

Subtotal other expenditure

**Total other expenditure amount**

\$   
This number/amount is calculated.

Grand Total

**Grand Total**

\$   
This number/amount is calculated.  
What is the total financial support you are requesting in this application?

Budget justification

**Provide full details on how these budget items will be used to support this project. \***

Word count:  
Must be no more than 300 words.

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**If the grant does not cover all your project costs, list other cash and/or in-kind contributions, if any, here.**

Word count:

Must be no more than 300 words.

### Feasibility and planning

**Detail the consultation process undertaken to develop the framework for this project. \***

Word count:

Must be no more than 300 words.

**What are the key risks that could prevent the project progressing as planned and what strategies have been considered to avoid delays? \***

Word count:

Must be no more than 300 words.

For example: slow recruitment, staff shortage, 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**

Type of grant and Funding body	Confirmed Funding?	Grant amount
		\$
If you have not applied for any other grants related to this project, enter 'n/a'.		

## Certification and declaration

\* 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.

I certify that:

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**Written agreement (such as an email) has been obtained from all investigators named in this application. \***

YES

**The research team meets the relevant eligibility criteria for this grant category as specified in the Funding Guidelines. \***

YES

**I understand that should this application be successful all named Co-investigators will be required to sign the Conditions of Award. \***

YES

**On behalf of the research team, we accept and agree to comply with the Australian Code for the Responsible Conduct of Research 2018, the National Statement on Ethical Conduct in Human Research (2025), and any requirements identified by a Human Research/Animal Ethics Committee. \***

YES

**The research will not commence until both ethical approval and site specific approval/s have been obtained. \***

YES

**I acknowledge that should this application be successful, MSH will administer the grant and grant payments from MSH SERTA can only be made to a MSH employee, and will be journaled 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. \***

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. \***

YES

## Certification

**See section 8.2.2 of the Funding Guidelines.**

**Upload the Certification page (page 20\*\* of the Funding Guidelines) signed by your Head of Department and Research Supervisor. \***

Attach a file:

\*\*UPLOAD PAGE 20 ONLY - PLEASE DO NOT UPLOAD ALL 21 PAGES OF THE FUNDING GUIDELINES.

## Declaration - Use of Generative Artificial Intelligence (AI)

**Did you use AI in any part of this application? \***

Yes

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No

How did you use AI?

**Briefly describe how you used AI in this application.**

### 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.