2027 MSH INNOVATE Grants - Expression of interest
Form Preview

Instructions

* indicates a required field

Applicants please note

Before completing this EOI form, you must read the MSH RTII 2027 INNOVATE Grants Funding Guidelines for full eligibility and assessment criteria.

Please review all the questions in this form before starting to ensure you are not repeating information across questions.

This EOI requires an upload of a Certification Form signed by a Head of Department - see section 10.1 of the Funding Guidelines. This process should be started early.

Applicants are strongly encouraged to consult with your facilty/service Executive Director, Divisional Director or Service Line Director to ensure your project aligns with organisational priorities and service needs - section 8.5 of the Funding Guidelines.

Closing date

EOI's close at 3pm on Friday 20 November 2026 .

To accommodate unexpected technical problems or emergent events that might prevent meeting the submission deadline do not leave submission to the last minute - applications will not be accepted after the deadline.

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**

Project eligibility checklist

Is the proposed project a research project, pilot study, proof-of-concept study, or clinical trial? *
- ○ Yes
- ○ No

Is the proposed project intended to generate new evidence, establish efficacy or test feasibility?
- ○ Yes
- ○ No

Is the primary purpose the translation of evidence into practice using implementation science approaches?
- ○ Yes
- ○ No

Is the project focused on implementing, integrating, scaling, and sustaining an evidence-based intervention, model of care, or clinical practice change within Metro South that is supported by an established body of research evidence? *

○ Yes
○ No

Confirmation of applicant eligibility

I confirm that:

- I have read the 2027 MSH RTII Funding Guidelines, and
- I meet the applicant eligibility criteria described in the Funding Guidelines, and
- to the best of my knowledge my appointment will be for the duration of the grant, and
- the proposed 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.

Applicant details

* indicates a required field

Applicant contact details

Applicant name: *
Title | First Name | Last Name

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: Heart, Lung and Critical Care or Allied Health and Rehabilitation.

Position held in MSH: *
For example: Physiotherapist

MSH employee ID number: *
Must be between 6 and 8 digits, 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: *

If this is a landline include the area code, for example: 07 3443 8057.

Primary email: *

Must be an email address.

Mobile phone number: *

Must be an Australian phone number.

Project details

* indicates a required field

Note: References are to be provided within the References section below and cited respectively throughout the EOI responses as appropriate.

Project title

Project title: *

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

The problem

Describe the problem or evidence-practice gap and need for this project. *

Word count:
Must be no more than 300 words.

The solution

Describe the established evidence-base for an intervention or solution to address this need. *

Word count:
Must be no more than 300 words.

The project

Summarise in plain English, the project you will deliver to implement the intervention or solution into practice. *

Word count:
Must be no more than 150 words.

References

References: *

Word count:

Project team

* indicates a required field

Project team details

Refer to section 8.1 and 8.2 of the Funding Guidelines for guidance on eligibility.

Use the ADD MORE button to add additional project team members.

Full name incl professional or academic title	Health profession	Organisation	Location
	Other:	Other:	Other:

Why is this the right team for the project?

Starting with the Project Lead, your response **must** include a summary of each team members:

- qualifications
- related experience
- their role in the project; and
- and how their participation contributes to the collaborative strength of the project.

Team profile *

Word count:
Must be no more than 500 words.

Project budget and resources

* indicates a required field

Justification

Briefly describe how a $200,000 INNOVATE Grant will be used for this project: *

Word count:
Must be no more than 300 words.

Certification

* indicates a required field

Certification by project lead

You need to be able to answer YES to each of the following statements before submitting your EOI.

I certify that:

Written agreement (such as an email) has been obtained from all project team members named in this EOI. *
○ YES

I understand that should this EOI be shortlised I will be required to submit a full application by the due date stated in the RTII Funding Guidelines. *
○ YES

On behalf of the project team, we accept and agree to comply with MSH Policies and Procedures and requests from MSH Research office in respect to the management of of RTII INNOVATE Grants. *
○ YES

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Certification

See section 10.2 of the Funding Guidelines.

Upload the Certification page (page 13 of the RTII 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 **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.