1. **INITIAL GRANT DETAILS**
	1. Titles:

Scientific:

|  |
| --- |
|  |

Simplified:

|  |
| --- |
|  |

* 1. Is this an application to conduct a clinical trial?

No [ ]

Yes [ ]

* 1. Have you sought or are you seeking support for this application from other Funding Agencies?

No [ ]

Yes [ ]

* + 1. If yes, Name of the Agencies and corresponding Application Numbers

|  |
| --- |
|  |

|  |  |
| --- | --- |
| Intended commencement date for research project  |  |
| Estimated completion date for research project |  |

**INSTITUTIONS**

* 1. Administering Institution

|  |
| --- |
|  |

* 1. Actual Institutions and Departments where the project will be carried out:

|  |  |  |
| --- | --- | --- |
| Institution | Department | % Allocation |
|  |  |  |
|  |  |  |
|  |  |  |
|  | Total Allocation |  |

1. **RESEARCH PROPOSAL**

**OBJECTIVES**

* 1. Broad Research Area

|  |
| --- |
|  |

* 1. Field of Research

|  |
| --- |
|  |

* 1. Keywords or Phrases (min 3, max 5): Describe the field of research more specifically

|  |
| --- |
|  |
|  |
|  |
|  |
|  |

* 1. Keywords or Phrases (min 3, max 5): Describe the relevant health issue, disease or clinical condition

|  |
| --- |
|  |
|  |
|  |
|  |
|  |

**SCIENTIFIC PROPOSAL**

* 1. Significance – lay description, 2000 characters max. (include how this research will improve patient outcomes)

|  |
| --- |
|  |

1. **ETHICS & OTHER APPROVALS**
	1. Does this research proposal require submission to a Human Research Ethics Committee?

No [ ]

Yes [ ]

* 1. Does this project involve the use of personal information obtained from a Commonwealth Department or agency (including former Repatriation Hospitals)?

No [ ]

Yes [ ]

* 1. Does this project involve the administration to humans of drugs, chemical agents or vaccines?

No [ ]

Yes [ ]

* 1. Do any activities in this research proposal require a licence for the use of excess ART embryos under the Research Involving Human Embryos Act 2002?

No [ ]

Yes [ ]

* 1. Ethical Implications of the research – 2000 characters max.

|  |
| --- |
|  |

* 1. Does this research proposal require submission to an Institution’s Animal Ethics Committee responsible for animal research?

No [ ]

Yes [ ]

* + 1. If yes, to which Institutional Animal Ethics Committee has, or will, this proposal be submitted?

|  |
| --- |
|  |

* 1. Ethical Implications of the Project Experiments on Animals

Please provide a brief description justifying the use of animals in these experiments, addressing the general principles of replacement, reduction and refinement – 2000 characters max.

|  |
| --- |
|  |

* 1. Does this project involve organisms being genetically manipulated such that it falls under current Gene Technology Technical Advisory Committee guidelines?

No [ ]

Yes [ ]

* 1. Does this project involve the use of carcinogenic or highly toxic chemicals?

No [ ]

Yes [ ]

1. **PRINCIPAL INVESTIGATOR DETAILS**

IF MORE THAN ONE PRINCIPAL INVESTIGATOR, PLEASE ATTACH ADDITIONAL PAGES

* 1. Personal Details

|  |  |  |  |
| --- | --- | --- | --- |
| Title | Given Name | Middle Initials | Family Name |
|  |  |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Date of Birth | Gender | Work Phone | Fax |
|  |  |  |  |

|  |  |
| --- | --- |
| E-mail: |  |

|  |  |
| --- | --- |
| Citizenship | Qualifications |
|  |  |

* 1. Street Address

|  |  |
| --- | --- |
| Address |  |
|  |  |
|  |  |
| Suburb/Town |  |
| State |  |
| Postcode |  |
| Country |  |

* 1. Postal Address As Above [ ]

|  |  |
| --- | --- |
| Address |  |
|  |  |
|  |  |
| Suburb/Town |  |
| State |  |
| Postcode |  |
| Country |  |

* 1. Describe the role the Principal Investigator will have on the project – 250 words max.

|  |
| --- |
|  |

* 1. Qualifications

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Year | Australia/NZ | Overseas | Conferring Institution | Qualification |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

* 1. NHMRC Research Support

|  |  |  |  |
| --- | --- | --- | --- |
| Application ID | % Time | Requested/Current | Principal Investigators, Grant Type, Title, Funds (year and $ amount for each year), % and level of salary requested for CI |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

* 1. Other Research Support

|  |  |  |  |
| --- | --- | --- | --- |
| Agency | % Time | Requested/Current | Application ID, Principal Investigators, Grant Type, Title, Funds (year and $ amount for each year), % and level of salary requested for CI |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

* 1. Track Record Statement – 250 words max.

|  |
| --- |
|  |

* 1. Principal Investigator Publications – choose the 15 most recent or relevant publications

|  |
| --- |
|  |

1. **RESEARCH PERSON DETAILS**

IF MORE THAN ONE RESEARCH PERSON, PLEASE ATTACH ADDITIONAL PAGES

* 1. Do you wish to request a salary for a Research Person?

No [ ]

Yes [ ]

* 1. Personal Details

|  |  |  |  |
| --- | --- | --- | --- |
| Title | Given Name | Middle Initials | Family Name |
|  |  |  |  |

|  |
| --- |
| Contribution/Reason for Salary Request – 1000 characters max. |
|  |

* 1. Current Salary

|  |  |  |
| --- | --- | --- |
| Designation | Salary | Source |
|  |  |  |

* 1. Does this person have a past/present salary that is provided by the CSSANZ?

No [ ]

Yes [ ]

|  |  |
| --- | --- |
| Application Title | Application ID Number |
|  |  |

|  |  |  |
| --- | --- | --- |
| Name of Principal Investigator | Date Commenced | Designation |
|  |  |  |

* 1. Most recent and highest qualifications

|  |  |  |
| --- | --- | --- |
| Year | Conferring Institution | Qualification |
|  |  |  |
|  |  |  |

* 1. Appointment Sought

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | Year 1 | Year 2 | Year 3 | Year 4 | Year 5 |
| % of time |  |  |  |  |  |

* 1. Salary Calculation

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | Year 1 | Year 2 | Year 3 | Year 4 | Year 5 |
| Salary |  |  |  |  |  |

1. **DIRECT RESEARCH COSTS**
	1. Enter the total value of Direct Research Costs for each year

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | Year 1 | Year 2 | Year 3 | Year 4 | Year 5 |
| Costs $ |  |  |  |  |  |

* 1. Give details of and justify each item of Direct Research Costs – 500 words max.

|  |
| --- |
|  |

1. **TOTAL AMOUNT OF FUNDING REQUESTED (***ex GST, please quote currency eg AUD or NZD***)**

|  |
| --- |
|  |

1. **BACKGROUND & RESEARCH PLAN**
	1. Aims, including hypotheses (please address specific translational qualities/aspects of the research proposal) – 250 words max.

|  |
| --- |
|  |

* 1. Background – 2 pages max.

|  |
| --- |
|  |

* 1. Methodology, including patient eligibility criteria and study design – 2 pages max.

|  |
| --- |
|  |

* 1. Outcomes and Study Endpoints – 250 words max.

|  |
| --- |
|  |

* 1. References

|  |
| --- |
|  |

1. **PROGRESS REPORTING**

|  |  |
| --- | --- |
| Primary contact name for 6-monthly progress reports  |  |
| Email |  |
| phone |  |

**Applications must be uploaded to the grant submission portal:** https://form.jotform.com/240098027900856