**2024 PRF Seeding Grant**

**Expression of Interest (EOI) Form**

# Please read the EOI Guidelines and grant writing tips document prior to completing this form

|  |  |
| --- | --- |
| **Name of Chief Investigator (Applicant)** |  |
| **Telephone** |  |
| **Email** |  |
| **AHPRA Registration Number** |  |
| **APA Member ID**  |  |
| **Research area** |  |
| **Research Project Title** |  |
| **Funding requested****(excluding GST):** |

|  |  |
| --- | --- |
| $ |  |

 |
| **Ethical approval:**  | Has ethical approval for this project been obtained/applied for?  Yes No N/A |
| **Administering Organisation****(contact person must not be Applicant)** |

|  |  |
| --- | --- |
| **Name of contact person:** |  |
| **Name of institution:** |  |
| **Postal address for contact person:** |  |
| **Email of contact person:** |  |
| **ABN of institution:** |  |

 |
| **How did you hear about this grant round?**  | InMotion E newsletter Social channel Via my networks / colleague Via my organisation Previous application  |

1. Chief Investigator Eligibility

*Please tick the following boxes to confirm your eligibility for a PRF Seeding Grant:*

****I am the Chief Investigator of the project

****I hold current unconditional registration as a physiotherapist with AHPRA

****I am an Australian citizen, or have permanent resident status

****I currently reside in Australia

****I am a current financial member of the Australian Physiotherapy Association (APA) and will maintain APA membership at the time of application and for the duration of the grant.

****I am an Early Career Researcher

****I have not previously received a PRF Seeding, Project or Tagged grant as a Chief Investigator

****I have not received any research grant of more than $20,000 as a named lead investigator (eg CIA).

*Please provide clarification of your eligibility as an Early Career Researcher in no more than 200 words. Please refer to The Applicant section of the grant guidelines document for further details.*

|  |
| --- |
|    |

**2. Project Summary**

**Please note that up to ten key (numbered) references can be included in this section with full citations to be provided in section 2.7**

**2.1 Project synopsis** *Please provide a brief overview of the project, rationale and key objectives in no more than 200 words.*

|  |
| --- |
|  |

**2.2 Study design** *Please provide a brief description of the proposed study design in no more than 10 words. For example, observational cohort study, mixed-methods, qualitative study*

|  |
| --- |
|  |

**2.3 Project methodology** *Please provide a brief overview of the methodology in no more than 400 words. For example participants (including inclusion and exclusion criteria, sample size estimates), recruitment, study procedures / data collection including intervention details, outcomes, interview guide and statistical analysis / qualitative analysis plans. Please note that you can include a maximum of up to two tables and / or figures in this section which are not included in the word count.*

|  |
| --- |
|   |

**2.4 Project significance and / or innovation** *Please provide an overview of the project’s significance and / or innovation, highlighting the significance and / or innovation of the project to existing knowledge / evidence base of physiotherapy and / or the broader significance of the project in no more than 300 words.*

|  |
| --- |
|  |

**2.5 Knowledge translation strategy** *Please outline the planned processes for translating findings to the physiotherapy (and broader) community, and the likelihood that these strategies will lead to influences on practice, policy and / or behaviour change. This can also include future plans, which do not necessarily need to be achieved during the project scope or timeline in no more than 250 words.*

|  |
| --- |
|   |

**2.6 Is this study part of a larger study?**

*If yes, please outline how the proposed project relates to, but is distinct from, the larger study. It must also be clear how the project budget is directly linked to the applicant’s project and does not duplicate funding already obtained for the larger project.*

|  |
| --- |
|   |

**2.7 Reference List**

*Please include the full citation for the ten or less references used in this section of the EOI.*

|  |
| --- |
| **References:** |
|  |

**3. Research Team**

**3.1 Chief Investigator (Applicant) and Associate Investigator(s)**

|  |  |  |
| --- | --- | --- |
| **Role**  | **[Title] [First name] [Last name]** |  **[Department], [School], [Organisation]** |
| **Chief Investigator (Applicant)** |  |  |
| **Associate Investigator 1** |  |  |
| **Associate Investigator 2** |  |  |
| **Associate Investigator 3** |  |  |
| **Associate Investigator 4** |  |  |

*Please add in additional rows if required*

**3.2 Consumers, end-users or people with lived experience**

*If appropriate, please outline how you will be including / have included consumers, end-users or people with lived experience of the condition, in no more than 200 words.*

|  |
| --- |
|   |

# 3.2 Chief Investigator (Applicant)

**Qualifications and Skills**

*Please include any current enrolments for tertiary qualifications, including the university, date of enrolment and whether part time / full time. Please also indicate if this study is part of a project for a tertiary qualification*. *If you have completed a Research Higher Degree (RHD), please indicate years post Candidature, taking into account career disruption* *in no more than 100 words.*

|  |
| --- |
|  |

Previous research grants *(list all previous grants received on which you have been named and the $value (if any). On grants where the value is >$20K please provide further details on your role. Please add in additional lines if required.*

|  |
| --- |
| 1. 2. 3. 4. 5.  |

Awards and Prizes *(list the most relevant awards and prizes and the $value if applicable). Please add in additional lines if required.*

|  |
| --- |
| 1. 2. 3.  |

Publications *(list five most relevant publications if any)*

|  |
| --- |
| 1. 2. 3. 4. 5.  |

Conference Presentations *(list three most relevant conference presentations if any including invited presentations where relevant)*

|  |
| --- |
| 1. 2. 3.  |

**4. Project Logistics**

**4.1 Budget** *Please provide an indicative high-level budget for the project. Note that you will have to fully justify all budget items in the full application.*

*For budget purposes, the following interpretations will apply:*

*Personnel – people employed in order to carry out the project, e.g. research assistant. Please note that funding to backfill the clinical workload of the Chief Investigator will be considered, however this must be justified.*

*Equipment, project materials and consumables – items used during the course of the project, e.g. imaging, paper.*

*Travel – normally only travel related to data acquisition will be funded, not conference travel.*

*In general, the PRF will not fund publishing costs. However, if funding is requested then this must be fully justified.*

*Please note that administering organisation’s infrastructure costs will not be funded.*

*Please insert lines as required.*

|  |  |
| --- | --- |
| *Description*  | *Budget (excluding GST)*  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
| *Total*  |  |

**4.2 Other funding**

*Have you submitted this project for funding or been awarded funding from other bodies / sources?*

Yes No

*If yes, please provide details.*

|  |  |  |  |
| --- | --- | --- | --- |
| **Funding Body**  | **Date**  | **Funding Requested**  | **Funding Status (Under consideration/ confirmed/ declined)**  |
|  |  |  |  |
|  |  |  |  |

**4.3 Timeline** *Please provide an overview of the key project activities such as ethics approval gained, recruitment commenced, recruitment completed, data collection commenced, data collection completed, analysis commenced, analysis completed, interim and final report to the PRF. Please note that there is an expectation that the project will be completed within 18 to 24 months. You do not need to nominate an actual month as per the example provided.*

|  |  |
| --- | --- |
|  | ***Month***  |
| ***Activity***  | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 |
| *(e.g. Apply for ethics)*   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

**5. Project Feasibility**

*Please justify the feasibility of this project (e.g., team, timeframe, resources). Include details of progress made to date, pilot or feasibility data already collected and any in kind support (which does not need to be costed) in no more than 250 words.*

|  |
| --- |
|  |

**6. Certifications**

**6.1 Certification by Chief Investigator (Applicant)**

**** I certify that to the best of my knowledge the details provided in this application form and in any supporting documentation are true and complete.

**** I certify that I meet all the eligibility criteria for a Chief Investigator as outlined in this form and the Grant Guidelines.

|  |  |  |
| --- | --- | --- |
| **Name of Applicant** **(please print)** | **Signature**  | **Date** |
|  |  |  |

**6.2 Certification by Associate Investigator 1**

**** I certify that to the best of my knowledge the details provided in this application form and in any supporting documentation are true and complete.

**** I certify that I shall commit to support and develop the Chief Investigator throughout the project.

|  |  |  |
| --- | --- | --- |
| **Name of Associate Investigator 1** **(please print)** | **Signature**  | **Date** |
|  |  |  |

**DEADLINE: Sunday 3 March 2024, 11:30 pm AEDT**

The PRF must receive submissions by the above-specified deadline.

Please email your completed EOI to:

jenine.fleming@australian.physio