



## 2023 Pat Cosh Trust Strategic Grant

Expression of Interest (EOI) Form

Please read the [EOI Guidelines](#) document prior to completing this form.

<b>Name of Chief Investigator (Applicant)</b>	
<b>Telephone</b>	
<b>Email</b>	
<b>Ahpra Registration Number</b>	
<b>Research Project Title</b>	
<b>Funding requested (excluding GST):</b>	\$
<b>Ethical approval:</b>	Has ethical approval for this project been obtained/applied for? Yes          No          N/A
<b>Administering Organisation (contact person must not be Applicant)</b>	<b>Name of contact person:</b> <b>Name of institution:</b> <b>Postal address for contact person:</b> <b>Email of contact person:</b> <b>ABN of institution:</b>
<b>How did you hear about this grant round?</b>	InMotion                                  E newsletter Social media channel                  Networks/colleague My organisation                          Previous application

## 1. CHIEF INVESTIGATOR ELIGIBILITY

Please tick the following boxes to confirm your eligibility for a Pat Cosh Trust 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 work or reside in Victoria.

My organisation or the administration team is Victorian-based.

## 2. PROJECT SUMMARY

### 2.1 Project synopsis

Please provide a brief overview of the project, rationale and key objectives. (In no more than 300 words).

### 2.2 Study design

Please provide a brief description of the proposed study design. For example, observational cohort study, mixed-methods, and qualitative study (in no more than 20 words).

### **2.3 Project methodology**

*Please provide a brief overview of the methodology. For example, participants (including inclusion and exclusion criteria, sample size estimates), recruitment, study procedures/data collection, intervention details, outcomes and statistical analysis. Please state how the posed research questions will be answered and how the project aims will be achieved. (In no more than 500 words).*

## **2.4 Project Significance and/or Innovation**

*Please provide a brief overview, highlighting the significance and/or innovation of the project to improve physiotherapy students' access and experience to private practice placements with a focus on musculoskeletal physiotherapy. (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 and policy. This can also include future plans, which do not necessarily need to be achieved during the project scope or timeline (in no more than 300 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**

### 3. RESEARCH TEAM

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

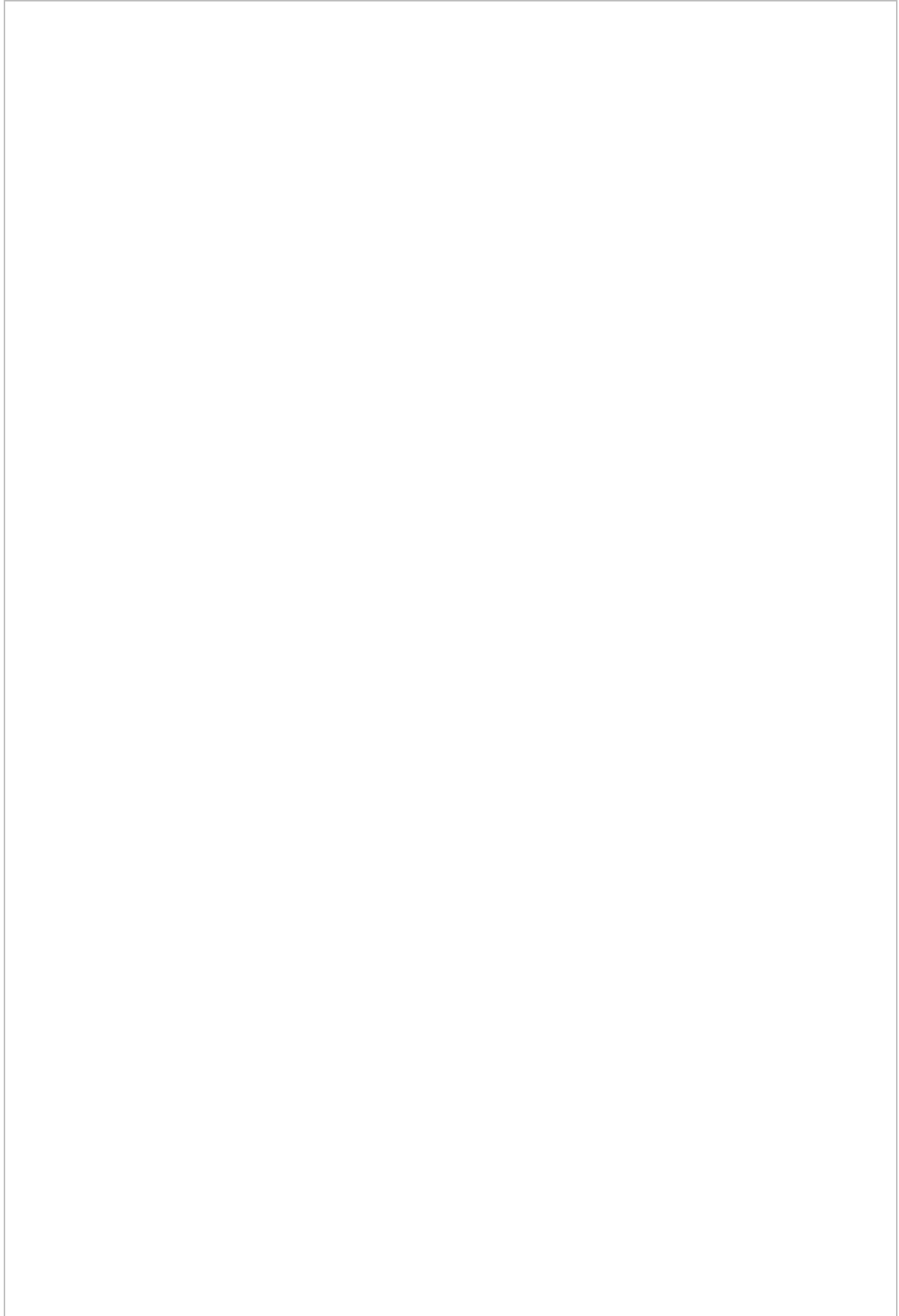
Role	[Title] [First name] [Last name]	[Department], [School], [Organisation]
Chief Investigator (Applicant)		
Associate Investigator 1		
Associate Investigator 2		
Associate Investigator 3		
Associate Investigator 4		
Associate Investigator 5		

*The lead Investigator must be based in Victoria.  
Please add in additional rows if additional investigators.*

#### 3.2 Chief Investigator (Applicant)

##### Career Overview

*Please provide an overview of your career, including qualifications, skills, research experience, clinical experience, etc. (In no more than 500 words).*



**Previous research grants**

*List all previous grants received on which you have been named and the \$value, if any.*

- 1.
- 2.
- 3.
- 4.
- 5.
- 6.
- 7.
- 8.
- 9.
- 10.

**Awards and Prizes**

*List the most relevant awards and prizes and the \$value if applicable.*

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

**Academic Publications**

*List the most relevant publications, if any.*

- 1.
- 2.
- 3.
- 4.
- 5.
- 6.
- 7.
- 8.
- 9.
- 10.



**Conference Presentations**

*List the most relevant conference presentations, if any, including invited presentations where relevant)*

- 1.
- 2.
- 3.
- 4.

**Clinical Experience**

*(Please provide an overview of your team’s experience with student placements, if any. For example, supervising students, coordinating student placements, designing student education programs, etc.)*

## 4. PROJECT LOGISTICS

### 4.1 Timeline

Please provide an indicative high-level timeline for the project (maximum 10 rows). Please note that there is an expectation that the project will be completed within 18-24 months. You do not need to nominate an actual month as per the example provided.

<b>Stage</b>	<b>Description (e.g. obtain ethical approval)</b>	<b>Timeframe (e.g. month 1)</b>
1		
2		
3		
4		
5		
6		
7		
8		
9		
10		



### 4.3 Other funding

Have you submitted this project for funding from funding bodies/sources?

Yes

No

If yes, please provide details.

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

### 5. PROJECT FEASIBILITY

Please justify the feasibility of this project (e.g., team, timeframe, resources). Include details of progress made to date or any pilot or feasibility data already collected (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 the Chief Investigator throughout the project.

Name of Associate Investigator 1 (please print)	Signature	Date

### 6.3 Certification by the Head of Department in the administering institution/research body

- I certify that:
  - I am prepared to have the project carried out in my institution under the circumstances set out by the applicant(s);
  - To the best of my knowledge, all details on this application form are true and complete;
  - The amount of time that the investigator/s will be devoting to the project is appropriate to existing workloads;
  - This institution supports this application, and if successful, it will provide basic infrastructure for the project;
  - The project can be accommodated within the general facilities in this institution, and that sufficient working and office space is available for any proposed additional staff

Name of Head of Department (please print)	Signature of Head of Department	Date

**EOI DEADLINE: Sunday 22 October 2023, 11:30 pm AEDT**

The Pat Cosh Trust must receive submissions by the above-specified deadline.

**Late applications will not be accepted, and no extension of the deadline  
will be considered.**

**Email queries and applications to:**  
[Joanna.Chen@australian.physio](mailto:Joanna.Chen@australian.physio)