



**2020 Seeding Grant and Jill Nosworthy Grant
Full Application Form**

Please note this application is to be based on your EOI.

Please incorporate the feedback provided on your EOI.

Name of Chief Investigator (Applicant)	
Telephone	
Email	
AHPRA Registration Number	
Grant applying for (Please select one)	Seeding Grant or Jill Nosworthy Grant
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:



1. Project title *Please provide a short descriptive title of no more than 30 words.*

2. Is this study part of a project for a tertiary qualification?

If yes, please state the qualification, the university, when the enrolment commenced and whether part time or full time.

3. 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.

4. Project summary

In no more than 350 words, outline the research question, methodology and significance of the project to physiotherapy and the general community.

5. Knowledge translation strategy *Please outline how this project will influence practice, policy and / or behaviour change and the process for achieving this in no more than 300 words.*

6. Project Investigators and Personnel

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		

Please add in additional rows if additional investigators

Personnel

Role	[Title] [First name] [Last name]	Qualifications

7. Project Proposal

7.1 Project Outline

Background *(in no more than 500 words).*

Sample Only



Significance and / or innovation *(in no more than 300 words).*

Research aims *(in no more than 300 words).*



Methods (total of up to 1500 words). Please include diagrams and / or charts if appropriate.

Sample Only

Methods (cont):

Methods (cont):



Statistical Analysis *(in no more than 300 words).*

Sample Only

Feasibility *Please justify how this project is feasible within the available team, timeframe, including details of progress made to date or any pilot or feasibility data already collected (in no more than 300 words).*

Sample



References:

Sample Only

7.2 Project Milestones

List up to seven project milestones, ensuring each milestone is measurable. Use the table format provided to briefly show your work plan for achieving each project milestone. The work plan should include the actions, key performance indicators and deadlines for each milestone. Please add lines where necessary. Please note that it is envisaged that the outcome of your application will be known in early October 2020.

Milestone 1:		
Action	Key performance indicator	Deadline

Milestone 2:		
Action	Key performance indicator	Deadline

Milestone 3:		
Action	Key performance indicator	Deadline



Milestone 4:

Action	Key performance indicator	Deadline

Milestone 5:

Action	Key performance indicator	Deadline

Milestone 6:

Action	Key performance indicator	Deadline

Milestone 7:

Action	Key performance indicator	Deadline

8. Project budget

8.1 Budget breakdown

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 is typically not appropriate (although may be considered in cases where specific skill sets are required to complete data collection).

Equipment, project materials or consumables – material items used during the course of the project, e.g. printing, disposable electrodes.

Travel – normally, only travel related to data acquisition will be funded. Travel to present project findings at a national or international conference will not be funded.

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

Please insert lines as required.

Budget Item	Details	Amount (do not include GST)
Personnel 1	Salary	
	On-Costs	
Personnel 2	Salary	
	On-Costs	
Equipment		
Consumables		
Travel		
Other (eg incentives)		
Total		

8.2 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)

Sample Only

9. Research Record

9.1 Chief Investigator (Applicant)

Qualifications *(list in reverse chronological order, including year)*

1.
2.
3.

Track record (relative to opportunity) *Please provide a brief statement about your research track record. This should include whether you are enrolled in a RHD (including date of enrolment and full time or part time status), any career disruptions (e.g. parental or carer leave or other major illness/injury) and other issues that impact on track record.*

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Previous research grants *(list previous grants received and the \$value if any)*

1.
2.
3.
4.
5.

Awards and Prizes *(list the most relevant awards and prizes if any)*

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.

Sample Only



9.2 Associate Investigator 1 (Lead Supervising Investigator)

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

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

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

- 1.
- 2.
- 3.

Previous research grants *(list previous grants received and the \$value)*

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

Previous Research Student Supervision Experience *(in 200 words, describe your experience and outcomes of previous research student supervision)*

Sample Only



Statement Addressing Plan and Commitment to Support and Develop Chief

Investigator *(in 200 words, describe your plan to develop research skills in the chief investigator and support them in conduct of the proposed research)*

Sample Only



9.3 Associate Investigator 2

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

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

Previous research grants *(list previous grants received and the \$value)*

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

9.4 Associate Investigator 3

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

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

Previous research grants *(list previous grants received and the \$value)*

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

10. Project Workload – Chief Investigator (Applicant)

Please demonstrate the capacity of the chief investigator to undertake the proposed research project in conjunction with other professional commitments.

<i>Average project hours per week for duration of project</i>	<i>Average project hours per week as percentage of investigator's related EFT role</i>
<i>hours/week</i>	<i>% of [x.y] EFT role</i>

Sample Only

11. Certifications

11.1 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 the Guidelines.

Name of Applicant (please print)	Signature of Applicant	Date

11.2 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

11.3 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 which 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

DEADLINE: Friday 10 July 2020, 5 pm (AEST)

The PRF must receive submissions by the above-specified deadline.
Late applications will not be accepted and no extension of the deadline will be considered.

Please email your completed application and any supporting material to:

jenine.fleming@australian.physio

Sample Only