NOTE: If the only support you require from the APA is dissemination of a survey via email to APA members, don’t fill-in this form, please send to membercomms@australian.physio with:

the ethics approval, a short blurb about the survey and a link for approval.

# Read the [Research partnerships framework](https://australian.physio/sites/default/files/Research_Partnership_Framework_FW.pdf) document prior to completing this form. When completed, send to research@australian.physio

*If information is unknown at the time of application, please specify this in the form. Please do not hesitate to send us an update via email at a later date.*

|  |  |
| --- | --- |
| **Name and position of Chief Investigator (Applicant)** | *Note: The Chief Investigator (Applicant) must be an Ahpra-registered physiotherapist, or, if not currently Ahpra registered, must hold a qualification in physiotherapy.* |
| **Email and Telephone** |  |
| **APA Member ID**  | *Note: If the Chief Investigator is not an APA Member, indicate details of an APA Member who will be a named investigator in the research team.* |
| **Research area** |  |
| **Research Project Title** |  |
| **Grant details** | If you are applying for a grant or funding please provide the below details:Grant Scheme (e.g. MRFF/NHMRC):Specific Grant title:Application ID: |
| **Overall budget****(excluding GST)** |

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

*Note: If you are requesting cash contributions from the APA, you may be asked to provide a full high-level budget of the project at a later date.* |
| **APA response requested by (date):** |  |
| **Administering organisation****(contact person other than Applicant)** |

|  |  |
| --- | --- |
| **Name of institution:**  |  |
| **Name of contact person:** |  |
| **Postal address for contact person:** |  |
| **Telephone and email:**  |  |

 |
| **How did you hear about APA’s Research partnerships?**  | [ ]  InMotion [ ]  APA Newsletter [ ]  APA Social channel [ ]  APA website [ ]  Via my networks/colleagues [ ]  Via my organisation [ ]  Previous application  |

# 1. Project Summary

**1.1 Project synopsis**

*Please provide a brief overview of the project, rationale and key objectives (max. 200 words).*

**1.2 Project methodology**

*Please provide a brief description of the proposed study design (max. 10 words, for example, observational cohort study, mixed-methods, qualitative study) and provide a brief overview
of the methodology (max. 250 words).*

*For example: participants (including inclusion and exclusion criteria, sample size estimates), recruitment, study procedures / data collection including intervention details, outcomes
and statistical analysis.*

**1.3 Timeline**

*Please provide an indicative and concise high-level timeline for the project.
Add rows if required.*

|  |  |
| --- | --- |
| **Description**  | **Timeframe** *(e.g. year 1 or indicative date)*  |
| **Project start date** |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
| **Project end date** |  |

**1.4 Project significance and / or innovation**

*Please provide a brief overview, highlighting the significance of the project to knowledge/evidence base of physiotherapy and / or broader significance of the project. Indicate how you think this work aligns with APA’s strategic goals (max. 250 words).*

**1.5 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 (max. 250 words).*

# 2. Research Team

**2.1 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 additional rows if required.*

# 2.2 Chief Investigator (Applicant)

**Qualifications and experience**

*Please include brief resume, previous research projects and grants, awards, publications, and conference presentation. Also indicate if this study is part of a project for a tertiary qualification.* *Alternatively, provide link to profile page on University website or to LinkedIn profile*

# 3. Other funding and partnerships

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

[ ]  Yes [ ]  No

*If yes, please provide details.*

|  |  |  |
| --- | --- | --- |
| **Funding body / partner** | **Funding / contribution requested**  | **Status (Under consideration/ confirmed/ declined)**  |
|  |  |  |
|  |  |  |
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*Please attach to this form letters of support and/or endorsement received for this project.*

4. Contributions requested from the APA

|  |  |
| --- | --- |
| **Cash contributions** *$ value per annum* |  |
| **In-kind contributions**  | *Please be specific in relation to number of hours per annum and type of support e.g. attending steering committees, recruitment of participants, distribution of surveys, dissemination of findings, etc.* |

5. Letter of Support

*Do you require a partnership letter of support from the APA?*

[ ]  Yes [ ]  No

*If yes, please provide the below details.*

|  |  |
| --- | --- |
| **Addressee***(Name and title of the person to whom you would like this letter addressed.)* |  |
| **Address***(Address details of the Addressee)* | *Please be specific in relation to the Addressee’s title, institution and address, for the purposes of this letter of support.* |
| **Other Specifications***(Other requirements of this letter of support)* | *Please provide any other details that must be included in this letter, e.g. Grant name, project ID, and any other formatting requirements e.g. if the APA contributions must be expressed in a table, if the APA project officer name or other details must be specified.* |

# 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.

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

If the Chief Investigator (Applicant) is not an APA member, please provide endorsement from the APA member in your team who will be a named investigator (as indicated on page 1 of this document).

|  |  |  |
| --- | --- | --- |
| **Name of APA member (if different from applicant)(please print)** | **Signature**  | **Date** |
|  |  |  |

Please email your completed form to research@australian.physio