



Partnering with community in the Moreton Bay Region

RESEARCH GRANT APPLICATION FORM

1. PROJECT			
Project (short descriptive title)			
Discipline			
Type of Grant Proposed		Novice Research	Experienced Researcher
2. APPLICANTS DETAILS			
CHIEF INVESTIGATOR			
Name			
Position/Appointment			
Telephone			
Email			
OTHER INVESTIGATORS			
Name			
Position/Appointment			
Telephone			
Email			
Name			
Position/Appointment			
Telephone			
Email			
Mentor (if applicable)			
Name			
Position/Appointment			
Telephone			
Email			
Include lists of publications by each applicant and mentor for the previous five (5) years.			
DEMONSTRATED COMPETENCY OF BEING ABLE TO COMPLETE PROPOSED RESEARCH			
TIME DEVOTED TO THIS PROJECT (hours per week)			
Chief Investigator		Hrs	
Associate Investigators		Hrs	
TIME FRAME FOR PROJECT AND EXPECTED DURATION			



3. RESEARCH GRANT PROPOSAL

Give a simple lay summary and description of the Project

Background and Research Plan

Analysis of Relevant Literature to Demonstrate Need

Research Problem/Issue to be Addressed

Aims of the Project or Hypothesis to be Tested and Expected Outcomes

Description of the Originality and Innovativeness of the Proposal

Outline of Dissemination Plan and Evidence of Previous Successful Dissemination

4. BUDGET:

Personnel	
Maintenance	
Equipment	
Total	

JUSTIFICATION OF BUDGET

OTHER SUPPORT HELD

List all grants/support held for this project

List all grants/support for all projects with which applicants are involved

List other applications for support made for this project (include results if known and copies of referees' reports if available)

5. APPROVALS:

PROPOSED COMMITMENT TO HEALTH CARE DELIVERY IN THE REDCLIFFE & CABOOLTUE HEALTH SERVICES DISTRICT.

REFEREES (Include names of 3 Referees)

Name	Position	Address	Phone	Email

DECLARATION BY APPLICANT'S

I have read and understood the funding conditions attached to this grant and agree to abide by those conditions.

SIGNATURE:

NAME: _____ DATE: _____

SIGNATURE: _____

NAME: _____ DATE: _____

SIGNATURE: _____

NAME: _____ DATE: _____

SIGNATURE: _____

NAME: _____ DATE: _____

DESIGN APPROVAL THROUGH RESEARCH UNIT RCHSD

SIGNATURE: _____ DATE: _____

NAME: _____ RECOMMENDED / NOT RECOMMENDED

RECOMMENDATION BY ETHICS COMMITTEE CHAIR			
SIGNATURE:		DATE:	
NAME:		RECOMMENDED / NOT RECOMMENDED	
ENDORSEMENT BY DISTRICT EXECUTIVE COMMITTEE			
SIGNATURE:		DATE:	
NAME:		ENDORSED / NOT ENDORSED	
MINUTE NUMBER:			
FOUNDATION APPROVAL			
SIGNATURE:		DATE:	
NAME:		DESIGNATION:	
AMOUNT AWARDED:			
<input type="checkbox"/>	APPLICANT NOTIFIED	DATE:	INVOICE PAYABLE TO:
PAYMENT TYPE:	CHEQUE	ELECTRONIC FUNDS TRANSFER	DATE: