# National Translational Research Collaborative Expression of Interest

The National Translational Research Collaborative (NTRC) has adopted a two-step (2 phase) approach as its standard process for all research grant applications. This streamlined grant application and assessment is designed to encourage more applications for the range of grants offered by the NTRC.

- STEP 1: Involves an Expression of Interest (EoI) application that focuses on a literature review and identification of a research 'gap' as a result of the literature review. Hence applicants should formulate a research question and basic research project plan that addresses the identified research gap.
- STEP 2: Applicants shortlisted from Step 1 will then be invited to submit a full research
  proposal that expands on the original Step 1 research idea. Applicants successful in this
  second round, after assessment of the full research proposal by the NTRC Research
  Grants Committee, will be awarded the grant.

This application is the **Step 1- Expression of Interest application.** 

Please answer only the questions asked and adhere to all word count restrictions, and other directions.





## 1. GENERAL INFORMATION

Name of grant: (full name of grant for which you are applying)

#### **Project administrator details:**

(the project administrator is the point of contact the SHPA NTRC will use for communication regarding this application).

Title:	First name:		
Last name:			
Current appointment:			
Postal Address:			
Phone:		Email:	

**Full project title:** (provide a title that is clear, precise and informative to practitioners and researchers working outside your field) <50 words max.>

**Short title:** (a title that is useful as a more casual project title, even for those not familiar with your research field) <25 words max.>

**Short project description:** (provide a succinct summary of your proposed research project. The summary should explain the purpose of the project in terms understood by a non-researchers) <100 words max.>

2. LITERATURE REVIEW  The purpose of the Literature Review is to demonstrate the existing research in your area of interest, your understanding of this evidence, and highlight where research gaps exist that may be addressed by your research project. <500 words max.>
References:

3. RESEARCH QUESTION  Arising from your Literature Review, clearly articulate the research question your research propis likely to address. <200 words max.>	osal
<b>Objectives:</b> (in dot-point format, describe the objectives of your proposed research project.) <150 words max.>	
Impact: (describe the potential impact of your research and how it might directly translate to practice). <150 words max.>	

#### 4. RESEARCH TEAM

### **Principal Investigator:**

Title:		First name:		
Last name:				
Department:				
Current position:				
SHPA member number:			Member since:	
Institution Legal Entity Name:			ABN:	
Institution Physical Address:				
Institution Trading As:				
Postal Address:				
Phone:		Email:		

### **Principal Investigator NIH Biosketch:**

Instead of a CV, the primary investigator is asked to complete an NIH Biosketch. This should be submitted as a separate document to this EoI form when submitting your complete EoI to grants@shpa.org.au.

To access the NIH BioSketch template and instructions go to: <a href="https://www.grants.nih.gov/grants/forms/biosketch.htm">www.grants.nih.gov/grants/forms/biosketch.htm</a> (note: an 'eRA COMMONS USER NAME is not required).

### Co-investigators:

Consider the likely make-up of your team. All team members do not yet need to be identified at this stage. Contemplate the diversity of the team such as multi-disciplinary team members, experienced and less-experienced researchers (to offer mentoring opportunities) and consumer involvement.

Name (or suggested researcher discipline/skillset)	Current position (if known)	Organisation (if known)	Role*

Thuicate whether	the investigator is	s primarity (Choose only one for each	i irivestigator).
A – Academic	C – Clinical	<b>CR</b> – Consumer representative	<b>EC</b> – Early career researcher

G – Government representative

P – Provider Representative (e.g of hospital or local area service)

O – Other

#### 5. PRIVACY AND DECLARATION

The SHPA NTRC collects your personal information that you submit in this form to assist in considering your Eol. By completing this form, you confirm that the information is true and complete and you agree to the SHPA NTRC collecting your information. The SHPA NTRC may also use and disclose your personal information to other parties, including SHPA, for the purpose of conducting reference checks and conducting the activities of the SHPA NTRC. The <a href="SHPA Privacy Policy">SHPA Privacy Policy</a> explains how and for what other purposes the SHPA NTRC collects, uses, discloses (which may include to overseas recipients in compliance with its privacy obligations) and keeps personal information, secures personal information, how to opt out from direct marketing (if applicable), how to request access and correction of your personal information, how to complain about a privacy breach and how complaints are handled by the SHPA NTRC.

#### **Declaration:**

By completing this form, I acknowledge and agree that where I am disclosing personal information (including sensitive information) of another person, I have:

- the authority of that person, to provide their information (including sensitive information) and to receive from the SHPA NTRC their information for the purposes of this Eol;
- notified that person that I have disclosed their personal information to the SHPA NTRC; and
- informed that person the SHPA NTRC uses and discloses personal information to other parties, including SHPA, for the purpose of conducting the activities of the SHPA NTRC and otherwise deals with personal information in accordance with the SHPA Privacy Policy.

Signature:	
Name:	Date:
Signed by (Authorised institutional represen	tative):
Signature:	
Name:	Date:
Institution:	

Signed by (Principal Investigator):