National Translational Research Collaborative Research Proposal- Phase II Application

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 2 full research proposal application.

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 workers 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.>

Research design

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) <250 words max.>

Background: (provide a rationale for the project. This should draw on the literature review and identified research 'gap' from your Step 1 application) <250 words max.>

<List references to 'Background'>

Aims and objectives: (clearly define the aims and objectives of the project) <150 words max.>

Hypothesis: (describe your research question) <100 words max.>

Methodology: (Provide details of project design, group/population to be researched or sampled, evaluation methodology, statistical analysis and location e.g. single or multi-site) <1000 words max.>

<You may wish to upload as a document, diagrams / figures / flow-charts, etc that may assist in further explaining your methodology.>

TRANSLATION and SCALE: Expected outcomes and impact. (Describe the outcomes of the project. Focus on the impact of your likely research outcomes and how they might be translated into practice on a broader scale). <500 words max.>

Dissemination: (Describe how you will disseminate your research findings to the scientific community and broader public (e.g. published papers / conference presentations / media / etc). <150 words max.>

Do you have existing ethics approval for this project? YES NO

If you answered 'YES' to existing ethics approval above, please give details below (e.g. Ethics Committee and application code, and basic ethical issues addressed).

If you answered 'NO', please describe anticipated ethical implications below. Research projects involving patients and patient data will require institutional ethics committee approval before funds are released.

Ethical implications: <250 words max.>

Research Team

Principal Investigator (PI): (as per your Step 1 application)

The Principal Investigator is responsible for leadership and the overall management of the project.

Title:			First name:			
Last name:						
Department:						
Current position:						
Institution Legal E	ution Legal Entity Name:				ABN:	
Institution Physica	titution Physical Address:					
Institution Trading As:						
Postal Address:						
Phone:			Email:			
Length of SHPA membership	<though an="" be="" investigator="" member="" member,="" members="" must="" necessarily="" need="" not="" of="" principal="" research="" shpa="" team="" the=""></though>					

Principal Investigator (PI) NIH Biosketch: (as per your Step 1 application)

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: <u>www.grants.nih.gov/grants/forms/biosketch.htm</u> (note: an 'eRA COMMONS USER NAME is <u>not</u> required).

<file upload>

Principal Investigator (PI) Previous SHPA Grants: (include any other SHPA grant wins, even under old RDGAC program prior to NTRC. Write N/A if not applicable)

Co-investigators: (as per your Step 1 application)

For each co-investigator, indicate their primary role as per codes below, in 'Role' field (choose only one role code for each investigator):

* Indicate whether the investigator is **primarily** (Choose only one for each investigator):

A – AcademicC – ClinicalCR – Consumer representativeEC – Early career researcher

G – Government representative **P** - Provider Representative (e.g of hospital or local area service) **O** – Other

Please note: To add another Co-Investigator click on the 'Add more' button in the bottom right hand corner.

Name	Current position	Organisation	Role*

Summary of Co-Investigator team: (include information such as: examples of working as a research team previously: previous research grant wins; prizes and awards of team members; recent publications of team members relevant to this grant) <500 words max.>

Budget and timeline:

Project timetable: (outline the project timeline)

Project start: (must be a date)

Project finish: (must be a date)

Budget: (applicants must provide a detailed project budget. This pro-forma is to be used as a guide for completing a budget for the overall project. Not all items will be applicable for funding; these are examples only. Please delete and replace as required).

Total amount requested: (must be a dollar amount- what is the total financial support you are requesting in this application?)

Registration /course fees	
Accommodation expenses	
Travel expenses	
Salaries	
Materials, consumables, equipment	
Miscellaneous (e.g. ethics fees, photocopying, printing of brochures /posters)	
Others	

Budget total (total expenditure amount) (this number / amount is calculated from your budget details above. Your overall budget may exceed the grant total, but the amount awarded will only be to a maximum equivalent to the total financial)

Declarations:

Note: Please fill out the question fields and then print out this page, sign and attach to the application via the file upload button.

Statement of Head of Department

I support the application:

Signature: _____

Date: _____

Department head name: _____

Department head position: _____

Certification by applicant

In signing this page, I certify that all details in this application are correct.

I understand and agree that if my application for a grant is successful the grant will be made on condition that I will do everything reasonably within my power to ensure that the funding granted by the Society of Hospital Pharmacists of Australia is acknowledged in any:

- Publication
- Announcement to the public for the medical or scientific community
- Statement to the media
- Lecture or seminar relating to the project (whether or not it also relates to other matters).

I also understand / agree that I shall submit a final report in the required format and any progress reports as may be requested to the Research Grants Committee.

Research team signatures

Please fill in name and date fields before printing out for signatures. Click on the 'add more' button in the bottom right hand corner to add additional signature sections.

Signature _____

Name: _____

Date:					

Please upload completed declarations page here: