### Research Advisory Committee Research and Fast Track Grants

\* indicates a required field

### Application Form Research Advisory Committee Grant

- Use this form for new applications for Research and Fast Track grants from the Study, Education and Research Trust Account (SERTA). These grants are designed to provide funding for members of Children's Health Queensland (CHQ) in order to initiate innovative research, where other sources of funding are not available.
- The Research Advisory Committee (RAC) will recommend applications to the SERTA Governance Committee, which will award grants to approved applicants twice per year.
- The SERTA Governance Committee will provide feedback to applicants within four weeks of application closure dates.
- If your application is successful, you will be required to provide a progress report within 12 months of receipt of funding and/or a completion report at the end of the funding period. Furthermore, every reasonable effort is to be made to publish outcomes in a reputable peer reviewed journal, with reference to CHQ SERTA.
- Senior Career Researchers and applicants already receiving funds at the national or international level will not be eligible to be the principal applicant.
- Applicants are required to discuss their application with the Clinical Research Lead from their respective Service/Departments, and get endorsement from the relevant Service Director / Professional Lead. If you do not know who the Research Representative for your Service/Department is, please contact CHQ Research Directorate for further information CHQ Grants@health.qld.gov.au.
- Completed applications are to be submitted electronically in this platform.

## **Application Details**

### **Eligibility Checklist**

To be eligible, the principal investigator (applicant) must be able to agree with the following:

- I confirm I am a paid CHQ employee, located at a CHQ facility for 50% or more of my time.
- I confirm I have not received any funding from any other source for this project.
- I can confirm I am a novice or early career researcher and have not received research funding at a national or international level

Please select YES or NO *	○ YES	O NO
Eligibility		
You have not met the eligibility of	riteria to apply for a CHQ SER	TA RAC grant.
Grant Type		

### Form Preview

### Please select the grant you are applying for:

### **FAST TRACK GRANT**

- Maximum funding per grant will be \$5,000 to support initiation or completion of smaller bodies of work, small items of equipment, data analysis expertise, protected time for write up etc.
- Previous recipients of a RAC Fast Track Grant are **not eligible** to reapply for a Fast Track Grant.

### **RESEARCH GRANT**

- Maximum funding per grant will be \$20,000 which may be taken over two years.
- Previous recipients of a RAC Research Grant are **not eligible** to reapply.

Type of	Grant *	0		RACK GRANT RCH GRANT
Applica	ant Details			
* indicate	s a required field			
Applican		Last Nav		
Title	First Name	Last Nar	ne	
Position	*			
CHQ Div	ision *			
CHQ Dep	oartment/Service	<b>*</b>		
Contact	Number *			
Must be ar	Australian phone n	umber.		
Mobile P	hone Number *			
Must be ar	n Australian phone n	umber.		
Email *				
Must be ar	n email address.			

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Applicant's Appoints  ☐ Medical ☐ Nursing	ment *	<ul><li>☐ Allied Health</li><li>☐ Other:</li></ul>	
At least 1 choice and no	more than 1 choice may b	e selected.	
Lead Investigator	and other team n	nembers	
Applicant should list th	emselves again		
Name of Investigators	Organisation and Position	Phone Number	Email
List out the research team members	List the organisation the Investigator is	Must be an Australian phone number.	Must be an email address.
team members	representing when	phone number.	address.
	performing the research		
Title First Last Name Nam	Organisation Name		
Title First Last	Organisation Name		
Name Nam Title First Last	Grganisation Name	<u> </u>	
Name Nam			
Title First Last Name Nam	Organisation Name		
Title First Last Name Nam	Organisation Name		
Research Experience (select one)  Experience *  Novice (e.g. no prior research funding, no first author papers, limited or no research experience Early-career (< 3 external grants/fellowships, holds a research higher degree or equivalent experience)  Summary of Track Record *			
Word count: Must be no more than 30	0 words.		
preparation of HREC analysis, performing	licant. Specify your r :/Governance, partici g assessments/experi students, manuscrip	pant recruitment, d ments/assays/tests	ata collection/
Word count:			

### Form Preview

Must be no more than 300 words.

## Role of Primary Applicant

Specify your role in the proposed research e.g. preparation of HREC/Governance, participant recruitment, data collection/analysis, performing assessments/ experiments/assays/tests, supervision of research assistants/students, manuscript writing etc.

Role of Applicant *	
Word count: Must be no more than 300 words.	
Career Development	
Detail how this funding will help your research research plans are.	career and what your future
Career Development *	
Word count: Must be no more than 300 words.	
Supervision and Mentorship	
Who will provide supervision and/or mentorship for t	his project?
Name: *	
Position *	
Email *	
Phone Number *	
Division/Department/Service *	

Form Preview

Organisation (if not from CHQ) *
submission checklist
I have completed a literature review and can confirm the proposed study has never been done before *  O YES  O NO  Duplication and/or siloed research are not supported
I agree to present my work in CHQ at future research seminars and other appropriate forums *  O YES Supported work are
I agree to acknowledge CHQ SERTA for supporting this research in future publications and presentations (if the project is successful in obtaining funding) *  O YES
Project Details
* indicates a required field
Project Information
Project Title
Short project description
Word count: Must be no more than 300 words. Provide a short description (100 words recommended) of your project. What do you intend to do?
Have you or others applied for funding for this project previously? * $\bigcirc$ YES $\bigcirc$ NO
If Yes, please provide details below, including funding body, type (i.e. fellowship, project costs), amount and duration. (Please specify)
Is this project a sub-study of a larger, existing project? *  ○ YES  ○ NO
If Yes it is a sub-study, provide details below including; the name of the larger project and chief investigator, the source and amount of funding for the larger project, and how this particular project

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How does this project (application) align with CHQ Research Strategy 2023-2025
Word count:  Must be no more than 300 words.  CHQ Research Strategy 2023-2025 <a href="https://www.childrens.health.qld.gov.au/_data/assets/pdf_file/0024/168063/research-strategy.pdf">https://www.childrens.health.qld.gov.au/_data/assets/pdf_file/0024/168063/research-strategy.pdf</a>
Collaboration
Collaborative projects will rank more favourably; (whether it is internal and/or external collaborations).
Does this project involve other Clinical Service(s) at CHQ? *  ○ YES  ○ NO
If Yes, please specify:
Must be no more than 300 words.
Must be no more than 500 words.
How does this project (application) align with other service(s) / research initiatives in your clinical service? *
Word count:
Must be no more than 300 words.
Does this project involve any academic partners? If so, please specify below  ☐ UQ Child Health Research Centre (CHRC) ☐ QUT CCHR ☐ Other - UQ ☐ Other - QUT ☐ Other Institution
Examples Other: UQ - School of Dentistry; Other Institution - Griffith University, Gold Coast Hospital
Please elaborate on your responses if you selected any of the other categories
Word count:
Must be no more than 100 words. Health Translation QLD partners, other QLD Health HHS, other children hospitals, other universities or

Please elaborate on how your intend to collaborate with the academic partners in your research and what are their contributions

research institutions. Other UQ example, UQ-HABS,

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Proposed Start Date for the Project *	
Must be a date. Please remember all research projects require a valid Human Research Ethicapproval and the local Site Specific Assessment (SSA) authorisation prior to factor them into consideration when planning your project.	
Proposed End Date for the Project *	
Must be a date. Please remember all research projects require a valid Human Research Ethicapproval and the local Site Specific Assessment (SSA) authorisation prior to factor them into consideration when planning your project.	
Project Description	
* indicates a required field	
Research Proposal	
Background *	
Word count: Must be no more than 300 words.	
Hypothesis *	
Word count: Must be no more than 300 words.	
Aim *	

Word count:

Must be no more than 300 words.

Form Preview

Methods *	
Word count:	
Must be no more than 300 words.	
Projected Outcomes & Significance *	
Word count:	
Must be no more than 300 words.	
References: (maximum five) *	
Word count:	
Project Funding	
* indicates a required field	

# Budget

Please list out your study budget request: salary, equipment, consumables, services (health economists, biostatistics, pathology, etc) and any other.

For salary funding request, list out FTE, Classification, Grade and duration for each request. Example, 0.2 FTE NG5-6 for 4 weeks.

Note please check with the Research Management Accountant for costings validation, contact via CHQ MA Research@health.qld.gov.au

Expenditure	<b>\$</b>
	\$
	\$
	\$
	\$
	\$
	\$
	\$
	\$

## **Budget Totals**

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Total Expenditure Amount  \$
This number/amount is calculated.
Justification of Requested Funding
Please provide a justification for the amount of funding you have requested *
Word count: Must be no more than 300 words.
Applicant Declaration
* indicates a required field
Certification
Applicant Certification
I certify that the funding type being applied for (Research or Fast Track Grant) has not previously been awarded to me. *  O Yes
I certify that written agreement (such as an email) has been obtained from all investigators named in this research. *  O Yes
I understand that should this application be successful, all named investigators on this application will be required to sign the Acceptance of Offer *  O Yes
On behalf of the investigation team, we accept and agree to comply with the ethical standards as set out by the National Health and Medical Research Council (NHMRC) and any additional standards required by the appropriate Human Research Ethics Committe. *  Yes
I certify that research will not commence until all ethical clearances and site specific approvals (SSAs), if required, have been obtained and authorised. *  O Yes
I will provide a report to the RAC after one year of funding (for Research grants) and at the end of funding period (for Research and Fast Track grants). *  O Yes
Certification by Head of Department/Service

#### Form Preview

### \* indicates a required field

### Internal Support

I confirm that I have discussed this project with relevant department(s) / service's research lead(s) and/or research meetings and support has been obtained \*

O Yes

### Upload Completed and Signed Endorsement

Please upload your completed signed endorsement document from your Head of Department/Service.

If your Head of Department/Service has emailed the support, please ensure that this is from the official work email, saved to PDF and upload.

Reporting requirement for success grants:

For research grants, a progress report at one year and a final report at the end of two years is required.

For fast track grants, a final report at end of one year.

Please upload (if you cannot access the form please email CHQ\_Grants@health.qld.gov.au for the form) \*
Attach a file:

NOTE Queensland Health INTRANET site: Form can be found here <a href="https://qheps.health.qld.gov.au/data/assets/word">https://qheps.health.qld.gov.au/data/assets/word</a> doc/0020/3021626/CHQ-SERTA-RAC-HODS-Endorsement-form.docx