

# Application Form 2017

## Defence Health Foundation Grants for Medical Research

### **STAGE 2**

**THIS APPLICATION FORM IS ONLY FOR THE USE OF SUCCESSFUL APPLICANTS NOTIFIED AFTER STAGE 1 (EXPRESSIONS OF INTEREST)**

- J Submit 2 electronic copies, one in Word, the other as a PDF, to arrive by 5pm on Friday 7<sup>th</sup> July 2017. Applications to be emailed to [info@defencehealthfoundation.org.au](mailto:info@defencehealthfoundation.org.au) (electronic signatures to be included as required). Receipt of your email will be acknowledged.
- J One hard copy must be received by 5pm on Tuesday 11<sup>th</sup> July 2017. Post it to Defence Health Foundation, PO Box 7518, Melbourne VIC 8004 or deliver to Defence Health Foundation, Level 4, 380 St Kilda Road, Melbourne VIC 3004.

### Type of grant applying for

Establishment Grant or Booster Grant (if Booster Grant, no. of years funding required):

### Principal Investigator (Attach ONE page track record statement and a separate list of publications from 2011-2015)

Name:

Position/Appointment:

Research Institute:

Address:

Telephone:

Email:

### Co-investigators (Attach ONE page track record statement and a separate list of publications from 2011-2015 for each co-investigator. If more than 3 co-investigators please expand form to include details.)

1 Name

Position/Appointment

Research Institute

Address

Telephone

Email

2 Name

Position/Appointment

Research Institute

Address

Telephone

Email

3 Name

Position/Appointment

Research Institute

Address

Telephone

Email

# Research Project Details

## Name of Administering Institution

## Name of project (max. 20 words- understandable by the public)

## Context and Objectives of Project (max 600 words) – written in “Plain English” and in a way that is understandable to an informed reader who may have no specialist expertise in your area of research.

## Methodology and Analysis (max 3 pages – additional pages will not be considered)

## Justification and Relevance – how will this project significantly benefit the Defence Community? (max 100 words)

## Defence Connections

If your project requires support from Defence or DVA please provide details of any existing relationships, business, sponsorship or advocacy already established with Defence or DVA that relate to this project.

## Budget

Specify amount required per annum. Provide justification and a comprehensive breakdown of projected salaries, equipment, consumables and any other costs. Infrastructure/overheads will not be funded. Please advise of any other funding for this project, either agreed or pending. **All amounts to be shown in whole dollars and exclusive of GST.**

## Time frame of project

Provide a timeline of the key activities required for the project's successful completion.

## Ethics Clearances

Please state whether Ethics Committee approval has already been approved or is yet to be obtained for your research project. What will be the Primary Ethics Committee ethics for your project? From which other Ethics Committees will approval be sought?

## Potential for Future Development – What next? What will success look like? (max 300 words)

List the name and contact details of three appropriate external reviewers who can be used if required.

<b>Contact 1</b>	Name
	Position/Appointment
	Research Institute
	Address
	Telephone
	Email
<b>Contact 2</b>	Name
	Position/Appointment
	Research Institute
	Address
	Telephone
	Email
<b>Contact 3</b>	Name
	Position/Appointment
	Research Institute
	Address
	Telephone
	Email

## Disclosure Statement

The Principal Investigator must sign the following agreement regarding disclosure for this application to be considered.

I agree for the publication and promotion of details about the proposed research, by Defence Health Foundation or Defence Health Limited, should my application be successful.

Signature

Date

## Principal Investigator

I, the undersigned Principal Investigator, have read the research guidelines, understand and accept all aspects of them and confirm to the accuracy of all the above details provided by me.

Signature

Date

## Head of Department

I acknowledge that I support this application, and should the application be successful, that the appropriate general facilities and resources are available to complete this project.

Name:	_____
Department:	_____

Signature

Date