



# APPLICATION FORM

## Toowoomba Hospital Foundation & Pure Land Learning College 2019 Research Grants

Closing Date for Round 1: Thursday 18<sup>th</sup> April, 2019.

1. **PROJECT TITLE:**

**Brief Summary of Project** – *suitable for release to the press or for general publication, identifying potential benefits to the community*

## 2. RESEARCH TEAM

Is this research project part of your or another member of your research team's post graduate studies?  Yes  No

*Applications for financial support for what would normally be expected to be provided by the higher education student themselves will not be supported.*

### Principal Investigator

*The first named Principal Investigator will be considered the contact point for the grant and will be understood to be acting for, and in concurrence with, all Investigators.*

<b>Name:</b>			
<b>Position/Appointment</b>			
<b>Employment status:</b>	Full time <input type="checkbox"/>	Part time <input type="checkbox"/>	Number of hours
<b>Phone:</b>			
<b>Email:</b>			
<b>Time devoted to this project</b> hrs per wk			

Brief CV attached (*not longer than 2 pages*)

List of publications **relevant to this project** in the last 5 years attached.

List of research grant support from all sources over last 5 years attached.

Is the Principal Investigator a Novice Researcher?  Yes  No

### Associate Investigators

<b>Name:</b>			
<b>Position/Appointment:</b>			
<b>Phone:</b>			
<b>Email:</b>			
<b>Time devoted to this project</b> hrs per wk			

Brief CV attached (*not longer than 2 pages*)

List of publications **relevant to this project** in the last 5 years attached.

List of research grant support from all sources over last 5 years attached.

<b>Name:</b>		
<b>Position/Appointment:</b>		
<b>Phone:</b>		
<b>Email:</b>		
<b>Time devoted to this project hrs per wk</b>		

Brief CV attached (*not longer than 2 pages*)

List of publications **relevant to this project** in the last 5 years attached.

List of research grant support from all sources over last 5 years attached.

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<b>Phone:</b>		
<b>Email:</b>		
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<b>Name:</b>		
<b>Position/Appointment:</b>		
<b>Phone:</b>		
<b>Email:</b>		
<b>Time devoted to this project hrs per wk</b>		

Brief CV attached (*not longer than 2 pages*)

List of publications **relevant to this project** in the last 5 years attached.

List of research grant support from all sources over last 5 years attached.

**Research Mentor:** *(for novice researchers only)*

<b>Name:</b>		
<b>Position/Appointment:</b>		
<b>Phone:</b>		
<b>Email:</b>		
<b>Time devoted to this project</b> <i>hrs per wk</i>		

Brief CV attached (*not longer than 2 pages*)

List of publications **relevant to this project** in the last 5 years attached.

List of research grant support from all sources over last 5 years attached.

**3. EXPECTED DURATION OF THE PROJECT**

*(Not longer than 2 years):*

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**4. COLLABORATING INSTITUTION:**

*Provide name, and address of all collaborating organisations/individuals and basis of collaboration (eg financial, technical, links to participants). Collaborating organisations/institutions can receive up to a limit of 25% of the grant funding allocated to the project.*

Collaborating Organisational Details		Basis of Collaboration
<b>Name</b>		
<b>Street Address</b>		
<b>Postcode</b>		
<b>Name</b>		
<b>Street Address</b>		
<b>Postcode</b>		

**5. SYNOPSIS:**

*Provide a summary of the aims, objectives and expected outcome of the project. Specifically address the expected outcomes for the people of Toowoomba and the Darling Downs. If this is an application for Preliminary study funding please also identify what you envisage as the ultimate project outcome after this study.*

## 6. SIGNIFICANCE

*Describe the extent to which the project, if successfully carried out, will make an original and important contribution to clinical practice or health service delivery within Darling Downs Health.*

**7. PROJECT PLAN:**

*This should include aims, background, details of your basic research strategy, and study design. Please include headings for each of these.*

*Where applicable, include sample size and statistical power, sampling methods, main variables to be measured/examined, instruments of measurement/observation and their validity, methods of data collection and analysis of data.*

*Where the project involves an intervention, describe the rationale for the intervention and how it will be evaluated. Rural/urban/remote spread and cultural influences/aspects should be included where appropriate.*

*Please specify timelines or major time allocations.*

<b>Aims</b>
<b>Background / Literature Review:</b>

<b>Research Strategy:</b>
<b>Study Design:</b>
<b>Timeline:</b>



## 8. RISK ASSESSMENT:

Please outline the:

- identified risks that prompted this research to be proposed.
- potential risk to Darling Downs Health or the population under study should this research not proceed.
- adjusted risk assessment on completion of the project.

**Note:** Please provide a risk assessment rating using the [DDH Risk Evaluation Matrix](#)

*The Factor of Consequence Code (FOC); Consequence Category X Likelihood. Please provide all relevant Factors of Consequence – e.g. D = Disruption to established routines/operational delivery, Moderate risk x Possible → High Risk.*

<b>Identified Risk(s):</b>
<b>Potential Risk(s):</b>
<b>Adjusted Risk Assessment:</b>

## 9. BUDGET FOR THIS PROJECT:

*Note: Funding will be provided on a one-time basis. There will be no provision to increase funds for any reason. 10% GST must be included in your budget. The Toowoomba Health Service as the Administering Institution will be responsible for remitting GST to the Australian Tax Office.*

*Minor changes, arising during the conduct of the research project, may be made to detailed budget allocations following application to the Chief Executive of the Toowoomba Hospital Foundation, through the Coordinator Research Scholarships; however no additional funds will be made available.*

*It is recommended that researchers seek statistical advice prior to submission of their application and consider the cost of statistical analysis if relevant.*

### 9a Budget Items:

Please provide a detailed budget work-up in consultation with the Business Manager for the area in which the project will be undertaken. This should be prepared using the Queensland Health Costing Model & Instruction Manual. The Business Manager should sign this prior to submission for funding.

Line items in the budget allocated for human resources will be closely scrutinised for value for money ensuring that roles are allocated to appropriate levels of expertise i.e. where possible research assistants are used in an effort to lower the cost of wages requested.

Collaborating organisations/institutions can receive up to 25% of the grant funding allocated to the project.

**QH Costing Model Budget workup provided**

**Please also complete the budget overview following.** (*In-kind \$ are a budget amount for items which will be contributed by any of the collaborating institutions but which are not specifically funded.*)

1. Personnel	Salary Rate	In-kind \$	Requested \$
<b>Subtotal</b>			
2. Equipment and Consumables			

	<b>Subtotal</b>		
<b>3. Travel and accommodation</b>			
	<b>Subtotal</b>		
<b>TOTAL BUDGET REQUESTED (including 10% GST)</b>			

**9b Justification of Budget**

**9c Other Research**

Are you currently undertaking other research in the same field or directly related to this proposed research?

**Please check appropriate box**                      **YES**                       **NO**

If yes, please describe briefly the nature of this research, the agency funding and the level of funding

**9d Other Funding for this Project**

Do you receive or have you sought funding from other agencies for this research?

**Please tick**    **YES**     **NO**

If yes, please provide details of the funding (amount, agency, term of project)

<b>Name of Agency:</b>	
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	<b>Amount sought/granted:</b>	
	<b>Term of project:</b>	
Have you previously sought funding from the Toowoomba Hospital Foundation for this research? <b>Please tick</b> YES <input type="checkbox"/> NO <input type="checkbox"/>		
If yes, please provide details of the funding (amount, agency, term of project)		
	<b>Amount sought/granted:</b>	
	<b>Term of project:</b>	

## 10. ETHICS CLEARANCE REQUIREMENTS:

*Projects without approval from a Queensland Health Human Research Ethics Committee will NOT be considered for funding. Please note that each ethics committee application can only be associated with one successful application for funding through the Toowoomba Hospital Foundation Pure Land Learning College Research Scholarships.*

Ethical clearance is:  Attached  Pending

## 11. REFEREES:

List the name, address, contact email and telephone number of 2 external referees.

<b>Name:</b>			
<b>Address:</b>			
<b>Area of Expertise:</b>			
<b>Telephone:</b>		<b>Email:</b>	

<b>Name:</b>			
<b>Address:</b>			
<b>Area of Expertise:</b>			
<b>Telephone:</b>		<b>Email:</b>	

## 12. CERTIFICATION OF INVESTIGATOR/S:

### Signature of Investigators

*In signing this section you certify that all details given in this application are correct and you agree to carry out the project in strict accordance with the current Toowoomba Hospital Foundation Terms & Conditions and acknowledge that the research material contained herein and the associated assessor reports may be used for internal Toowoomba Health Service quality assurance reviews and evaluations.*

Investigators	Signature	Date

### Certification by Mentor (Novice Researchers Only)

*In signing this, you are indicating that you will offer support and guidance to the novice researcher(s).*

<b>Name:</b>	
<b>Title:</b>	
<b>Signature:</b>	
<b>Date:</b>	

## 13. CERTIFICATION BY LINE MANAGER / COST CENTRE MANAGER:

*I certify that appropriate general facilities will be available if successful and that I am prepared to have the project carried out strictly in accordance with the current Toowoomba Hospital Foundation Research Scholarships Terms and Conditions.*

*I certify that this request satisfies all the requirements of this Institution, and that this Institution has established administrative processes for assuring sound scientific practice in accordance with the National Statement on Ethical Conduct in Human Research.*

<b>Surname:</b>	<b>Title:</b>	<b>First or given names:</b>	<b>Position:</b>
<b>Department (if applicable):</b>		<b>Institution :</b>	
		<input type="checkbox"/> Toowoomba <input type="checkbox"/> Baillie Henderson Hospital	
<b>Signature:</b>		<b>Date:</b>	

**An electronic submission along with one hard copy of the application should be submitted to:**

Research Grants Coordinator  
Level 2, Cossart House, Toowoomba Hospital  
Darling Downs Health  
Private Mail Bag 2  
Toowoomba QLD 4350

**Phone:** 07 4616 6696

**Email:** [DDHHS-RESEARCH@health.qld.gov.au](mailto:DDHHS-RESEARCH@health.qld.gov.au)

**Please note: Late or Incomplete Applications Will Not Be Accepted.**

*Research Grant documentation will be stored by the Coordinator Human Research Ethics Committee & Research Grants, in appropriate confidential storage on the Darling Downs Health campus.*