

# Project Grant Application Form

## **2025**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

* Please read and follow the guidelines for grant applications carefully.

 Applications that do not follow the guidelines will not be accepted.

* Please DO NOT include this page in the final application document.
* Applications must be received by 5 PM AEDT 2 April 2024.

Email applications to:

ANZCA Research and Administration Coordinator

research@anzca.edu.au

In confidence

**This application is for:** *(Please indicate by checking the appropriate box)*

**[ ]  Project Grant only**

**[ ]  Project grant including scholarship**

**1 SCIENTIFIC TITLE** (120 characters maximum including spaces)

|  |
| --- |
|  |

**2 (a) CHIEF INVESTIGATORS** (All CI’s should check guidelines for eligibility)

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | Title | Given names | Surname | Contribution and time commitment to project  |
| **CIA** |  |  |  |  |
| **CIB** |  |  |  |  |
| **CIC** |  |  |  |  |
| **CID** |  |  |  |  |

**2 (b) CHIEF INVESTIGATOR FOR WHOM A SCHOLARSHIP IS REQUESTED**

|  |
| --- |
|  |

**2 (c) SUPERVISOR OF EARLY CAREER RESEARCHER (mandatory for applicants requesting scholarship)**

|  |  |
| --- | --- |
| Name |  |
| **Institution** |  |

2 (d) ASSOCIATE INVESTIGATORS

List all associate investigators (include fellows, trainees, students and research staff). See guide for definition of associate investigator.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Title | Given names | Surname | Department/ Institution | Role, contribution and time commitment to project |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

**3 NAME AND FULL ADDRESS OF ADMINISTERING INSTITUTION**

|  |
| --- |
|  |

**4 DEPARTMENT(S) & INSTITUTION(S) WHERE RESEARCH WILL BE UNDERTAKEN**

|  |
| --- |
|  |

**5 Area of Research**

|  |  |
| --- | --- |
| **ANZCA Area of Research** | **Code** |
| Anaesthesia (01), Intensive care medicine (02), Pain medicine (03), Perioperative medicine (04)  |  |

**6 keywords** (Choose up to five keywords; see appendix in application guide)

|  |
| --- |
|  |
|  |
|  |
|  |
|  |

**7 LAY DESCRIPTION OF RESEARCH**

Brief description of the proposed research and its significance, and the department(s)/chief investigator(s) (suitable for a media release). See guide for instructions. No more than one page.

|  |  |
| --- | --- |
| CIA |  |
| Project title |  |
| Lay title |  |

|  |
| --- |
|  |

**8 GRANT Synopsis**

Please give a brief description of the research. This should be a clear, stand-alone summary of the aims, significance, hypotheses, objectives, methods and likely benefits and further impact of the research. If applicable include a statement if this project includes: a) Aboriginal, Torres Strait Islander, Māori or other underrepresented groups, b) consumer engagement or c) is part of a PhD. It will be used by the ANZCA Research Committee to select reviewers. No more than one page is allowed.

|  |  |  |
| --- | --- | --- |
| **CIA** |  |  |
| **Project title** |  |  |

|  |
| --- |
|  |

**9 Research Plan**

Include your research plan here. Please see application guide for details. Note carefully the **maximum** **4 page allowance** (excluding references) and minimum border (2 cm) and font size (10 pt). Pages in excess of allowance will not be considered.

**10 Budget**

The maximum amount available for **a project grant is $A70,000** for year one (or **$A90,000** if the project supports a scholarship) and **$A50,000** for a second funded year (or **$A70,000** if the project supports a scholarship). All amounts must be in *Australian dollars*. Grants requesting more than the maximum amount will be rejected. Note that most grants are for one year’s funding (see guide for details).

Please provide the entire budget for the project, including, if applicable, budget items funded by other sources and provide details to each.

**10.1 Personnel** (FTE = Full time equivalent)

***State if position is new or existing***

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Position** | **% FTE per annum** | **Salary rate + on-costs** | **Year 1** | **Year 2** |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

**10.2 Equipment** (Provide copies of quotes for equipment / consumables >$A5,000)

|  |  |  |
| --- | --- | --- |
| **Item** | **Year 1** | **Year 2** |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

**10.3 Maintenance**

|  |  |  |
| --- | --- | --- |
| **Item** | **Year 1** | **Year 2** |
|  |  |  |
|  |  |  |

**10.4 Other Items**

|  |  |  |
| --- | --- | --- |
| **Item** | **Year 1** | **Year 2** |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

|  |  |  |
| --- | --- | --- |
| **Total amount requested from ANZCA A$** |  |  |
| **Total project budget A$** |  |  |
| **Remaining budget from other sources A$** |  |  |

**10.5 Detailed justification of budget** (Maximum 3 pages)

If multi-year funding has been requested, the funding requirements per year must be appropriately addressed and justified. Detailed calculation and justification for staff FTE, their role and responsibilities, staff costs separated into base cost and on costs, itemisation and justification of consumables / equipment as well as any other costs. Please provide the entire budget for the project, including, if applicable, budget items funded by other sources and provide details to each.

Detail any potential funding shortfalls and how these are going to be met, detail other funding applications for project (already awarded, applied for or intent to apply).

11 CHIEF INVESTIGATOR DETAILS

Copy and complete for all named chief investigators on this application. Please note that these contact details will be used for all contact with the investigators. **Start each chief investigator details on a new page**.

**11.1 Contact details**

|  |  |  |
| --- | --- | --- |
| **Title** | **Given names** | **Surname** |
|  |  |  |

|  |  |  |
| --- | --- | --- |
| **Gender** | **Work phone** | **Work email** |
|  |  |  |

|  |  |
| --- | --- |
| **Postal address (Line 1)** |  |
| **Postal address (Line 2)** |  |
| **Suburb/Town** |  |
| **State** |  **Postcode: Country:** |

**11.2 Academic qualifications/awards**

**Include all university qualifications, college diplomas, awards and honours.**

|  |  |  |
| --- | --- | --- |
| **Qualification/Award** | **Where awarded** | **Year** |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

**11.3 Current appointment/s**

|  |  |
| --- | --- |
| **Current appointment/s** | **Location** |
|  |  |
|  |  |
|  |  |
|  |  |

**11.4 Previous appointments (in the last 5 years)**

|  |  |
| --- | --- |
| **Previous appointments by year** | **Location** |
|  |  |
|  |  |
|  |  |

**11.5** **Demographics**

The following question is designed to help inform future demographic analysis. It is *optional*.

Do you identify as:

**[ ]** Aboriginal **[ ]**  Torres Strait Islander **[ ]**  Pacific Islander   **[ ]** Māori

**11.6 Anticipated absences during grant period**

|  |  |  |
| --- | --- | --- |
| **Location** | **From** | **To** |
|  |  |  |
| **Reason:** |

**11.7 Is this chief investigator enrolled in a higher degree by research?**

[ ]  MD [ ]  PhD [ ]  Other ………………………………………………..

**11.7.1 PhD Scholarship details**

**Only complete this section if applying for a PhD scholarship**

If applicable, please provide details of previously awarded ANZCA PhD scholarship

|  |  |  |  |
| --- | --- | --- | --- |
| **ANZCA Regkey** | **Chief investigator**  | **Date commenced** | **Title** |
|  |  |  |  |

**Other PhD scholarships awarded to CI**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Awarding entity** | **Amount** | **Duration** | **Date Commenced**  | **Title** |
|  |  |  |  |  |
|  |  |  |  |  |

**Other PhD scholarships applied for by CI**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Entity applied to** | **Amount** | **Duration** | **Planned date of commencement**  | **Title** |
|  |  |  |  |  |
|  |  |  |  |  |

11.7.3 Arrangements for the scholarship (briefly describe the location, supervision, time allocation, goals and outcomes for this scholarship)

|  |
| --- |
|  |

# 12 SUPERVISOR DETAILS

**12.1 Contact details**

|  |  |  |
| --- | --- | --- |
| **Title** | **Given names** | **Surname** |
|  |  |  |

|  |  |  |
| --- | --- | --- |
| **Gender** | **Work phone** | **Work email** |
|  |  |  |

|  |  |
| --- | --- |
| **Postal address (Line 1)** |  |
| **Postal address (Line 2)** |  |
| **Suburb/Town** |  |
| **State** |  **Postcode: Country:** |

**12.2 Academic qualifications/awards**

**Include all university qualifications, college diplomas, awards and honours.**

|  |  |  |
| --- | --- | --- |
| **Qualification/Award** | **Where awarded** | **Year** |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

**12.3 Current appointment/s**

|  |  |
| --- | --- |
| **Current appointment/s** | **Location** |
|  |  |
|  |  |
|  |  |
|  |  |

**12.5 Anticipated absences during grant period**

|  |  |  |
| --- | --- | --- |
| **Location** | **From** | **To** |
| **Reason:** |

**12.6 Details of supervision**

Include contribution to protocol and grant application, anticipated supervision, time commitment and contribution to conduct of research
- please include expertise(experience/research output) relevant to supervising this applicant and their project

****13 Research Grant Support of Chief Investigators****

13.1 Completed grants (Last three years – all sources – all chief investigators)

Include in chronological order

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Year**  | **ID No.** | **Title of grant** | **Chief investigators** | **Amount funded** | **Period of support** |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |

13.2 Currently held grants (All sources - all chief investigators – including grants awarded but not commenced)

Include in chronological order.

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Year**  | **ID No.** | **Title of grant** | **Chief investigators** | **Time commitment of each investigator (hrs/week and %)** | **Period of support** | **Amount funded** |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |

# 14 track record

# 14.1 Publications of chief investigators

Include here a list of publications for *each chief investigator* in the five years prior to the year of application including the year of application. Number the publications in chronological order. **Each chief investigator must nominate their best five publications using an asterisk (\*) and briefly add a statement of impact and their role in the project including the writing of the manuscript (no more than 6 lines per publication)**. Only include publications that have been published or are in press (include the date of acceptance). *Do not* include abstracts.

**14.2 Diminished relative opportunity / career disruption**

If applicable, career circumstances for the principal investigator (chief investigator A) will be considered during the track record assessment by peer-reviewers and the Research Committee. The grant will be assessed in light of the applicant’s track record relative to their opportunity.

**14.3 Other items**

Include other research activities of the chief investigators for track record consideration (i.e. principal site investigator for a multi-centre trial; currently enrolled in research methods course) (refer to guide). Maximum of one page for all investigators combined.

15 CLEARANCE REQUIREMENTS

**15.1 Research involving humans** **YES / NO**

|  |  |  |  |
| --- | --- | --- | --- |
| 15.1.1 | Does this research involve humans? (If no, go to 15.2, if “yes” ensure you have commented in section 15.4) | [ ]  | [ ]  |
| 15.1.2 | Is the final ethics committee approval certificate for the initial project attached? (If yes, go to 15.1.4)  | [ ]  | [ ]  |
| 15.1.3 | If the final ethics approval certificate for the initial project is not attached, do you acknowledge that the certificate must be provided before the grant is made available? | [ ]  | [ ]  |
| 15.1.4 | Do you undertake to provide the college with ethics committee approval certificates for all projects that are supported by the grant? | [ ]  | [ ]  |
| 15.1.5 | Will you provide full copies of all ethics committee applications and correspondence if requested by the college? | [ ]  | [ ]  |
| 15.1.6 | Has this trial been registered with the appropriate agency? (e.g. NHMRC) |  |  |
| 15.1.7 | Is a copy of the registration of the trial attached?  |  |  |
| 15.1.8 | If the trial registration is not attached, do you acknowledge that a copy of the registration must be provided before the grant is made available? |  |  |

**15.2 Research involving animals**

|  |  |  |  |
| --- | --- | --- | --- |
| 15.2.1 | Does this research involve animals? (If no, go to 15.3, if “yes” ensure you have commented in section 15.5) | [ ]  | [ ]  |
| 15.2.2 | Is the final ethics committee approval certificate for the initial project attached? (If yes, go to 15.2.4)  | [ ]  | [ ]  |
| 15.2.3 | If the final ethics approval certificate for the initial project is not attached, do you acknowledge that the certificate must be provided before the grant is made available? | [ ]  | [ ]  |
| 15.2.4 | Do you undertake to provide the college with ethics committee approval certificates for all projects that are supported by the grant? | [ ]  | [ ]  |
| 15.2.5 | Will you provide full copies of all ethics committee applications and correspondence if requested by the college? | [ ]  | [ ]  |

**15.3 Other clearances**

|  |  |  |  |
| --- | --- | --- | --- |
| 15.3.1 | Does this project involve organisms being genetically manipulated such that it falls under current GMAC guidelines? (if “no”, proceed to 15.6) | [ ]  | [ ]  |
| 15.3.2 | Does this project involve the use of carcinogenic or highly toxic chemicals (“Guidelines of the National Occupational Health and Safety Commission)? | [ ]  | [ ]  |
| 15.3.3 | Do any activities in this research proposal require a licence for the use of excess ART embryos under the *Research Involving Human Embryos Act 2002*? | [ ]  | [ ]  |
| 15.3.4 | Are all relevant signed statements of awareness of guidelines and final clearances in this section attached? | [ ]  | [ ]  |

**15.4 Ethical implications of the research on humans**

|  |
| --- |
|  |

**15.5 Ethical implications of the research on animals**

|  |
| --- |
|  |

**15.6 Conflicts of interest:** Please refer to the [ANZCA conflict of interest policy](https://www.anzca.edu.au/getattachment/5ad87a3a-8427-4f3f-9520-ba26696a1a43/Conflict-of-interest-policy) and declare all relevant conflicts of interest and explain how these will be managed.

|  |
| --- |
|  |

**16 Progress Report on ANZCA Grant(s)**

Please complete this progress report for each current ANZCA grant.Please also complete this progress report for ANZCA grants terminating in the year prior to this application.

|  |  |
| --- | --- |
| Regkey | **Scientific project title** |
|  |  |

**Chief Investigators:**

|  |  |  |  |
| --- | --- | --- | --- |
|  | Surname | Title | Initials |
| A |  |  |  |
| **B** |  |  |  |
| **C** |  |  |  |
| **D** |  |  |  |

|  |  |
| --- | --- |
| Administering institution | Period of grant support |
|  |  |

**Progress report:** Include publications arising from this grant

|  |
| --- |
|  |

**17 CERTIFICATIONS**

|  |  |
| --- | --- |
| **CIA** |  |
| **Project title** |  |

**Signatures of chief investigators:**

In signing this page, you certify that all details given in this application are correct and you agree to carry out the research in strict accordance with the current ANZCA grant agreement terms and conditions and acknowledge that the research material contained herein and the associated assessment reports may be used for internal ANZCA quality assurance reviews and evaluations.

|  |  |  |
| --- | --- | --- |
|  | **Signature** | **Date** |
| **A** |  |  |
| **B** |  |  |
| **C** |  |  |
| **D** |  |  |

**Certification by Head of Department / Head of Research Committee:**

I certify that appropriate general facilities will be available to the applicant if successful, and that I am prepared to have the project carried out strictly in accordance with the current ANZCA grant agreement terms and conditions. In the event of a grant being terminated due to the CIA leaving the institution before the expiry of the grant, I will notify the college CEO and return any unexpended grant balance to the college.

|  |  |  |  |
| --- | --- | --- | --- |
| **Title** | **Initials** | **Surname** | **Department** |
|  |  |  |  |
| Signature | Date |
|  |  |

**Certification by Head of Administering Institution** (Head of Institution or nominee):

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 NHMRC Australian code for the responsible conduct of research. (Document available from NHMRC)

|  |  |  |  |
| --- | --- | --- | --- |
| **Title** | **Initials** | **Surname** | **Appointment** |
|  |  |  |  |
| Department (if applicable) | Institution |
|  |  |
| Signature | Date |
|  |  |

**CHECK LIST FOR GRANT APPLICATIONS**

Applicants should make sure their application meets the eligibility criteria for a project grant and that all items have been completed:

|  |  |  |  |
| --- | --- | --- | --- |
|  | Yes | No | N/A |
| Ensure the Regkey number is entered in the top left hand corner of the application |  |  |  |
| Chief investigator A is a fellow or registered trainee of ANZCA or FPM |  |  |  |
| Ensure all chief investigators are not named on more than two active ANZCA grants and/or applications |  |  |  |
| Ensure the research plan is no more than 4 pages, excluding references |  |  |  |
| Ensure the budget is in line with the maximum amounts allowed |  |  |  |
| Human ethics clearance required |  |  |  |
| Animal ethics clearance required |  |  |  |
| DNA clearance required |  |  |  |
| Teratogen/carcinogen clearance required |  |  |  |
| Written equipment / consumables quotation (for items over $A5,000) |  |  |  |
| Progress report/s on all current grants |  |  |  |
| Summary report/s on completed or terminated grants |  |  |  |
| A complete electronic copy of the application, including signature page, emailed to the college |  |  |  |
|  |  |  |  |

**A COMPLETE APPLICATION AND SIGNATURE PAGE MUST BE RECEIVED AT THE COLLEGE**

**BY 5 PM AEDT ON APRIL 2, 2024.**

**LATE OR INCOMPLETE APPLICATIONS WILL NOT BE ACCEPTED.**