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**Instructions to Applicants**

The Sir Charles Gairdner Osborne Park Health Care Group (SCGOPHCG) in collaboration with the Ray Florence Shaw Trust are offering funding of up to $30,000 for short-term research projects in cardiovascular or ophthalmology research to be conducted in the SCGOPHCG and completed within the 2020-21 financial year.

Funding is available to support projects that promote the advancement of knowledge and training with SCGOPHCG by means of study and research into the causes, prevention and treatment.

In 2020/21, one grant each for cardiovascular and ophthalmology research is available.

***Cardiovascular research***

*To promote the advancement of knowledge and training within the hospital by means of study and research into the cause and prevention of diseases of the heart and blood vessels and without limiting the generality of the foregoing the diagnosis, treatment and prevention of coronary artery disease, myocardial infarction, cardiac arrhythmias and valvular heart disease*

***Ophthalmology research***

*To promote the advancement of knowledge and training within the hospital by means of study and research into the cause and prevention and treatment of diseases of the eyes and without limiting the generality of the foregoing the diagnosis, treatment and prevention of the retinal disease, glaucoma, the pathology of scarring in the eye, studies in corneal tissue typing, keratorefractive surgery, laser treatment, tissue culture, therapeutic diagnostic and surgical modalities, clinical medical and surgical ophthalmology, optics, electrophysiology of the eye and the pharmacology of drugs used in eye treatment.*

Applications are invited in accordance with the conditions described below.

* The allocation of all grants is subject to funding being made available.
* Available to researchers (in the role of CPI) employed within SCGOPHCG for at least 0.25 FTE.
* Researchers are only allowed to be Principal Investigators on one application.
* Late or incomplete applications will not be accepted.
* The applications must be typed in Arial font 11 point or larger.
* Do not submit the Instructions to Applicants with the Application Form.
* Acknowledgement of receipt of application will be provided via e-mail within 48 hours of the closing date.
* No hard copy submission is required.

ONE electronic submission is to be emailed to the Department of Research at [SCGH.research@health.wa.gov.au](mailto:SCGH.research@health.wa.gov.au) in **both** Adobe Acrobat PDF and Microsoft Word format.

The application document name and the email subject line are to be as follows:

*PI SURNAME First name – 2020-21 RFS Application*

*e.g. SMITH John – 2020-21 RFS Application*

Queries regarding the application process should be directed via (08) 6457 4531 or [SCGH.research@health.wa.gov.au](mailto:SCGH.research@health.wa.gov.au).

Additional information can be found on the [Department of Research intranet](https://scgophcg-healthpoint.hdwa.health.wa.gov.au/directory/Research/Pages/Research-Grants.aspx).

Please note the decisions of Ray Florence Shaw Trustees are final.

**2020-21 RFS Application Form**

SECTION 1: PROPOSED PROJECT

|  |  |
| --- | --- |
| Coordinating Principal Investigator |  |
| Project title |  |
| Lay Title  *This should be understandable to someone who has no knowledge of the subject matter.* |  |
| Amount requested  *Must not exceed $30,000 excl. gst.* | $ |
| Project summary  *Summarise your research questions, methodology, and predicted benefits for the WA Health System.*  *Please make this understandable for a lay audience.*  *(Maximum 300 words)* |  |

SECTION 2: RESEARCH TEAM

1. Coordinating Principal Investigator   
   *Please note: all correspondence will be sent to this person.*

|  |  |  |
| --- | --- | --- |
| Title, First Name, SURNAME |  | |
| Postal address  *Correspondence will be sent to this address.* |  | |
| Telephone number(s) |  | |
| Email address |  | |
| Discipline  *Please tick the discipline you are from.* | Cardiovascular  Ophthalmology |  |
| Position held |  | |
| CGNM Number  *This will be used to check your appointment with SCGOPHCG.* |  | |
| % FTE employed at SCGOPHCG |  | |
| SCGOPHCG Department and Location |  | |
| Role in this project |  | |
| What is the total amount of grant monies received in the last 5 years? |  | |
| Has the CPI completed GCP training?  *If no, PI must complete prior to funding being awarded.*  *GCP Training Links:*  [*Global Health Training Centre*](https://globalhealthtrainingcentre.tghn.org/ich-good-clinical-practice/)  [*Protecting Human Research Participants*](https://phrptraining.com/#!/)  [*National Drug Abuse Treatment Clinical Trials Network*](https://gcp.nihtraining.com/)  [*RET Program*](https://retprogram.org/portfolio-item/ich-good-clinical-practice-gcp-e6-r2/) | Yes  No | |

**(ii) Other Research Team Members**

*In addition to the Coordinating Principal Investigator listed above, please provide details (where applicable) for Principal Investigators, Associate Investigators and Research Personnel for the project. Please insert additional tables as required.*

|  |  |
| --- | --- |
| **Principal Investigator 1 – will be the next point of contact after the CPI** | |
| Title, First Name, SURNAME |  |
| Position held |  |
| Institution and Location |  |
| Email address |  |
| Phone Number |  |
| Role in this project |  |

|  |  |
| --- | --- |
| **Principal Investigator 2 – please add additional tables if required** | |
| Title, First Name, SURNAME |  |
| Position held |  |
| Institution and Location |  |
| Email address |  |
| Role in this project |  |

|  |  |
| --- | --- |
| **Associate Investigator 1 – please add additional tables as required** | |
| Title, First Name, SURNAME |  |
| Institution |  |
| Telephone number(s) |  |
| Email address |  |
| Role in this project |  |

|  |  |
| --- | --- |
| **Other Research Personnel, e.g. students, administration staff, lab staff** | |
| Title, First Name, SURNAME | Contribution |
|  |  |
|  |  |

SECTION 3: Ethics and institutional approvals

*It is the responsibility of the CPI to ensure that all appropriate approvals, guidelines and requirements are met. If the research grant is successful, evidence of ethical and institutional approvals must be provided. Please list all approvals needed and indicate progress towards achieving these.*

SECTION 4: Grant reviewers

1. Please provide names (if required) of reviewers that would be deemed as **NOT SUITABLE** for reviewing your grant application.

SECTION 5: Details of projects

*(Maximum three pages)*

1. **Hypothesis and/or Aims**
2. **Background and Research Plan**
3. **Significance of this research**

SECTION 6: BUDGET

*CPI must ensure that:*

* *All codes are to be provided for their budget*
* *Advise N/A for any section of the budget that is not relevant and in-kind may be noted*

*Please note: the RFS Grant does not cover the payment of GST in relation to purchases made using the grant funds.*

|  |  |  |
| --- | --- | --- |
| **Details** | | |
| **Staff**  *Include levels, number of staff, hours per week and on-going costs e.g. RA level 4, 0.5 FTE + Admin* ***Staff at G3, 1 FTE etc.***  *Please note: Divisional finance officers are required to complete this section* | **Cost** | **Account Code** |
| 1st Quarter | $ |  |
| 2nd Quarter | $ |  |
| 3rd Quarter | $ |  |
| 4th Quarter | $ |  |
| **What is your justification for the above Staffing** | | |
|  | | |
| **Equipment**  *Provide full details for items over $5,000* | **Cost** | **Account Code** |
| 1. | $ |  |
| 2. | $ |  |
| **What is your justification for the above Equipment** | | |
|  | | |
| **Animals Required**  *Include species and the number required.* | **Cost** | **Account Code** |
|  | $ |  |
| **What is your justification for the above Animals** | | |
|  | | |
| **Maintenance Supplies**  *Include plastic, stationery, reagents, service contract etc.* | **Cost** | **Account Code** |
| 1. | $ |  |
| 2. | $ |  |
| 3. |  |  |
| **What is your justification for the above Supplies** | | |
|  | | |
| **Other Costs** | **Cost** | **Account Code** |
| 1. | $ |  |
| 2. | $ |  |
| **What is your justification for the above Other Costs** | | |
|  | | |
| **Total Amount Requested for this Project (Maximum $30,000 excl. gst.)** | **$** | |

*The above break-down of your budget must equal the amount you have requested.*

*All budget items must include account codes, please refer to the* [*Chart of Accounts*](https://healthpoint.hdwa.health.wa.gov.au/FinanceGroup/Pages/COAM.aspx) *(please note this is an internal link.*

|  |  |
| --- | --- |
| **Finance Business Officer Full Name** | |
| **Signature** | **Date** |

SECTION 7: CERTIFICATION BY RESEARCH TEAM

***I confirm that:***

* *All information contained within this application is correct.*
* *That I have discussed my project in full with my Head of Department or Divisional Director and have discussed the application with heads of any other departments involved in the research.*
* *That this is the only application that I have submitted for Ray Florence Shaw grants funding this year.*

***If this application is successful I undertake to ensure that this research project:***

* *Will meet the terms to all SCGOPHCG Research Advisory Committee Grant Guidelines and Requirements.*
* *Will obtain all relevant Ethical and Institutional approvals for the project:*
  + [*HREC and institutional approvals*](https://rgs.health.wa.gov.au/Pages/Home.aspx)
  + [*AEC*](http://www.research.uwa.edu.au/staff/animals/ethics-committee)
* *Will be conducted as per the* [*National Statement on Ethical Conduct in Human Research (2007)*](http://www.nhmrc.gov.au/guidelines/ethics/human_research/index.htm) *and national research standards as set out by the* [*National Health and Medical Research Council*](http://www.nhmrc.gov.au/) *and the* [*Therapeutic Goods Administration*](http://www.tga.gov.au/)*.*
* *Will fulfill all obligations/undertakings as is required by the SCGOPHCG Research Advisory Committee.*
* *Will participate in any public relations as requested by the Sir Charles Gairdner Osborne Park Health Care Group to promote the grants and/or research at Sir Charles Gairdner Osborne Park Health Care Group.*
* *I accept that if I fail to complete my duties as a condition of receiving the grant I may be excluded from future Research Advisory Committee Grants.*

**Coordinating Principal Investigator**

|  |  |
| --- | --- |
| **Full Name** | |
| **Signature** | **Date** |

**Principal Investigator 1**

|  |  |
| --- | --- |
| **Full Name** | |
| **Signature** | **Date** |

**Principal Investigator 2**

|  |  |
| --- | --- |
| **Full Name** | |
| **Signature** | **Date** |

*Please note: If more than two Principal Investigators, please insert additional tables as required.*

SECTION 8: CERTIFICATION BY HEAD OF DEPARTMENT

*If there is more than one department, please duplicate this form.*

**I certify that:**

1. *The above project proposed by \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_ (Coordinating Principal Investigator) is acceptable and appropriate to the Department and I am prepared to have the project carried out in this area;*
2. *That this project has my full approval and support;*
3. *That this project will have no significant impact upon my Departments Operational Budget or resources;*
4. *I am responsible for notifying the Research Advisory Committee of any changes to the project, should anything impact upon the Coordinating Principal Investigator doing so.*

|  |  |
| --- | --- |
| **Title, First Name, SURNAME** |  |
| **Position** |  |
| **Institution** |  |
| **Signature** |  |
| **Date** |  |
| **Telephone number(s)** |  |
| **Email address** |  |

SECTION 9: FEASIBILITY

1. Provide a paragraph on the capacity/ability of your team and key deliverables.

*Please ensure that this information is de-identified to facilitate a blind review.*

SECTION 10: CITED REFERENCES

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

SECTION 11: curriculum vitae

*Please attach as a* ***SEPARATE DOCUMENT*** *the Curriculum Vitae of the* ***Coordinating Principal*** *and* ***Principal*** *Investigators. It is requested that an abridged version only be provided, with an upper limit of two pages each, including key publications from the last 5 years.*

*Please note: this will* ***NOT*** *be sent to reviewers.*

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

SECTION 12: CHECK LIST

**Prior to submitting the application, the Coordinating Principal Investigator should check that they have completed the following requirements.**

|  |  |  |  |
| --- | --- | --- | --- |
|  |  |  |  |
| **1.** | Identified relevant approvals or agreements that are required *Note*: All governance approvals (including ethics approval) must be |  |  |
|  | forwarded before commencement of project |  |  |
|  |  |  |  |
| **2.** | Attached as a separate document the CVs of the Coordinating Principal Investigator and each Principal Investigator (limited to 2 pages each) |  |  |
|  |  |  |  |
|  |  |  |  |
| **3.** | Signed the Application Form, and obtained the signature of each Principal Investigator |  |  |
|  |  |  |  |
|  |  |  |  |
| **4.** | Obtained approval and the signature for the Head of Department or Divisional Director |  |  |
|  |  |  |  |
|  |  |  |  |
| **5.** | Removed the INSTRUCTIONS page from the APPLICATION FORM for electronic submission |  |  |
|  |  |  |  |
|  |  |  |  |
| **6.** | Emailed the completed application form in both Adobe Acrobat PDF and Microsoft Word format to [SCGH.research@health.wa.gov.au](mailto:SCGH.research@health.wa.gov.au). |  |  |