**2017 Research Proposal**

**This application form is to be used for applicants who are wishing to submit to the Red Nose and Cure Kids (New Zealand) collaboration for research relating to the cause(s) and prevention of sudden and unexpected perinatal and infant death.**

**Please submit your completed application form no later than 5pm on Monday, 4th September 2017.**

1. **Email** your completed application form in Word (no signatures required) and PDF format (scanned original) to research@rednose.com.au
2. **Post or Courier** the original signed & completed form and 8 x copies of the signed & completed form

**For more information, please contact:**

|  |  |
| --- | --- |
| **Research Grants Manager** | Lacey Fitzgerald  |
| **Email/Phone** | research@rednose.com.au 03 9034 1273 |
| **Postal Address** | 17/75 Lorimer Street, DOCKLANDS VIC 3008 |
| **Courier Address** | 17/75 Lorimer Street, DOCKLANDS VIC 3008 |
| **Website** | [www.rednose.com.au](http://www.rednose.com.au) |



|  |
| --- |
| **Red Nose Use Only** |
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**This application form is to be used for applicants who are wishing to submit to the Red Nose and Cure Kids (New Zealand) collaboration for research relating to the cause(s) and prevention of sudden and unexpected perinatal and infant death.**

For the below table, please state with whom (both investigators and host institution) the collaboration is.

|  |  |
| --- | --- |
| **Principal Investigator(s)** |  |
| **Host Institution(s)** |  |
| **Institution ABN** |  |
| **Project Title** |  |
| **Duration of Project** |  |
| **Total Cost of Project** |  |
|  |  |

**Section 1 – Summary**

Please use Arial 11 point, single spacing

|  |
| --- |
| Title of Research Proposal (Plain English and no more than 30 words in length) |
|  |

|  |  |
| --- | --- |
| Principal Investigator 1 |  |
| Host Institution  |  |
| Research Location |  |

|  |  |
| --- | --- |
| Principal Investigator 2 |  |
| Host Institution  |  |
| Research Location |  |

**Summary of Budget (Must not exceed the amount for the stream to which you are applying)**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | Year 1 | Year 2 | Year 3 | **Total** |
| Salaries (total for all staff) | $ | $ | $ | $ |
| Equipment | $ | $ | $ | $ |
| Working Expenses | $ | $ | $ | $ |
| **Total:**  | $ | $ | $ | $ |
|  |
| Proposed Commencement Date  |  |
| Proposed Term of Research (years) |  |

**Contact Details: Principal Investigators**

|  |  |
| --- | --- |
| Principal Investigator 1 |  |
| Position |  |
| Department |  |
| University/Organisation |  |
| PO Box/Street number |  |
| Suburb  |  |
| City |  |
| Telephone |  |
| Email |  |

|  |  |
| --- | --- |
| Named Investigator 1:: |  |
| University/Organisation |  |

|  |  |
| --- | --- |
| Named Investigator 2:: |  |
| University/Organisation |  |

|  |  |
| --- | --- |
| Named Investigator 3:: |  |
| University/Organisation |  |

|  |  |
| --- | --- |
| Principal Investigator 2 |  |
| Position |  |
| Department |  |
| University/Organisation |  |
| P O Box/Street number |  |
| Suburb  |  |
| City |  |
| Telephone |  |
| Email |  |

|  |  |
| --- | --- |
| Named Investigator 1:: |  |
| University/Organisation |  |

|  |  |
| --- | --- |
| Named Investigator 2:: |  |
| University/Organisation |  |

|  |  |
| --- | --- |
| Named Investigator 3:: |  |
| University/Organisation |  |

**Section 2 – Lay Summary**

Please provide a half page (maximum) summary of the project which is suitable for a non-medical audience. If funded, the summary will be used as a basis for profiling your research to our funders and potential funders to give them an insight into the significance of your research. Please briefly describe the importance of, or the magnitude of the problem including known relevant facts, particularly how many Australian and/or New Zealand children suffer from the condition.

(Delete these words and add text here)

**Section 3 – Overall Aim of the Research**

Using only this page, please state the general goals and specific objectives of the research proposal. Emphasise how the research will help sufferers and/or advance knowledge and increase understanding of the health condition.

(Delete these words and add text here)

**Section 4 – Proposed Research (3 pages max.)**

This section should cover, where appropriate, the hypotheses being tested, the methodology to be used, sampling design, and methods of data analysis. Please ensure that your description covers the entire research programme including contributions by collaborators.

(Delete these words and add text here)

**Section 5 – Proposed Collaboration**

***(This section should only be completed by those submitting a Trans-Tasman collaborative proposal)***

Please state to what extent this proposal, if at all, is collaborative with a Trans-Tasman partner and what collaborative arrangements will be in place. Please clarify how the project will be enhanced by the collaboration.

(Delete these words and add text here)

**Section 6 – References**

Please list references for Sections 2 to 4. Please include full titles.

(Delete these words and add text here)

**Section 7 – Biographical Sketch<bio>**

(To be completed by the Principal Investigator(s))

|  |  |
| --- | --- |
| Full Name  |  |
|  |
| Department |  |
| University/Organisation |  |
| PO Box/Street number |  |
| Suburb  |  |
| City |  |
| Telephone |  |
| Email |  |

|  |
| --- |
| Present Position & Current employer (if relevant)  |
|  |

If a Named Investigator intends to be absent for a period of longer than one month during the contract duration, please state the reason:

|  |  |
| --- | --- |
| Period of absence | Reason |
|  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Degrees/Diplomas | University | Field | Year conferred |
|  |  |  |  |

|  |  |
| --- | --- |
| Honours, prizes, scholarships, etc. | Year awarded |
|  |  |

|  |  |  |
| --- | --- | --- |
| Relevant academic and research experience | From year | To year |
|  |  |  |

|  |  |
| --- | --- |
| Number of Publications (exclude abstracts, proceedings or letters published or presented) |  |

**List of Publications from previous five years** (List in reverse date order, e.g. current year first) (Delete these words and start typing here)

**Biographical Sketch<bio>**

(To be completed by Principal Investigator 2, if necessary)

|  |  |
| --- | --- |
| Full Name  |  |
|  |
| Department |  |
| University/Organisation |  |
| PO Box/Street number |  |
| Suburb  |  |
| City |  |
| Telephone |  |
| Email |  |

|  |
| --- |
| Present Position & Current employer (if relevant)  |
|  |

If a Named Investigator intends to be absent for a period of longer than one month during the contract duration, please state the reason:

|  |  |
| --- | --- |
| Period of absence | Reason |
|  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Degrees/Diplomas | University | Field | Year conferred |
|  |  |  |  |

|  |  |
| --- | --- |
| Honours, prizes, scholarships, etc. | Year awarded |
|  |  |

|  |  |  |
| --- | --- | --- |
| Relevant academic and research experience | From year | To year |
|  |  |  |

|  |  |
| --- | --- |
| Number of Publications (exclude abstracts, proceedings or letters published or presented) |  |

**List of Publications from previous five years** (List in reverse date order, e.g. current year first) (Delete these words and start typing here)

**Other forms of research dissemination (1 page only) <other>**

(Delete these words and start typing here)

**Principal Investigator: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

I certify that the information provided above is accurate and current, and that any stated FTE contribution is correct.

|  |  |  |  |
| --- | --- | --- | --- |
| Signed |  | Date |  |

**Section 8A – Other Support**

**Other research grant applications relating to this project that are awaiting decision:**

|  |  |
| --- | --- |
| Funding agency |  |
| Title |  |
| Total applied for |  |
| Date of outcome notification |  |

|  |  |
| --- | --- |
| Funding Agency |  |
| Title |  |
| Total applied for |  |
| Date of outcome notification |  |

(Copy table and paste as necessary)

**Section 8B – Listing of Previous/Current Contracts**

**Outline of current and previous support from all agencies relating to this project:**

|  |  |
| --- | --- |
| Funding Agency: |  |
|  Start and end dates |  |
| Total Value of Support: |  |
| Nature of support:(limit 1 sentence) |  |

|  |  |
| --- | --- |
| Funding Agency: |  |
| Start and end dates |  |
| Total Value of Support: |  |
| Nature of support:(limit 1 sentence) |  |

(Copy table and paste as necessary)

**Section 9 – FTE Summary**

List the time involvement of all personnel involved in the research in terms of a Full Time Equivalent (FTE %) - state FTE as a percentage and not a fraction, e.g. “10%” instead of “0.1”. Give all names (except when they are as yet unknown for such people as postdoctoral fellows and postgraduate positions). **Please ensure these figures are the same as those in the Budget**.

|  |  |  |  |
| --- | --- | --- | --- |
| **Named Investigator(s)**(Asterisk those that are time only on this proposal) | % FTE (Year 1) | % FTE (Year 2) | % FTE (Year 3) |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
| **Postdoctoral Fellows** (not named – if named they should appear above) |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
| Research/Technical Assistants |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
| Others |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
| Sub-contracted Investigators/Staff |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
| Postgraduate Students |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
| **Total FTE** |  |  |  |

(Expand tables as necessary by pressing “enter” at the end of a row outside of the table)

**Will any of the staff be receiving salary support or research contracts/grants other than this project during the term of the proposed research?**

|  |  |  |
| --- | --- | --- |
| Name | FTE(%)on Red Nose contracts | FTE(%) on other research  |
|  |  |  |
|  |  |  |
|  |  |  |

**Section 10 – Budget**

**Staff**

Please list below the salary details of those staff that will be covered by this grant, if the grant application is successful. Staff promotions to be requested during the grant period must be clearly documented. Casual salaries should be requested under working expenses. Red Nose will not contribute to the salaries of staff primarily employed by the host institution. Any PI requesting salary must declare with full transparency the nature of their activity for the remaining FTE not covered by the grant.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Grade**  | **Name (if known)** | **Super\*\*%** | **Year 1$** | **Year 2$** | **Year 3$** |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
| **Technical** |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
| **TOTALS** |  |  |  |  |  |

**\*\*An allowance for superannuation is not required for staff employed on grants held within Universities.**

**Equipment**

All equipment must be sufficiently justified as being of critical importance to the delivery of the project.Equipment over $500 must be listed below and supported by an up to date written supplier quotation.

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Year 1****$** | **Year 2****$** | **Year 3****$** |
|  |  |  |  |
| **TOTALS (Excluding GST)** |  |  |  |

**Working Expenses**

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Year 1****$** | **Year 2****$** | **Year 3****$** |
| **List material, consumables and equipment items** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
| **Other General Expenses** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
| **Totals (Excluding GST):** |  |  |  |

**Supporting Details**

Justification of Staff, Equipment and Working Expenses: List and describe the role of each research worker (salaried or honorary) and justify each proposed item of equipment and working expenses.

|  |
| --- |
| (Delete these words and add text here) |

**Facilities Available**

Describe the facilities available for the proposed research.

|  |
| --- |
| (Delete these words and add text here) |

**Section 11 – Applicant Referee Nomination**

**Nominated referees (Must provide 2)**

Can be either local or international that Red Nose may contact to seek an opinion if the project is shortlisted.

|  |  |
| --- | --- |
| Referee 1 Name |  |
| Full Address |  |
| Telephone |  |
| Email |  |
| Area(s) of Expertise |  |
| Relationship to applicant(s) |  |

|  |  |
| --- | --- |
| Referee 2 Name |  |
| Full Address |  |
| Telephone |  |
| Email |  |
| Area(s) of Expertise |  |
| Relationship to applicant(s) |  |

Referees unacceptable to applicant(s)

|  |  |
| --- | --- |
| Name \*\*  |  |
| Full Address |  |
| Telephone |  |
| Email |  |
| Area(s) of Expertise |  |
| Reason referee is unacceptable |  |

\*\* Can be a name of an individual or a research group

**Section 12– Ethical Agreement**

|  |  |
| --- | --- |
| **Project Title** |  |
| The applicant has read the NHMRC National Statement on Ethical Conduct in Human Research (2007) - Updated May 2015 and agrees to abide by the principles outlined therein. The undersigned also agrees to provide written evidence that in any research project involving experimentation with animals or human subjects a properly constituted University or Hospital Ethical Committee (or the HRC Committee or its successor on Ethics in Research) has examined and agreed to the ethics of the proposal outlined in this application. |
| **Please indicate below (Y/N) as to the status of this application** |
| **Ethical Committee Approval Being Sought** |  | **Ethical Committee approval not required** |  |
| **Ethical Committee Approval Obtained (Enclose a copy)** |  |  |
| **Applicant** |  | **Signature** |  | **Date** |  |
| **Head of Department** |  | **Signature** |  | **Date** |  |

**Section 13 - Administrative Agreement**

All applications for grants must include an undertaking to abide by the following administrative agreement:

1. It is agreed that the grant funds will not be expended for any other purpose than those approved in this application.
2. Red Nose must be advised in writing if there is any change to personnel named in this application and reserves the right to stop grant payments if one or more of the investigators named in the application are unable to carry on with this project.
3. No grant payments will be made without evidence of ethics clearance being provided (where it is necessary).
4. Subject to any agreement entered into separately between Red Nose and the Host Institution, Red Nose is entitled to an appropriate share of the proceeds or rights to any discoveries and inventions made during the research and will undertake to apply at its own costs for a patent for any such discovery or invention as is considered necessary. Red Nose must be notified of an invention or discovery to which this provision may apply and the grant recipient must obtain the permission of Red Nose before an application for a patent is made. The Invention Disclosure form is to be completed as part of the notification process.
5. Each applicant must ensure that any third party agreements relating to the provision of materials and equipment are consistent with the terms and conditions of this administrative agreement. Any inconsistencies must be disclosed in this project funding proposal. Red Nose reserves the right to refuse funding if these conditions are not met.
6. The Host Institution agrees and undertakes to bear all risks and claims connected with any operation covered by this application and to indemnify and hold harmless Red Nose against any and all liability suits, actions, demands, damages, costs or fees on account of death, injuries to persons or property, or any other losses resulting from or connected with any act or omission performed in the course of the research.
7. The Host Institution agrees and undertakes to support for the duration of any grant the work described in this application by making available accommodation, basic facilities for research and the services necessary for its fulfilment.
8. The Head of Department agrees to accept this research within his/her department if a grant is made by the Foundation.
9. It is a condition of accepting a grant from Red Nose that the successful applicant will make themselves available for publicity purposes.
10. It is a condition of accepting a grant from Red Nose that the successful applicant provides Red Nose with:
* Progress reports by **31 October** each year of your research project.
* Final report no later than three months following the completion of the research project. All requests for extensions are considered on a case by case basis and must be made in writing no later than 30 days prior to the agreed end date.
1. It is a condition of accepting a grant from Red Nose that the successful applicant must inform Red Nose of any media, publications and speaking arrangements resulting from this grant; and to present Red Nose with a copy of the publication and/or presentation as to provide Red Nose with the opportunity to review the publication to ensure that no potential IP is disclosed. Red Nose lastly requires that their financial support is acknowledged.

We, the undersigned have read the administrative agreement above and undertake to abide by the conditions of this agreement in respect of any grant made by Red Nose as a result of the present application.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Applicant** |  | **Signed** |  | **Date** |  |
| **Head of Department** |  | **Signed** |  | **Date** |  |
| **Head of Institution** |  | **Signed** |  | **Date** |  |

**Consent Statement**

**Privacy Act 1993(NZ)**

**Privacy Act (1988) (Australia)**

**The undersigned consent to any personal information contained**

**in this application, or provided by the undersigned specifically pertaining**

**to this application, being used for the purpose of promotion of the**

**charitable sector or publicity by Red Nose**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Name** |  | **Signed** |  | **Date** |  |
| **Name** |  | **Signed** |  | **Date** |  |
| **Name** |  | **Signed** |  | **Date** |  |
| **Name** |  | **Signed** |  | **Date** |  |
| **Name** |  | **Signed** |  | **Date** |  |
| **Name** |  | **Signed** |  | **Date** |  |
| **This Consent Statement is to be signed by all applicants (Named Investigators)**Only one original signed copy is required by Red Nose |