

**Application for Research Grant**

**Chief Investigator**

|  |  |  |
| --- | --- | --- |
| **Surname** | **First Name** | **Title** |

(The chief investigator will be the contact point for the project grant and will be understood to be acting for and in concurrence with all investigators)

**Other Investigators (add more lines if needed)**

|  |  |  |
| --- | --- | --- |
| **Surname** | **First Name** | **Title** |
| **Surname** | **First Name** | **Title** |
| **Surname** | **First Name** | **Title** |
| **Surname** | **First Name** | **Title** |

**2. Project Title**

**2.1 Project Title**

|  |
| --- |
|  |

**2.2 Plain English version of the title**

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**3. Relevance to allergy and other immune disease** (max200 words)

Please provide a brief explanation of the relevance of this project to allergy and other immune diseases, including the importance of the issues and the potential significance of clinical application of the research.

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**4. Plain English Project Description**

Summarise the project in plain English (300 words)

**5. Aim of the Project**

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**6. Background, Research Plan and Timeline (max three pages for this section)**

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**7. Methodology (max three pages for this section)**

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**8. References to the work of others (max one page)**

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**9. Investigators**

**9.1 Chief Investigator**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Surname** | | **First Name** | | | **Title** | |
| **Department** | | | | **Mobile** | | |
| **Institution** | | | | | | |
| **Location** | | | | | | |
| **Email** | | | | | | |
| **Current appointment** | | | | | | |
| **Academic Qualifications** | | | | | | |
| **Year** | **Country** | | **Institution** | | | **Qualification** |
|  |  | |  | | |  |
|  |  | |  | | |  |
| **Percentage of working time to be devoted to** | | | | | | |
| **a) this project** | | |  | | | |
| **b) other grant funded projects** | | |  | | | |
| **c) all research projects** | | |  | | | |
| **Brief description of other projects and commitments** | | | | | | |

**9.2 Other Investigators**

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Surname** | | |  | | **First Name** | | | **Title** | |
|  | | **Department** | | | | | **Mobile** | | |
|  | | **Institution** | | | | | | | |
|  | | **Location** | | | | | | | |
|  | | **Email** | | | | | | | |
|  | | **Current appointment** | | | | | | | |
|  | | **Academic Qualifications** | | | | | | | |
| **Year** |  | | | **Country** | | **Institution** | | | **Qualification** |
|  |  | | |  | |  | | |  |
|  |  | | |  | |  | | |  |
|  | | **Percentage of working time to be devoted to** | | | | | | | |
|  | | **a) this project** | | | |  | | | |
|  | | **b) other grant funded projects** | | | |  | | | |
|  | | **c) all research projects** | | | |  | | | |
|  | | **Brief description of other projects and commitments** | | | | | | | |

Copy and add details of other investigators where necessary.

**10. Other Participants**

**Associate Investigators and Resource Personnel**

List here other participants who play some part in, or provide advice on, the research.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | **Surname** | **First Name** | | **Title** |
|  | **Department** | | | |
|  | **Institution** | | | |
|  | **Hours per week** | | **Qualifications** | |
|  |  | |  | |

**11. Track Record of Chief Investigator**

List published papers in refereed journals by the chief investigator during the last five years. You may include, if you wish, a paragraph on achievements other than publications.

(max one page)

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**12. Funding**

**12.1 External Funding Agencies**

Please complete below if you are seeking support for thisproject from another organisation.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Name and address** |  | | | |
| **Amount requested** | | **$** | **Number of years support** |  |
| **How is the application to this agency different from the one being submitted?** | | | | |
|  | | | | |

**12.2**

Is funding and infrastructure available from your institution to allow the project to be completed successfully?

**13. Budget Items**

**13.1 Please show all your budget allocations.** Do not include GST.

Note: A Chief Investigator may not apply for their own salary.

If applying for more than one grant for the same project, please detail the budgets relevant for each respective grant.

|  |  |  |  |
| --- | --- | --- | --- |
| **Personnel** | **Salary** | **On Costs** | **Amount** |
|  |  |  |  |
|  |  |  |  |
| **Sub total** | | | $ |

|  |  |
| --- | --- |
| **Equipment** |  |
|  |  |
| **Sub total** | $ |

|  |  |
| --- | --- |
| **Maintenance, consumables and other direct costs** |  |
|  |  |
|  |  |
| **Sub total** | $ |

|  |  |
| --- | --- |
| **Total Budget (excluding GST)** | $ |

**13.2** Please provide **justification of the budget**. If applying for more than one grant for the same project, please detail budget justification for each grant**.**

**14. Ethics**

If this application has a different title from that on the ethical/safety clearance, you must provide a statement to the ethics committee stating that the protocol is identical and requesting that the new title be added.

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| **14.1 Animal Ethics Committee** | | | |
| **Approval required**  Yes / No | **Approval attached**  Yes / No | **Approval number** | If no, has application been submitted: Y/N  If no, when will you submit: |
| Approval confirmed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  EO, Animal Ethics Committee Date | | | |
| **14.2 Human Research Ethics Committee** | | | |
| **Approval required**  Yes / No | **Approval attached**  Yes / No | **Approval number** | If no, has application been submitted: Y/N  If no, when will you submit: |
| Approval confirmed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  EO, Human Research Ethics Committee Date | | | |
| **14.3 Institutional Biosafety Committee** | | | |
| **Approval required**  Yes / No | **Approval attached**  Yes / No | **Approval number** | If no, has application been submitted: Y/N  If no, when will you submit: |
| Approval confirmed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  EO, Institutional Biosafety Committee Date | | | |

**15. Certification**

I certify that all details in this application are correct and I agree to carry out the project in accordancewith this application.

I certify that sufficient provision is available for such aspects as clerical support, equipment, consumable items, and research accommodation.

**Chief Investigator** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date

**Submission Requirements**

An electronic (pdf) copy of completed application form and

An electronic (Word) copy of the Plain English Project Description (300 words) to [foundation@allergy.org.au](mailto:foundation@allergy.org.au)