APPLICATION FORM

EMF Rural and Remote Program – Expression of Interest (EOI)

Use this template to build your EOI application *prior* to submitting via SmartyGrants. (Please note: *SmartyGrants is not Word compatible therefore the on-line grant application will need to be populated by using the Word ‘copy + paste’ function.)*

EMF is delighted to offer a second EMF Rural and Remote Program EOI, supporting quality research directed towards improved rural and remote patient outcomes and healthcare in emergencies within Australia.

Research projects eligible for this grant round could include, but are not limited to:

* Emergency health service provision
* Trauma patients in a rural, regional and retrieval setting
* Mental health e.g. suicidal ideation, anxiety, depression in rural areas
* Actions where retrievals are not available

EMF General Guidelines are available on the website at: <http://emergencyfoundation.org.au/wp-content/uploads/2018/04/EMF-General-Guidelines-April18V1.pdf>

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| **SECTION A: General Information** | |
| **\**indicates a required field*** | |
| **Principal Investigator Name \* :** | |
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| **Administering Institution \* :** | |
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| **Total Amount Requested (AU$) \***  *Funding is available for up to $50,000.* | $ |
| **Leverage Funding \***  *If YES, please refer to Section C, Q10b and provide more details* | **Yes or No** |
| **Estimated project term \* (duration in years/months)** *preference given to those applications that can achieve outcomes in one to two years* |  |
| EMF may seek additional funding opportunities through donations and collaborations. As part of this endeavour we may confidentially share the contents of the EOI. Please check the box below if the research team is NOT supportive of this approach and would like to OPT-OUT?  The research team would like to OPT-OUT and not share the contents of this EOI | |

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| **SECTION B: Project Summary** |
| **1. Please provide the project title \*** |
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| **2. Summary of Proposed Research \***  *In no more than 250 words, the lay summary should clearly explain (i.e. without jargon and unexplained acronyms) a problem, the research question/s, propose a solution/s, and state the significance, innovation and expected impact of the project.* |
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| **3. Scientific Abstract \***  *In no more than 1000 words, justify the research in terms of background/problem and who will benefit; aims and objectives; hypothesis/research question; research design and methods; results/analysis and anticipated outcomes.* |
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| **4. Relevant MeSH Keywords \***  *The consistency and targeted terms of Medical Subject Headings (MeSH) ensures your expertise is easily identifiable in the EMF database.*  *Please visit* [*https://www.nlm.nih.gov/mesh/*](https://www.nlm.nih.gov/mesh/) *to determine which terms best describes your research and separate each term selected with a semi-colon. For more assistance, please refer to* [*https://www.youtube.com/watch?v=uyF8uQY9wys*](https://www.youtube.com/watch?v=uyF8uQY9wys) |
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| **5. Please explain how this research will have a significant impact on improving rural and remote patient healthcare in emergencies? \***  *Must be no more than 150 words.* |
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| **6. If the project is successful, what will be necessary for the findings to be translated into practice and how will this be achieved? \***  *Must be no more than 150 words.* |
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| **7. Please summarise how the proposed research team is ideally credentialed to undertake this research including your top five (5) publications? \*** *Must be no more than 200 words.* |
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| **8. Please summarise evidence of how the research team has achieved impact in the past by translating successful research outcomes into improved clinical practice? \*** E.g: has your research resulted in (or have you championed) a change of practice or new guidelines or policy advice or education outcomes?*Must be no more than 100 words (can be dot point with hyperlinks to public examples).* |
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| **SECTION C: Indicative Budget** | |
| **\**indicates a required field*** | |
| **9. Indicative Budget (GST exclusive)**  Please refer to EMF General Guidelines for eligible expenditure, a summary of ineligible items and direct on-costs: <http://emergencyfoundation.org.au/wp-content/uploads/2018/04/EMF-General-Guidelines-April18V1.pdf>  Please provide an indicative budget in the table provided and note the following:   * EMF funds up to 20% of direct on-costs only ***(applications in excess of 20% will not be considered)*** * The direct on-cost percentage calculation MUST be entered on a separate line * the total amount of the budget should equal the ‘Total Amount Requested’ in Section A * your business manager (or equivalent) can offer guidance on projected salary for personnel   **EXAMPLE: Budget and Justification (for salary + on-costs)**  *The example below details the Position / Classification / Level of person required including on-costs. Calculations can be provided using wage rate (hourly/fortnightly/per annum etc) multiplied by the term required (daily/monthly etc).*  ***Budget Justification (for example below)****: Study Co-ordinator – A study co-ordinator (NG7) will be required to co-ordinate the study across all participating sites. This resource will be leveraged from the adult study and thus only 0.1 FTE for 6 months has been requested. Salary on-costs of 14.1% have been applied.* | |

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| ***EXAMPLE – Budget Item*** | ***EXAMPLE – Unit Cost (AU$)*** | ***EXAMPLE – No of Units*** | ***EXAMPLE – Total (AU$)*** |
| *Study Co-ordinator (NG7)* | *$111,012.00* | *0.1 FTE for 6 months* | *$5,550.60* |
| *Study Co-ordinator (NG7) on-costs* | *$5,550.60* | *14.1%* | *$782.63* |
| **Please note:**   * **EMF does not fund or pay institutional overheads and administrative charges** * **Budget items are open to scrutiny and a strong rationale for each budget item is required** | | | |
| **Budget Item\*** | **Unit Cost (AU$)\*** | **Number of Units\*** | **Total (AU$)\*** |
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|  |  |  | **Total:** |

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| **10. Budget Justification and Alternative Funding** | | |
| **a) Please supply the rationale indicative budget, and any supporting information regarding appropriateness of costs.\***  *Must be no more than 700 words. All budgetary items requested MUST be justified including the on-cost percentage* | | |
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| **b) Have you sought or obtained cash or in-kind support for this project from any other source?\***  *It is important for EMF to understand how the potential funding will be spent in combination with other funds, or how EMF funds are being leveraged to achieve larger amounts of funding.* | | |
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| **SECTION D: Principal Investigator** | | |
| **\**indicates a required field***  To be eligible the Principal Investigator must be an emergency healthcare clinician providing direct clinical care to patients in Australia. | | |
| **11. Principal Investigator** | | |
| PI Name\*: Title First Name Last Name |  | |
| Current Position \*: |  | |
| Organisation \*: |  | |
| Department \*: |  | |
| Primary Postal Address \*: |  | |
| Primary Phone Number \*: |  | |
| Mobile Phone Number \*: |  | |
| Primary Email Address \*: |  | |
| **b) Relevant Experience \***  *In no more than 500 words, address how you’re an eligible Principal Investigator and describe how your skills/experience is relevant to the proposed project as well as your availability to commit time to lead this project (e.g. FTE status). Please indicate what percentage of your time is already committed to research and direct clinical care.* | | |
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| **c) Are you currently undertaking other projects in the same field or directly related to this proposed project? \*** | | **yes/no** |
| ***If YES, please list brief information on the nature of the other projects, source and level of funding and how they are different to this proposal.*** | | |
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| **d) Please upload a current CV (maximum three (3) pages), including positions held, the past five (5) years of publications, and past funding success if applicable.** | | |
| **Attach a file\***  *There is a maximum file limit of 25 MB however it is strongly recommended that you try to keep files under 5 MB.* | | |
| **e) Please provide your ORCID ID below:\***  *Please learn more and register for an ORCID ID at the following link* [*https://orcid.org/register*](https://orcid.org/register) | | |
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| **SECTION E: Collaborators** | | | |
| **\**indicates a required field*** | | | |
| To be eligible the team must include at least one other emergency healthcare clinician as part of the investigator team, who is providing direct clinical care to patients in rural and remote medical emergencies in Australia.  This section is important for the Reviewers to understand the team's knowledge, skills, availability, and capacity to undertake the proposed Project. Given that collaborators and support personnel can hold joint appointments, please specify one primary appointment (including position, hospital/institution) that is most relevant to the proposal. Please also include any support that is being provided by others including research specialists or research assistants/managers. | | | |
| **12. Co-Investigator/s** | | | |
| **Please provide the following details of the Co-Investigator/s (preferably no more than four with a maximum of eight entries). Please specify one primary appointment that is most relevant to the proposal.** | | | |
| **Co-Investigator/s Title and Full Name \*** | **Current Appointment \*** | **Organisation \*** | **Project Role \*** |
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| **13. Associate Investigator/s** | | | |
| **Please provide the following details of the Associate Investigator/s (preferably no more than four with a maximum of eight entries). Please specify one primary appointment that is most relevant to the proposal.** | | | |
| **Associate Investigator/s Title and Full Name \*** | **Current Appointment** | **Organisation** | **Project Role** |
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| **SECTION F: Contact Details** | | |
| **\**indicates a required field*** | | |
| **14. Grant Application Contact (if not PI)** | | |
| Name\*: Title First Name Last Name | |  |
| Organisation / Department\*: | |  |
| Current Position\*: | |  |
| Primary Address\* : | |  |
| Primary Phone Number\*: | |  |
| Primary Email Address\*: | |  |
| **15. Administering Institution Details** | | |
| **a) Administering Institution**  *The Administering Institution will be responsible for the administration of the funding should the grant be approved for funding by EMF. The Administering Institution will be required to comply with the terms and conditions in the Funding Agreement and its associated schedules. The funds must be administered through an Australian based Hospital and Health Service cost centre or equivalent, a hospital based trust fund or equivalent, a university or a medical research institute.* | | |
| Name: \* |  | |
| Website: \* |  | |
| ABN Lookup: \* |  | |
| **b) Administering Institution Contact** | | |
| Name\*: Title First Name Last Name | |  |
| Organisation / Department: \* | |  |
| Primary Address: \* | |  |
| Primary Phone Number: \* | |  |
| Primary Email Address: \* | |  |
| **SECTION G: Certification** | | |
| **15. Certification by Principal Investigator** | | |
| I certify that:   * To the best of my/our knowledge the information contained in this EOI is complete, true and correct * All named investigators in this EOI have given their consent to be included and agree to participate in a full application, if invited * I have read and agreed to the Privacy Notice below   **Title and Full Name**: \*  **Organisation/Department**:\*  **Sign and Date**: \* | | |
| **Privacy Notice**: All signatories consent to the information supplied as part of the application being disclosed for the purposes of assessment of their expression of interest/application and for purposes connected with the making and administration of the grant. Such disclosure includes, but is not limited to, disclosure to members of the Research Evaluation Panel, Strategic Grants Committee, Scientific Advisory Committee and relevant representatives and employees of the Emergency Medicine Foundation Ltd. The Emergency Medicine Foundation may disclose the information collected in this document in connection with publicising and reporting on the awarding to, and the use of, the funds including in media releases, general announcement and reports. Documents containing personal information are handled and protected in accordance to our privacy policy (located at <http://emergencyfoundation.org.au/privacy-polivy/> ) and the provisions of the Information Privacy Principles contained in the *Information Privacy Act 2009 (Qld)* which set standards for the collection, storage, use and disclosure of, and access to, personal information. | | |