2024 NURSING AND ALLIED HEALTH GRANTS

The Nursing and Allied Health Grants (NAHG) program aims to provide funding for innovative research projects occurring within the East Metropolitan Health Service.

This grant program seeks to promote nursing, midwifery and allied health researchers who are translating their ideas into clinical practice that could lead to a significant impact on the health and wellbeing of our community, particularly within the East Metropolitan Health Service.

Funds are available for 2024 for a period of up to 18 months. The RPH Research Foundation will award a total of $75,000 across several research projects. Grant applications for a single project up to $15,000 will be considered.

ADMINISTERING INSTITUTION

Administering Institution Details

Institution   **Institution Type**

Postal address

Suburb   **State**   **Postcode**
                     - Select One -

Administering Institution - Research Contract and Funding Manager

Prefix
<None>

First name   **Last name**

Position (Title)

Email

Phone (business hours)
Please enter in the following format: 00 0000 0000

CHIEF INVESTIGATOR

Applicant Details

Title

Please use the box below to tell us your preferred title

First name   **Last name**

Gender

we are collecting gender to track our impact

Business phone   **Mobile**

Please enter in the following format: 00 0000 0000   Please enter in the following format: +61 400 000 000

Email

Institution   **Institution Type**

Department

Current appointment

Role in this project

As per the Grant Guidelines and Conditions, the applicant must be the project CPI or PI.

**Percentage of working time
to be devoted to this project.**

(FTE)

Career Information

Eligible academic qualification   **Professional Registration Number**

e.g. AHPRA

Please upload the following documents

CV - Applicant

Upload your CV

(track record summary and last 5 years publications relevant to this proposal - maximum 3 pages)

Academic qualification - Applicant

Upload your highest relevant academic qualification

CO-INVESTIGATORS

Co-Investigator 1

Title   **First name**   **Last name**

Institution   **Institution Type**   **Department**

Current appointment

Role in this project

Career Information

Please upload the following documents:

CV (Co-Investigator 1)
Upload CV (academic qualifications, track record summary and last 5 years publications relevant to this proposal - maximum 3 pages)

Co-Investigator 2

Title   **First name**   **Last name**

Institution   **Institution Type**

Current appointment

Career Information

Role in this project

Department

Please upload the following documents:

CV (Co-Investigator 2)
Upload CV (academic qualifications, track record summary and last 5 years publications relevant to this proposal - maximum 3 pages)

Co-Investigator 3

Title   **First name**   **Last name**

Institution   **Institution Type**

Current appointment

Department

Role in this project

Career Information

Please upload the following documents:

CV (Co-Investigator 3)
Upload CV
(academic qualifications, track record summary and last 5 years publications relevant to this proposal - maximum 3 pages)

Co-Investigator 4

Title   **First name**   **Last name**

Institution   **Institution Type**

Current appointment

Department

Role in this project

Career Information

Please upload the following documents:

CV (Co-Investigator 4)
Upload CV
(academic qualifications, track record summary and last 5 years publications relevant to this proposal - maximum 3 pages)

Co-Investigator 5

Title   **First Name**   **Last Name**

Institution   **Institution Type**

Current appointment

Department

Role in this project

Career Information

Please upload the following documents:

CV (Co-Investigator 5)
Upload CV
(academic qualifications, track record summary and last 5 years publications relevant to this proposal - maximum 3 pages)

Co-Investigator 6

Title   **First Name**   **Last Name**

Institution   **Institution Type**

Current appointment

Department

Career Information

Role in this project

Please upload the following documents:

CV (Co-Investigator 6)
Upload CV
(academic qualifications, track record summary and last 5 years publications relevant to this proposal - maximum 3 pages)

ASSOCIATE INVESTIGATORS

Associate Investigator 1

Title   **First name**   **Last name**

Institution   **Institution Type**

Current appointment

Department

Career Information

Role in this project

Please upload the following documents:

CV (Associate Investigator 1)
Upload CV
(maximum 3 pages)

Associate Investigator 2

Title   **First Name**   **Last Name**

Institution   **Institution Type**

Current appointment

Department

Role in project

Career Information

Please upload the following documents:

CV (Associate Investigator 2)
Upload CV
(maximum 3 pages)

PROJECT DETAILS

Scientific Project Title

Lay title of project
Provide a lay title helpful in supporting wider public engagement with your research

NHMRC Research Group
Following the NHMRC approach, please refer to their Fields of Research Classification 2020 to determine the appropriate research group for this project.

Keywords
Keywords are used for grant tracking and reporting.

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| **Project start date** | **Project end date** |

Total amount of funding requested from RPH Research Foundation

LAY SUMMARY

Provide a summary of your research project in plain English, this will be used to ascertain consumer involvement and to promote successful grants to the Foundation's supporters. Understandable, clear and inclusive plain language summaries will help applicants score higher in the consumer involvement criteria.
(max 250 words)

SCIENTIFIC BACKGROUND

Please include the following details:

1. **The scientific background and data that supports your proposal.**
2. **The purpose and specific aims/objectives of the research.**
3. **Novelty of the proposed approach, why the approach has merit, and how it is distinct from related research in this area.**

(max 800 words)

RESEARCH PLAN

1. **Provide a clear and succinct summary of the proposed project work plan and any statistical methods to be used.**
2. **Outline the feasibility of the project in terms of team, budget, achievability of aims and timeline.**
3. **Expected achievements and outcomes after 18 months.**

(max 1000 words)

CITED INFORMATION

If applicable, provide bibliographic references to any publications or reports cited in this application.

COMMUNITY INVOLVEMENT AND RESEARCH IMPACT

COMMUNITY INVOLVEMENT

How have patients, patient advocacy groups or communities been involved in developing this research proposal? How will they be involved throughout the research process?
(max 300 words)

RESEARCH SIGNIFICANCE AND IMPACT

Please include the following details:

1. **Explain the problem that the research project addresses and the relevance of the problem within the East Metropolitan Health Service (EMHS) catchment area**
2. **Describe the anticipated contribution of the research to the identified problem and its implications on future research and practice, considering the potential impact on the EMHS community, health and medical field, and wider community.**

(max 800 words)

BUDGET PROPOSAL

Please outline a detailed budget (up to $15,000), and other resources to be leveraged against this application

Select an expenditure item from the Type list and enter a description and amount. Staff salaries must describe the award level and FTE/time, in addition to the cost.

Please use numbers only in the amount fields. Do not include any symbols e.g. dollar sign, percent, full stop or comma.

Type	Description	Amount $
		Total for grant period

Total estimated expenses	**$**
	0.00

ADDITIONAL SUPPORT

In-kind Support

Describe any in-kind support this project will receive.

If the RPH Research Foundation biostatistical service is expected to be sought for this project, outline the estimated number of hours and cost below. Pricing information can be found here.

Please use numbers only in the amount fields. Do not include any symbols e.g. dollar sign, percent, full stop or comma.

Source (organisation)	Support received/committed	Total $AUD
		total for grant period

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Total estimated support

$

0.00

OTHER PROJECT FUNDING

Additional Source of Funding

Has the Chief Investigator or other team members applied for, or been granted, any other alternative or additional funding source for this project?

Please provide details of alternative funding sought below

Application 1

Year   **Title**

Investigator/s

Funding body   **Funds requested**   **Status**

Application 2

Year   **Title**

Investigator/s

Funding body   **Funds requested**   **Status**

Application 3

Year	Title			
Investigator/s				
Funding body	**Funds requested**	**Status**		

Ethics Requirements and Approvals

HUMAN ETHICS

Does this project involve the participation of HUMAN ethics?

Approval Body (HREC)

Approval body	Status	Reference number	Expiry date
		Reference number	
		Reference number	
		Reference number	
		Reference number	

GOVERNANCE REVIEW - SITE AUTHORISATION

Does this project require site authorisation/s (Governance Review)?

If yes, please provide details below.

Site authorisation	Status	Reference number	Date

ANIMAL ETHICS

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Does this project involve the participation of ANIMAL ethics?

Approval body   **Status**   **Reference number**   **Expiry Date**

OTHER APPROVALS

Genetic Manipulation

Does this program involve organisms being genetically manipulated such that it requires notification or licence under the Gene Technology Act 2000?

If yes, please complete the details below.

Approval body   **Status**   **Reference number**   **Expiry date**

Potentially Biohazardous Procedures and Situations

Does this project involve Biohazardous procedures and situations?

If yes, please complete the details below.

Approval body   **Status**   **Reference number**   **Expiry date**

Use and Disposal of Potent Teratogens or Carcinogens

Does this project involve potent teratogens or carcinogens?

If yes, please complete the details below.

Approval body   **Status**   **Reference number**   **Expiry date**

Certification

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In submitting this form, I (Chief Investigator) certify that all details given in this application are correct and I agree to conduct the project in accordance with the guidelines and conditions of the Royal Perth Hospital Research Foundation. A copy of the Nursing and Allied Health Grants Guidelines can be found here.

Title   **First name**   **Last name**

Date

Certification by Chief Investigator and Investigators
In submitting this form, I (Chief Investigator) certify that all Investigators listed have agreed to be included in this application and be represented by the lead applicant on their behalf.

Confirmation
No

Certification - The Australian Code for the Responsible Conduct of Research, 2018
In submitting this form, I (Chief Investigator) certify that the research will be conducted in accord with The Australian Code for the Responsible Conduct of Research, 2018

Confirmation
No

Certification - Administering Institution
In submitting this application, I (Chief Investigator) certify that the relevant institutional certification(s) have been sought and obtained for this project.

Confirmation
No

Certification Letter
Upload the **Letter of Certification** for this project application.
The letter must demonstrate evidence of support for the project, signed by the relevant institutional representative (e.g. Head of Department, Director of Nursing).

Privacy Disclaimer

The conduct of research projects supported under all internal RPH Research Foundation Funding programs is subject to the provision of the Australian Privacy Principles.

As part of the assessment process, the RPH Research Foundation Research Grants Manager may provide the Assessment Panel with its record of the details of the applicant's funding and publications/impact history. This action is consistent with provisions of the Australian Privacy Principles.

Further Information and Feedback

Prospective applicants can contact the Foundation if they have queries about the application or program. We also encourage feedback from applicants on how to improve the application process for future grant rounds. Email research@rphresearchfoundation.org.au and use the subject header "Nursing and Allied Health Grants 2024 enquiry" or call 08 6375 5813.

To stay informed about future grant rounds, events and other relevant information from the RPH Research Foundation, subscribe to the Foundation's newsletter, The Cygnet, below.

Nursing and Allied Health Grant 2024 – Application Preview

I would like to subscribe to our The Cygnet Newsletter.