

APPLICATION PREVIEW

2025 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.

The RPH Research Foundation will award a total of \$75,000 across several research projects, with funding to be distributed by the 2025/2026 Financial Year. We invite applications for projects up to a \$15,000 value that will run for a maximum of 18 months.

ADMINISTERING INSTITUTION

Administering Institution Details

Institution	Institution Type	
Postal address		
Suburb	State	Postcode
	- Select One -	

Administering Institution - Research Contract and Funding Manager

Title

First name

Last name

Position (Title)

Email

Phone (business hours)

Please enter in the following format: 00 0000 0000

LEAD APPLICANT

Applicant Details

Title

Please use the box below to tell us your preferred title. This will be used in communications and on our website.

First name

Preferred Name

This will be used to communicate the grant announcement, on the RPH Research Foundation Website and our social channels.

Last name

Gender

We are collecting gender to track our impact

Pronouns

This will be used to communicate the grant announcement, on the RPH Research Foundation Website and our social channels.

Business phone

Please enter in the following format: 00 0000 0000

Mobile

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 Lead Applicant must be the project CPI or PI.

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

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

Department

Current appointment

Role in this project

Career Information

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

Department

Current appointment

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

Department

Current appointment

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

Department

Current appointment

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

Department

Current appointment

Role in this project

Career Information

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

Department

Current appointment

Role in this project

Career Information

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

Department

Current appointment

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 and Field(s)

Following the NHMRC approach, please refer to their [Fields of Research Classification 2020](#) to determine the appropriate research group and field(s) for this project.

Keywords

Keywords are used for grant tracking and reporting.

Project start date

Project end date

Projects are to occur over a maximum timeframe of 18 months.

Total amount of funding requested from RPH Research Foundation

LAY SUMMARY

Provide a summary of your research project. Understandable, clear and inclusive plain language summaries will help applicants score higher in the consumer involvement criteria.

Please note that if this application is successful, this information will be used to promote the research project publicly on our website and in other communication channels.

(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. Provide evidence showing why this research is needed and the relevance of the problem within the East Metropolitan Health Service (EMHS) and broader community. Please include population data for those who could be impacted by your research. Include any specific demographics and unique characteristics such as gender, Indigenous status and/or disability that is relevant to the proposed research project.**
- 2. Demonstrate how your research objectives will directly impact the target population, and how it will be translated into clinical practice, operational or other changes within EMHS and/or the wider community.**

(max 800 words)

RESEARCH BENEFICIARIES

Please estimate numbers below for those likely to participate or benefit from this research project.

How many people will be DIRECTLY impacted by this application?

How many people will be INDIRECTLY impacted by this application?

Please add additional commentary surrounding impact figures. (max 150 words)

BUDGET PROPOSAL

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

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

Project Budget Spreadsheet

Upload your project budget using the template provided [here](#).

OTHER PROJECT FUNDING

In-kind Support

In the Project Budget Spreadsheet, detail all in-kind support this project will receive.

If assistance from the RPH Research Foundation biostatistical service will be sought for this project, please include this in-kind support in your project budget. Pricing information can be found [here](#).

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

Additional Source of Funding

Please provide details of alternative funding applied for in the Project Budget Spreadsheet.

Regulatory Requirements and Approvals

HUMAN ETHICS

Does this project require HUMAN ethics approval?

If yes, please provide details below.

Approval Body (HREC)

Approval Body	Status	Reference number	Expiry date
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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
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ANIMAL ETHICS

Does this project require ANIMAL ethics approval?

If yes, please provide details below.

Approval body	Status	Reference number	Expiry Date
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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
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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
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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
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Certification

In submitting this form, I (Lead Applicant) certify that the information entered in this application is correct and discloses a full and accurate picture of the proposed research grant activity. I agree to conduct the project in accordance with the grant program Guidelines and Conditions. A copy of the Nursing and Allied Health Grants Guidelines can be found [here](#).

Title First name Last name

Date

Certification by Lead Applicant and Investigators

In submitting this form, I (Lead Applicant) 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 (Lead Applicant) 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 (Lead Applicant) 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).

Certification - RPH Research Foundation Communications

In submitting this form, if successful, I (Lead Applicant) agree to provide the RPH Research Foundation with at least one case study or story of a participant (and/or family member(s)) of the research project that can be published and shared on social or traditional media platforms.

Confirmation

No

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 2025 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.

I would like to subscribe to The Cygnet Newsletter.