



Palliative Care  
Research Network  
CAPACITY . COLLABORATION . CONNECTION

# Palliative Care Research Network (PCRN) Small Project Grants

## INSTRUCTIONS FOR APPLICANTS

**Due Date: 14/04/2017**

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## INTRODUCTION

These Instructions provide assistance for completing the *PCRN Small Project Grants Application Form*. The details of what is required under each question are provided. These Instructions should be read in association with the *PCRN Small Project Grants Guidelines*.

Please ensure that you complete all fields within the application form as well as the application checklist as incomplete applications will be deemed ineligible for funding.

## SECTION A — PROJECT OVERVIEW

### A1. Title

Provide a short descriptive title of your project, in no more than 30 words. This should be easily understandable by the lay person.

### A2. Description

Provide a lay description of your project that would be suitable for publication on the PCRN website or media release, in no more than 100 words.

### A3. Applicant

Provide your name (including title) and organisation. The named applicant will be responsible for completing and lodging the application, including seeking agreement for the involvement of all collaborators. Should the grant be funded, the named applicant will be responsible for progress and reporting on the project.

### A4. Project Team

Provide the names (including title) and organisations of all known project team members.

### A5. Administering Organisation

The Administering Organisation is the entity with which the PCRN will execute a Funding Agreement in the case of successful applications. The Administering Organisation will be responsible for ensuring the completion of the project and must adhere to the Funding Conditions.

Provide the name, address and ABN of the organisation/department that will be administering the project funds.

Provide contact details (name, position, email, telephone, fax) of the administration/grant officer at this organisation who will receive and administer the project funds.

#### **A6. Research Organisation**

Provide the name and address of the research organisation/department where the research will be conducted.

#### **A7. Total funding sought from the PCRN**

Enter the total amount of funding sought from the PCRN. This should be the same as the total in Section D and must not exceed the level of funding as described in the *PCRN Small Project Grants Guidelines*, otherwise the application will be deemed ineligible. All funding requests must be exclusive of GST.

#### **A8. Duration of Project**

Enter the planned duration of the project in months. This value must not exceed the maximum duration of funding available as described in the *PCRN Small Projects Guidelines*, otherwise the application will be deemed ineligible. This must be a numeric entry.

#### **A9. Ethics Requirements**

Indicate if the project requires human research ethics approval.

If yes, indicate the date that approval was received and the approval number or the timeframe in which it is expected to be received.

If no, please indicate why this is not required.

#### **A10. Clinical Trials**

Indicate if the research will involve a clinical trial component as defined by the International Clinical Trials Registry Platform developed by the World Health Organisation.

This definition states that:

*A clinical trial is any research study that prospectively assigns human participants or groups of humans to one or more health-related interventions to evaluate the effects on health outcomes.*

Clinical trials may also be referred to as interventional trials. Interventions include but are not restricted to drugs, cells and other biological products, surgical procedures, radiologic procedures, devices, behavioural treatments, process-of-care changes, preventive care, etc.

If the research involves a clinical trial component, indicate the total patient target recruitment for the trial.

## **SECTION B — PROJECT PERSONNEL DETAILS**

### **B1. APPLICANT**

#### **B1.1. Applicant Contact Details**

Provide your full contact details. Contact details should be those that apply when the application is submitted so that you can be contacted during the assessment process if required.

#### **B1.2. Academic Qualifications**

List all of your academic qualifications.

#### **B1.3. Current Appointments of Applicant**

List up to five of your current appointments, including:

- Your period of employment (start date MM/YYYY – end date MM/YYYY);
- Your job title;
- The name of the organisation;
- The Department;
- The status of your appointment, e.g. tenured, non-tenured, non-continuing, postgraduate, training or other (please specify).

Do not include unpaid appointments – these may be included in section B1.5.

#### **B1.4. Professional Registration**

Provide details of your professional registration, if applicable.

#### **B1.5. Other Professional, Academic or Related Activities**

Include unpaid appointments, membership of professional bodies or editorial boards, clinical duties, postgraduate and/or undergraduate teaching, service to the community, etc. This section should be no longer than 500 words.

#### **B1.6. Relevant Achievements**

For example: prizes, patents, awards, and any other achievements that show evidence of your professional standing. This section should be no longer than 500 words.

#### **B1.7. Publications**

Provide a list of up to 10 of your best publications since 2010. Include a brief statement on each justifying the reason for inclusion in the list, for example: citation rate, first to describe a particular technique, etc.

### **B1.8. Role in the Project**

Briefly describe the role that you will play in the project. Indicate the percentage of time that you will spend directly on the project as a proportion of your total paid work time.

### **B1.9. CV Summary**

Please provide a short CV. This section should be no longer than one page.

## **B2. PROJECT TEAM**

Provide full details of any project team members/roles (including those named in Section A4). Include those roles yet to be appointed.

Contact details should be those that apply when the application is submitted so that people can be contacted during the assessment process if required.

Briefly describe the role that each member will play in the project. Indicate the percentage of time that each member will spend directly on the project as a proportion of their total paid work time.

Please provide a short CV. This section should be no longer than one page.

## **SECTION C — PROJECT PROPOSAL**

### **C1. Summary of Proposed Project**

Summarise the most compelling data or theory/hypothesis/evidence underpinning your application in a brief (approximately one paragraph) overview of your research project. This should be more specific than the lay summary provided in Section A2.

### **C2. Project Description**

Keep in mind the selection criteria listed in the *PCRN Small Project Grants Guidelines* in relation to your proposed project. (This section must not exceed five pages).

#### ***Background to Research Proposal***

Include information about recent international progress in the field of research that relates to your proposal, and the relationship of your proposal to work in the field generally. Refer only to refereed papers that are widely available to national and international research communities.

State whether this project is a new initiative, or builds on an existing program of research/capacity building.

### ***Aims and Objectives of Research Activity***

Provide an outline of the aims and objectives of the proposed project.

### ***Value and Innovation***

Describe how the proposed research activity is significant or may add value, and the importance of the issue it addresses. Indicate how the anticipated outcomes advance or test the knowledge base of the research area, and/or address a problem in patient need or clinical care. Explain why the research activity, aims and concepts are innovative.

### ***Research Methodology***

Provide a detailed description of the research you intend to undertake, including:

- Conceptual framework, designs, data provision and/or analysis, capacity to complete the research;
- Detail what methodologies or technologies (if any) will be employed;
- Consider and comment on potential barriers to completing the research;
- Outline of the timelines and processes underway for gaining approvals to undertake this research within the nominated organisation/s.

### ***Translational Timeframe***

Identify the likelihood of the proposed research improving patient outcomes. Estimate the length of time before research could translate into improved patient outcomes.

### ***Communication***

Outline your strategies for communication of results from your project, including:

- To whom you will communicate progress and outcomes of the proposed research;
- How you will communicate progress and outcomes of the proposed research to the relevant field/s.

### **C3. Actual organisations where project will be carried out**

Provide a list of all organisations where the project will be carried out including % allocation of time.

### **C4. Milestones to measure project progress**

Provide a list of realistic milestones that can be used to measure research progress for the twelve-month period. Each milestone should be clear and succinct (around 12 words). As a guide, it is expected that the reporting period will have approximately 4-6 milestones.

## SECTION D — BUDGET

### D1. Budget Request

All requests should be exclusive of GST. GST will be paid on top of funding amounts where appropriate. This will be determined by your Administering Organisation's GST status. This status must be identified by the financial delegate of your Administering Organisation.

#### ***Labour Costs***

Provide details for which the grant support is being requested.

#### ***Direct Research Costs***

Group items directly associated with carrying out the research project, under the appropriate sub-heading.

##### Consumables

Consumables to be used for the project.

##### Equipment

Items of equipment required specifically for the project.

##### Patient participation costs

Patient incentives, as well as reimbursement for costs incurred as a result of participation.

##### Sample analysis costs

Fees for analysis and transport of specimens, and any other costs associated with sample analysis.

##### Software

Purchase or development of software packages.

##### Survey costs

Printing costs for questionnaires/envelopes, postage, phone calls, etc.

##### Transcription costs

Costs involved in transcribing results.

##### Ethics approval costs

Costs for ethics applications that are required to carry out the research project.

##### Other

Items that do not fall into any of the above categories.

#### ***Other Research Costs***

Summarise costs for other expenses not directly associated with carrying out the research project. For example: attendance at conferences or relevant workshops.



## **D2. Supplementary Funding**

Will you be receiving supplementary or additional funding from other sources for this project?  
If yes, indicate the amount to be received, duration and identify the source of this funding.

If this proposal is successful, the PCRN must be informed of any other funding received for this specific project for its duration. This may affect the funding provided by the PCRN.

## **D3. Budget Justification**

When appropriate provide details of items in your budget.

This section must be no more than 1 page in length.

### ***Labour Costs***

Provide details of each position requested, including number, level and EFT, and justify their specific role and contribution to the project.

### ***Project Costs***

Provide a list of project costs requested. Justify in terms of their contribution to the project.

## **SECTION E — CERTIFICATIONS**

All signatures must be obtained prior to submission of the application to the PCRN.

Electronic signatures will be accepted.

### **E1. Certification by the Applicant**

You must sign the application.

### **E2. Certification by the Administering Organisation**

The application must be signed by the relevant delegate of the Administering Organisation. This should be the Director of the organisation's research office, or equivalent or delegate.

### **E3. Certification by the Head of the Research Organisation**

The application must be signed by the relevant delegate of the Research Organisation. This should be the Director of the organisation's research office, or equivalent or delegate.

## SECTION F — SUBMISSION OF APPLICATION

The PCRN will only accept electronic submission of applications in Word format – PDF will not be accepted, except for Section E – Certifications.

The PCRN will not accept hardcopy or faxed applications.

Email: [pcrnv@svha.org.au](mailto:pcrnv@svha.org.au)

If you are submitting more than one electronic file, all files must be attached to one email message.

**Applications must be received by 14/04/2017**

**Please note that incomplete or late applications will not be accepted.**

**Additional information not specifically requested by the PCRN will not be forwarded to the evaluation panel.**

Further information can be obtained by contacting the PCRN on 03 9416 0000 or via email at the above address.

### APPLICATION CHECKLIST

- Completed all fields on application form.
- Completed budget template.
- Application certified/signed by applicant.
- Application certified/signed by Administering Organisation.
- Application certified/signed by Head of Research Organisation.

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