

EXPRESSION OF INTEREST TO SUBMIT A Hopkins Centre SEED FUNDING APPLICATION IN 2020 FOR FUNDING TO COMMENCE JANUARY 2021

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| 1. **CHIEF INVESTIGATOR DETAILS** | | | | |
| **Title:** | **First Name:** | | **Last Name :** | |
| **Email Address:** | | | | |
| **Organisation** | **Griffith University** | **DoR, Metro South Health** | |  |
| **CV/Resume** | **Please attach a 2-page CV** | | |  |

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| * 1. **CONFIRMATION OF GUIDELINE RULES** |

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|  | **I confirm that I have checked the most recent Funding Guidelines and that I have at least 1 team member from DoR, Metro South Health and 1 from Griffith University.** |

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| **1.2 CONSULTATION WITH CENTRE STREAM LEADERS** |

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|  | **I have consulted with the following Stream Leader/s: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |

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| **2. DETAILS OF PROJECT** |

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| * 1. **PROJECT TITLE** |  |

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| **2.2 PLAIN ENGLISH PROJECT SUMMARY *(in max. 200 words outline the aims, significance, expected outcomes and benefits of this project. Please us plain English)*** |
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| *Have you submitted a similar application to any other funding scheme? YES / NO*  *Have you received any funding for any part of this project? YES / NO*  *Is this research part of a higher research degree? YES / NO*  *If yes, please provide details below.* |

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| **2.3 PROJECT DETAILS *(outline the significant problem/challenges being addressed, supporting preliminary data, methodology and expected outcomes – max 2 pages)*** |
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| **2.4 WHAT IS SIGNIFICANT ABOUT YOUR PROJECT IN RELATION THE HOPKINS CENTRE *(How does this project contribute to the research of the Centre?) (max. ½ page)*** |
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| ***2.5* WHO WILL BENEFIT FROM YOUR RESEARCH PROJECT AND HOW WILL THEY BENEFIT *(Where will your study take place? How will your project promote the translation of knowledge and improve access to the use of evidence and implementation methods for targeted end-users) (max. ½ page)*** |
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| **3. DETAILS OF RESEARCH TEAM** | | | |
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| **3.1 SUMMARY OF THE RESEARCH TEAM FOR THIS PROJECT** | | | |
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| **Name** | **Position & Organisation** | **Role on this**  **project**  **(eg, CI, PI, AI)** | **What expertise will this team member bring to the project?** |
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| **Please identify any early career researchers (or clinicians new to research relative to opportunity)** | | | |

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| **3.2 HOW ARE SERVICE USERS OR PEOPLE WITH DISABILITY ENGAGED IN THIS PROJECT? (max. ¼ page)** |
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| 1. **PROJECT BUDGET** | | |
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| **Item** | **Details** | **Amount (excl GST)** |
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| **TOTAL FUNDS REQUESTED:** | | |
| **Please provide justification for any small equipment purchases necessary for the project.** | | |

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| 1. **ETHICS** |
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| **5.1 IS ETHICS APPROVAL REQUIRED? YES NO** |
| Which institutional ethics will be required? **Metro South Health and/or Griffith University** *(The majority of projects will require ethics from both institutions)*  If so, has ethics approval been granted? YES NO  If yes, please attach a copy |
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Save your form as a PDF file using the following naming convention:

**Your Surname\_Scheme\_EOI.pdf**

Eg. Smith\_THCSeed2019R5\_EOI.pdf

and email the form to hopkinscentre@griffith.edu.au