

# 'Quinlivan' Research Grants Program 2020-2021 Application Form

- Please ensure you consult the 'information and instructions for grant applicants' document, accessed <a href="https://glaucoma.org.au/i-treat-glaucoma/quinlivan-research-grants">https://glaucoma.org.au/i-treat-glaucoma/quinlivan-research-grants</a> prior to completing this application form.
- Ensure all attachments as per the application checklist on page 3 are included when the application is submitted.
- Coversheet (Attachment A) must be the first page of the application
- Applications close (electronic only): 5 pm (AEST) 10 August 2020.



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#### **Attachment checklist**

Templates for attachments A, E and F (below) must be downloaded from https://glaucoma.org.au/i-treat-glaucoma/quinlivan-research-grants

These attachments must be provided with the completed Application form.

Attachment A (Coversheet) should be attached to the front of the application. The other attachments should be attached to the back of the application form.

If application and attachments are collated, ensure that Attachment F (Nomination of possible assessors) is a separate file.

Responses must be provided in regular 12 point Arial or Helvetica font.

References can be in 10 point font. Please use a 2 cm margin, formatted for A4 paper.

Included with application?	Attachment	Description		
	Α	Coversheet		
	В	Evidence of Australian citizenship or permanent residency		
	С	Ethics clearances		
	D	Host Institution letter		
	Е	Certifications		
	F	Nomination of possible assessors		

# **Part 1: Applicant and Institution Information**

# **Details of Primary Investigator**

Applicant				
Surname	First name		Title	
Institution	Department			
Postal address				
Phone numbers				
Email		Fax		
Qualifications (including year and awarding Institution)	-			
Current appointment (including level)				
Are you an Australian citizen or permanent resident? (Evidence required - Attachment B)				
Name and contact details of alternate contact for this application (if applicable)				

#### **Primary Investigator's Previous Appointments**

(Insert additional rows if necessary)

Appointment and level	Institution	Department/Centre	Dates

### **Details of Co-Investigator (1) – if applicable**

Co-Investigator 1				
Surname	First name		Title	
Institution	Department			
Postal address				
Phone numbers				
Email		Fax		
Qualifications (including year and awarding Institution)				
Current appointment (including level)				

### **Co-Investigator (1) Previous Appointments**

(Insert additional rows if necessary)

Appointment and level	Institution	Department/Centre	Dates

#### Details of Co-Investigator (2) - if applicable

Co-investigator	2						
Surname			First	name		Title	
Institution			Depa	artment			
Postal address							
Phone numbers							
Email					Fax		
Qualifications (including year ar awarding Institution)	nd						
Current							
appointment (including level) Co-investigator (2	2) Prev	ious Appointm	ents				
(including level)	ows if n			partmer	nt/Centre	Dates	
(including level)  Co-investigator (insert additional recognitions)	ows if n	ecessary) Institution		partmer	nt/Centre	Dates	
(including level)  Co-investigator (insert additional real proposition and including level)	ows if n	ecessary) Institution	De	partmer	nt/Centre	Dates	
(including level)  Co-investigator (insert additional repointment and  Proposed Host In Name of Administering	ows if n	ecessary) Institution	De		nt/Centre	Dates	

# Part 2: Primary investigator's capacity to conduct the research

Please describe your research vision for the next five years (250 words max.)
Please provide details of research output since 2014 (peer reviewed publications, patents and/or commercialisation activity – most recent work first).
Please provide details of previous and existing grants (including GA grants) and/or other funding since 2014 (sources, project title, duration of funding and level of funding – most recent first).
Please describe evidence of impact and your contributions to the field. (500 words max.)
Please describe how previous research has been of benefit to people with glaucoma. (500 words max.)
If you have received previous Glaucoma Australia research funding, please indicate the outcome(s) of this research.
Please describe any interruptions to your career that may have impacted your track record. (250 words max.)

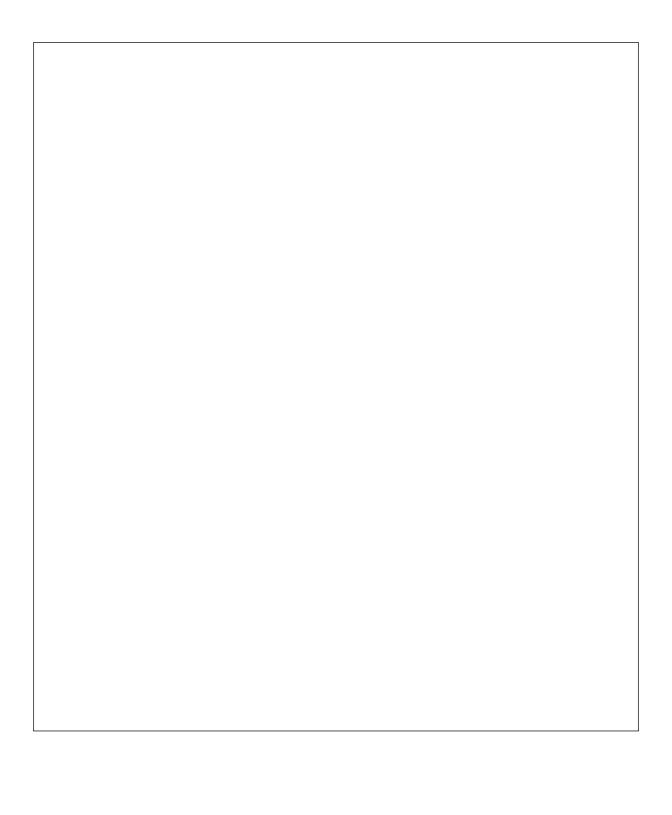
# **Part 3: Project Details**

Project little					
Project Summary					
(250 words max.)					
Media Summary					
This summary must be in plain English, sumax.)	uitable for the	general p	oublic. (	(150 v	vords
Ethical Considerations					
Does the project involve the use of:					
Humans?	Yes □	No			
Animals?	Yes □	No			
Dangerous materials (eg radioactive or bio-hazardous materials, known or potential teratogens etc)?	Yes □	No			
Genetic manipulation?	Yes □	No			
Human stem cells?	Yes □	No			
Are there any issues that could be considered sensitive or controversial?	Yes □	No			
If the answer is 'yes' to any of the above or risk will be minimised and managed.	questions, ple	ase expla	in how	any p	otential
Has the project been approved by an approved Institutional ethics committee?	oropriate	Yes		No	
If 'no', please explain when and how the a	ıppropriate ar	oprovals w	vill be c	btaine	ed.
If 'yes', are ethics clearance documents (AYes □ No □	Attachment C	) attached	?		
Conflict of Interest					

Detail any actual or potential conflict(s) of interest.

#### Part 4: Research Plan

Ensure that all required content, as described in the Information and Instructions document is included, and in the form described. Research plans exceeding 8 pages (inclusive of references) will not be considered. **Project Title** Aims and Background **Milestones Approach Outcomes and Significance** Impact of Research on the Glaucoma Australia research domains References To be <u>included</u> in the 8 page project plan. References may be in 10 point font.



# Part 5: Budget

Add additional lines as needed.

YEAR 1					
Item	This grant	Administering Institution		sour	funding ces, if icable
	Cash	Cash	In-kind	Cash	In-kind
Personnel					
Consumables					
Travel					
Equipment					
Other					
Total (excl. GST)					
Total (incl. GST)					

YEAR 2 (if applicable	le)				
ltem	This grant	Administering Institution		sour	funding ces, if icable
	Cash	Cash	In-kind	Cash	In-kind
Personnel					
Consumables					
Travel					
Equipment					
Other					
Total (excl. GST)					
Total (incl. GST)					

YEAR 3 (if applicable)						
Item	This grant	Administering Institution		Other funding sources, if applicable		
	Cash	Cash	In-kind	Cash	In-kind	
Personnel						
Consumables						

Travel					
Equipment					
Other					
Total (excl. GST)					
Total (incl. GST)					
Budget Justification	n				
(1 page max)					
Other Information a	bout Budget				
Details of any other f	unding sources	for project (	250 words m	ax.)	
What procedures are research? (250 word		ure financia	l accountabili	ty for the pr	oposed

# Part 6: Additional Information Required

Attachment B: Evidence of Australian citizenship or permanent residency:	Yes	No	
Attachment C: Ethics clearance attached:	Yes	No	
Attachment D: (Host Institution letter) attached:	Yes	No	
Attachment E: (Certifications) attached:	Yes	No	
Attachment F: (Nomination of possible assessors) attached:	Yes	No	