

**‘Quinlivan’ Research Grants Program 2024**

**Application Form**

* Please ensure you consult the ‘information and instructions for grant applicants’ document, accessed <https://glaucoma.org.au/i-treat-glaucoma/quinlivan-research-grants> 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 copy): 5pm (AEST) Friday 14June 2024.**

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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 |
|[ ]  A | Coversheet |
|[ ]  B | Evidence of Australian citizenship or permanent residency |
|[ ]  C | Ethics clearances |
|[ ]  D | Host Institution letter  |
|[ ]  E | 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 |  | Department |  |
| Postal address |  |
| Phone numbers |  |
| Email |  | Fax |  |
| Qualifications (including year and awarding Institution) |  |
| Current appointment (including level) |  |

## Co-investigator (2) Previous Appointments

(Insert additional rows if necessary)

|  |  |  |  |
| --- | --- | --- | --- |
| Appointment and level | Institution | Department/Centre | Dates |
|  |  |  |  |

## Proposed Host Institution Details

|  |  |  |  |
| --- | --- | --- | --- |
| Name of Administering Institution |  | Address |  |
| ABN |  | Website |  |
| Is the administering Institution registered as an Administering Institution with the NHMRC and/or the ARC? |  |

## Research Environment

Description of the research environment provided by the host Institution and impact on proposed research (250 words max.)

# **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 2019 (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 2019 (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 Title

## Project Summary

(250 words max.)

## Media Summary

This summary must be in plain English, suitable for the general public. (150 words max.)

## 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 questions, please explain how any potential risk will be minimised and managed.

|  |  |  |
| --- | --- | --- |
| Has the project been approved by an appropriate Institutional ethics committee? | Yes |[ ]  No |[ ]

If ‘no’, please explain when and how the appropriate approvals will be obtained.

If ‘yes’, are ethics clearance documents (Attachment C) attached?

Yes [ ]  No [ ]

## 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 included 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** | **Other funding sources, if applicable** |
|  | Cash | Cash | In-kind | Cash | In-kind |
| **Personnel** |  |  |  |  |  |
| **Consumables** |  |  |  |  |  |
| **Travel**  |  |  |  |  |  |
| **Equipment** |  |  |  |  |  |
| **Other** |  |  |  |  |  |
| **Total (excl. GST)** |  |  |  |  |  |
| **Total (incl. GST)** |  |  |  |  |  |

|  |
| --- |
| YEAR 2 (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)** |  |  |  |  |  |

|  |
| --- |
| 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

(1 page max)

## Other Information about Budget

Details of any other funding sources for project (250 words max.)

What procedures are in place to ensure financial accountability for the proposed research? (250 words max.)

# **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 |[ ]