

**Sample form, not for offline completion.**

Visit <https://rbwhfoundation.grantplatform.com> to apply.



# RBWH Foundation

**Advancing patient care and life-saving research**

## RBWHF Grant Round 2 - RESEARCH

Project title

☐ By proceeding with the RBWH Foundation Grant application, you agree to the RBWH Foundation Privacy Collection Statement [here](#).

**To confirm eligibility and be able to proceed with your application please click the gold 'Check Eligibility' button.**

Research projects or Patient Care initiatives are eligible when:

- they are primarily based at RBWH and/or STARS and;
- they propose to improve RBWH and STARS patients outcomes and/or enhance the patient experience and;
- they are led by a primary applicant who holds an appointment with RBWH, STARS or a Metro North Health Institute located on the Herston Health Precinct.

Do you hold a RBWH, STARS, or Metro North Institute\* appointment?

☐ Yes

☐ No

Institutes on the Herston Health Precinct: Comprehensive Breast Cancer Institute, Herston Biofabrication Institute, Herston Infectious Disease Institute and Jamieson Trauma Institute.

Is your proposed Research project primarily based at RBWH and/or STARS?

☐ Yes

☐ No

Will your proposed Research project have impact and benefit to patients at RBWH and/or STARS?

☐ Yes

☐ No

### Applicant Details

Title (Drop down selection)

▼

Doctor

Professor

Assoc Professor

Mr

Mrs

Ms

Other

First name

Last name

Position title/role

Department & service line

Primary organisation (Drop down sselection)

▼

RBWH

STARS

Comprehensive Breast Cancer Institute

Herston Biofabrication Institute

Herston Infectious Disease Institute

Jamieson Trauma Institute

Applicant email address

Applicant phone number

Applicant mobile number (optional)

Are you of Aboriginal and/or Torres Strait Islander origin? (Drop down selection)

No
Yes, Aboriginal
Yes, Torres Strait Islander
Yes, both Aboriginal and Torres Strait Islander

Career stage (If you select Early Career, you will be prompted to provide information about what qualifies you as Early Career, and provide information about your Mentorship/Supervision team.)

Early Career Applicant
Experienced

An early career researcher is generally an individual within eight years of completing their research higher degree (MPhil, PhD or equivalent, however this is inclusive of those who may not hold a research higher degree).

Together, we advance patient care and life-saving research. Please provide a brief description of how you have/or intend to engage with and/or support the RBWH Foundation. 150 words

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This includes but is not limited to direct fundraising efforts, Foundation engagement and advocacy, attendance and involvement in Foundation events, media, and fundraising.

## Project

Project title 15 words

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Keywords (3-5 words, separated by commas)

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Is this a new or existing project? (If you select existing, you will be prompted to provide information about the current progress and the specific aspect of the overall project for which this funding is being requested.)

New
Existing

Lay summary 150 words

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Describe the overall aims and expected outcomes of your Research project, and the patient benefit in simple terms. Avoid the use of highly technical terms. This information may be used in grant announcements, media releases and website.

Outline your project

300 words

Your Research project outline should include scope, aim, brief methodology, and intended outcomes.

How will this project improve patient outcomes?

300 words

Clearly describe what clinical need your Research project proposes to address, the intended clinical impact and/or patient benefit, including translation pathway. Include how many people you expect this Research project will impact, both directly and indirectly.

How will the success of this project be measured?

250 words

Include outcome measures, evaluation mechanisms, and quantifiable benefits of your Research project e.g. reduced length of stay, reduced mortality, improved treatment outcomes, reduced pain, staff and other resources alleviated, etc.

There are risks associated with any project. List a minimum of 1 identified risk (maximum 3) and the accompanying mitigation strategies.

250 words

COVID-19 restrictions may still impact your Research project. Please, consider COVID-related impacts in your risk considerations. Consider any risk related to the estimated cost of delivering your project (including changes to equipment pricing, wages).

Does your project involve consumer engagement? (If you select yes, you will be prompted to describe in what capacity the consumer/s are involved in your project.)

Yes

No

In the context of health policy, services and care, a consumer is a person who uses, has used or is a potential user of health services and information. Consumers can participate as individuals, community groups, consumer organisations or consumer representatives.

Attach a Research project plan (maximum 3 pages).



Please use a font size minimum 11. Max 3 pages.

As a guide, we recommend the following content for your Research project plan:

**Background** - provide a brief background of your project, explain why your project is needed and how it will improve patients' outcomes.

**Outline** - you can use this section to detail your project scope, aims, methodology, and intended outcomes.

**Key milestones and impact measurement** - explain how success will be measured and provide a timeline of key milestones and expected completion date of your project.

**References**

## Budget

Does your application include the purchase of equipment and/or a medical device?

Yes

No

Please provide a full itemised budget for your project, encompassing all relevant items. Including, but not limited to, in-kind contributions, existing funding sources, scholarships, and any other financial elements. **Institute overheads and indirect costs cannot be funded.**

Item	Cost
1	
2	
3	

This can include staff time, the cost of performing and evaluating the initiative, equipment purchase cost, cost of disseminating results, and acknowledgement of Foundation funding.

What is the amount you are requesting from the RBWH Foundation?

Funds are capped at \$50,000.

For what numbered items from the above table you are requesting funds from the RBWH Foundation?

E.g. 1, 3, 5 ...

## Collaboration

Will this project require collaboration across RBWH and/or STARS departments or with other team members?

Yes

No

Title

First name

Last name

Email

Position

Please describe briefly the collaborator's contribution to your project.

Use this tab to submit equipment and/or medical device quotes, if available.

If you have already have Ethical approvals/exemptions and/or Site Specific Assessment (SSA) documents and/or Governance approvals, you may upload them now. If you are successful, you will be required to provide these before funding is distributed.

You can submit Word or PDF files of a maximum of 5MB size.

It is advised that the applicant discuss their project/initiative with their respective Business Manager (BM) and Service Line Director (SLD) prior to submit their application.

- This will be facilitated by the applicant filling in the correct email addresses of their BM and SLD, and selecting RBWH or STARS regarding Executive Director (ED).
- Upon application submission, the platform will automatically notify BM, followed by SLD and ED, requesting their endorsement. **There is no requirement of their signature in any document.**
- If the applicant is unsure of the SLD email address, please check with your appropriate BM. **Try to provide the BM and SLD generic email addresses.**
- BM and SLD should be from RBWH or STARS (please do not nominate an academic affiliated cost centre).

## Business Manager

Name (First & Last name)

Email

Phone number

## Service Line Director

Name (First & Last name)

Email

Phone number

**P 1300 363 786** **E [info@rbwhfoundation.com.au](mailto:info@rbwhfoundation.com.au)**

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