Sample form, not for offline completion.

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

RBWH Foundation
Official charity of RBWH

RBWHF - RESEARCH

To streamline application, documentation and communications processes, we strongly recommend that Lead Applicant and the grant writer are the same individual, using the same email address and name.

Project title

☐ By proceeding with the RBWH Foundation Grant application, you agree to the RBWH Foundation Privacy Collection Statement here.

To confirm eligibility and proceed with your application, please click the purple 'Check Eligibility' button.

☐ **I give my consent** for the RBWH Foundation to apply for an external grant based on this proposal. (optional)

This consent allows the RBWH Foundation to use information provided in this submission to seek and apply for external grant funding on your behalf.

Your response will not impact the assessment of this submission.

1. Will your proposed Research benefit patients treated through the Herston Health Precinct by improving outcomes, enhancing wellbeing, and enriching the patient experience and/or environment?

◯ Yes

◯ No

1. Do you hold an appointment at Metro North Health?

◯ Yes

◯ No

The Lead Applicant must hold an appointment at RBWH, STARS, a Metro North Institute, or the Metro North Office of Chief Executive on the Herston Health Precinct for the duration of the grant.

Is your proposed Research project able to be completed within 12 months (Start date on reception of full governance approvals, where applicable)?

◯ Yes

◯ No

4. Are you a Project Lead on a currently funded RBWH Foundation Grant?

◯ No

◯ Yes

This applies to all our funding schemes.

For example: if you currently have a Patient Care grant that is yet to be completed, you are ineligible to apply for a Research grant.

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Title

♡

Doctor

Professor

Assoc. Professor

Mr

Mrs

Ms

Other

First name

Last name

Position/Role

Department and Service Line

Primary organisation

♡

RBWH

STARS

MNH Institutes

Other

Email address

It is recommended to use **your individual email** rather than a shared inbox email address.

Phone

Mobile (optional)

Are you of Aboriginal and/or Torres Strait Islander origin?

♡

No

Yes, Aboriginal

Yes, Torres Strait Islander

Yes, Aboriginal and Torres Strait Islander

Have you previously received RBWH Foundation grant or funding? This includes RBWH Foundation co-funding of RBWH-SERTA grants, fellowships, ad-hoc and/or out-of-round funding etc.

♡

No

Yes

Note: the purpose of this question is for data collection and impact understanding. **Your response is only visible to the RBWH Foundation team and will not influence assessment of this application.**

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

Please outline any current or planned engagement with the RBWH Foundation. This may include fundraising activities, volunteering, sharing patient or staff stories, and promoting the Foundation and its work at staff meetings, forums, or within professional and

community networks.

Career stage

♡

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, but are within their first 8 years of active research.

Project title 10 words

Keywords (3-5 words, separated by comma)

Is this a new or existing project?

♡

New

Existing

Lay summary 150 words

In this section, describe your research in plain English, outlining the **main research question/clinical problem, the overall aims of the project, the key activities you will undertake to achieve these aims, and the outcomes you expect to see.**

Clearly explain how this research will benefit patients, including how it may improve care, patient experience, or health outcomes. Avoid highly technical or scientific language, as this information may be used in grant announcements, media releases, and on the RBWH Foundation's website.

Clinical Impact and Implementation 400 words

How will this project improve patient outcomes?

Clearly describe the clinical gap or unmet need this Research project proposes to address.

Describe the intended clinical impact and/or patient benefit, define the patient cohort, and any planned pathway of translation into clinical practice.

Methodology

Outline your project and success measures. 800 words

Your Research project outline should include scope, aim(s), brief methodology, and intended outcomes. For example: reduced length of stay, reduced mortality, improved treatment outcomes, improved patient experience, or efficient use of staff and resources.

Include how these outcomes will be evaluated and monitored, and your statistical analysis plan.

Methodology

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

Consider any risk related to the estimated cost of delivering your project (including changes to equipment pricing, wages, patient recruitment).

Project Feasibility

Provide information regarding proposed timeline and deliverables. 200 words

Summarise team research capabilities, provide justification of proposed timeframe for project, recruitment, and sample size.

Does your project involve consumer engagement?

♡

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.

Do you believe your project could have secured funding from other sources?

♡

Yes

No

Unsure

Note: The purpose of this question is for RBWH Foundation data collection. **Your response will not be visible to reviewers and Advisory Panel, and will not influence the assessment of this application**.

Have you previously tried to obtain funds for this project?

♡

Yes

No

Note: The purpose of this question is for RBWH Foundation data collection. **Your response will not be visible to reviewers and**

Advisory Panel, and will not influence the assessment of this application.

OPTIONAL: Attach a Research project plan including key milestones and the completion date. (optional)

OPTIONAL Please use a font size minimum 11. Max 3 pages.
As a guide, we recommend the following content for your Research project plan:

Budget Justification. Including wage/salary/FTE of staff funding request and include staff in-kind details; equipment and consumables details, etc. Remember to include Foundation Acknowledgement costs. 300 words

Appropriate acknowledgment and recognition that the project was made possible through RBWH Foundation funding and our generous donors:

Physical contributions (e.g. equipment) are to be acknowledged with a plaque or a framed certificate in clinical and/or patient areas, using templates with approved branding, provided by RBWH Foundation, and in accordance with Metro North Health guidelines.

Background - provide a brief background of your project (clinical rationale), explain why your project is needed, and how it will improve patient outcomes.

Project Outline - detail your project scope, specific 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.

Key References (inclusive in the 3 page limit)

Please note that Grant funding is capped at $50,000.

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

Yes

No

Please provide a full itemised budget for your project, excluding GST.
Including, but not limited to, in-kind contributions, existing funding sources, scholarships, and any other financial elements.

Institute overheads cannot be funded.

Item	In-kind Costing	Costed Items
1		
2		
3		

This can include staff time, the cost of performing and evaluating the initiative, equipment purchase cost, cost of disseminating results (**excluding journal publication costs**), and acknowledgement of Foundation funding.

Confirm the line items you are requesting RBWH Foundation grant funding for?

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

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

Funds are capped at $50,000.

This should be the sum of the Requested - Costed items associated with the line items indicated.

Will this project require collaboration across Herston Health Precinct, departments, or with other team members, including from other national or international institutions?

♡

Yes

No

Title

First name

Last name

Email

Position

Involvement 100 words

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

Use this tab to upload equipment and/or medical device quotes, if available, or any other documentation that supports your application.

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

You can submit Word, Excel, 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**.

- The endorsement process will be facilitated by the applicant filling in the **correct email addresses of their BM and SLD.**
- Upon submission, the platform will automatically notify BM, followed by SLD, 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.
- BM and SLD should be from RBWH, STARS, and/or MNH (please do not nominate an academic affiliated cost centre).

I have discussed this application with my Business Manager prior to submission.

☐ Yes

The majority of administrative delays are caused by incorrect details - Ensure you discuss your application with the correct Business Manager and provide their correct details. This will facilitate the endorsement period.

Your **Business Manager is the relevant person from your department who will review your budget and general aspects of your application,** and who will be responsible for overseeing the financial aspects of your funds.

Business Manager

Service Line Director