

Sample form, not for online completion.

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

Project title

- ☐ By proceeding with the RBWH Foundation Grant application, you agree to the RBWH Foundation Privacy Collection Statement <https://www.rbwhfoundation.com.au/privacy-collection-statement>.

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

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

☐ Yes

☐ No

Have you engaged with and/or supported the RBWH Foundation in the last 2 years?

☐ Yes

☐ No

Is your proposed project/patient care initiative primarily based at RBWH and/or STARS?

☐ Yes

☐ No

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

☐ Yes

☐ No

Applicant Details

Title

First name

Last name

Position title/role

Department & service line

Applicant email address

Applicant phone number

Applicant mobile number (optional)

Career stage

	▼
Early Career Applicant	
Experienced	

Early Career applicant is broadly defined as an applicant at an early stage in their career.

An early career applicant could be someone within 8 years of commencing active research, or being involved as a project lead on patient care initiatives.

An early career researcher is generally an individual within eight years of completing their research higher degree (MPhil, PhD or equivalent).

Is this appointment paid or honorary?

	▼
Paid	
Honorary	

Give brief description of how you have engaged with and/or supported the RBWH Foundation in the last 2 years? 150 words

Project/Initiative

Project/Initiative title

15 words

Keywords (3-5 words)

Is this a new or existing project/initiative?

New

Existing

Lay summary

150 words

Describe the overall aims and expected outcomes of the research/initiative and 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/initiative

300 words

Your project outline should include the scope, aim, and objectives, brief methodology, and intended patient benefit or impact on patient care.

How will this project/initiative improve the patient outcomes?

250 words

Please clearly describe what clinical problem/ patient care concern that you are proposing to be address, including how many people you expect this project/initiative will impact, both directly and indirectly.

How will the success of this project/initiative be measured?

250 words

Please include outcome measures, quantifiable benefit of proposed solutions e.g. reduced mortality, improved Quality of Life measures, reduced length of stay, staff and other resourcing alleviated.

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 project or patient initiative please consider COVID-related impacts in your risk considerations. Also consider any risk related to the estimated cost of delivering your project, including any equipment pricing.

Attach a project/research plan including key milestones and the completion date (maximum 3 pages).



If your research project requires ethics and governance, these must be approved prior to funding being distributed. If you already have Ethics approval, Ethics Exemption documents etc these can be uploaded in the Supporting material section.

Budget

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

Yes

No

Provide a breakdown of the budgeted items required for your project/initiative.

Item	Cost
1	
2	
3	

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

Collaboration

Title

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

Yes

No

First name

Last name

Email

Position

Involvement100 words

Please, describe briefly the collaborator contributor to your project/initiative.

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.

Type of attachment (optional)

Quotes

Ethics

SSA

Other

Name of attachment

Description (optional)

Business Manager

Name (First & Last name)

Email

Phone number

Service Line Director

Name (First & Last name)

Email

Phone Number

Executive Director

Please select RBWH or STARS

RBWH

STARS

SAMPLE