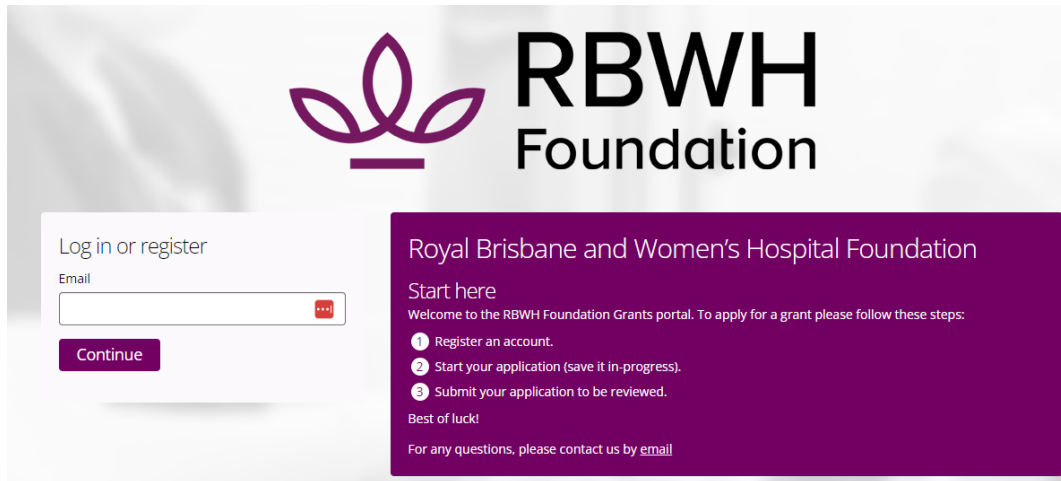# Grant Round 4

INFORMATION SLIDE DECK – APPLICATION FORM

Initial Page
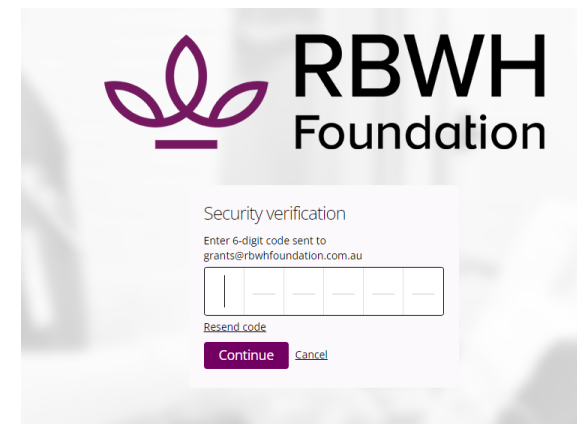
▶ **Login into the grant platform**

First-time users, you need to <u>register</u> an account using your @health.qld OR @...edu.au email.

▶ **Password set up**

To set your password, click 'Continue'. It will trigger the 6-digit verification code to be sent to the email you registered, which will allow you to set your password.

Within your profile

▶ You can enable multi-factor authentication if you choose to.

▶ The first screen provides information and the links to our Application Guidelines on our grants landing page website, that contains the terms and conditions of this grant funding, and the Privacy Collection Statement link.

✎ ⓘ Important grants information ⌄

Dates

- **Application submission deadline: 31 March 2025** at 23:59 AEST.
- Please note the application deadline. This date is final and no extensions will be provided. The system will automatically prevent application submission after the deadline.
- The **endorsement** by the Business Manager, Service Line Director and Executive Director has a **separate deadline: 10 April** at 18:00 AEST.
- Successful applications will be notified in mid June.

Important Information

There are **two different application forms** available. Please read carefully:

Select **Patient Care application form** if your application aims to improve patients and their families/visitors experience, environment, wellbeing and satisfaction.

Select **Research application form** if your application poses a question/aims to address a hypothesis and/or it requires Ethics Approval and/or it evaluates quality improvement of clinical care.

- You may save your application as a draft and even edit it after submitting, up until the submission deadline.
- Please make sure all your personal details are entered accurately, including contact details, so that we can contact you.
- **To streamline communication and documentation, we strongly recommend that the Lead Applicant and the grant writer be the same individual, using the same email address and name**.
- You are eligible to submit only **one application as Lead Applicant**. However, you may be listed as a collaborator in other applications.
- By submitting an application you are agreeing to the Terms and Conditions of the funding (as per Application Guidelines) and to the RBWH Foundation Privacy Collection Statement.
- Your application will be evaluated according to the Scoring Criteria.

Support

If you have any questions about the application process, please contact the RBWH Foundation Impact and Grants Team by Email.

▶ You can contact us by email (grants@rbwhfoundation.com.au) - and the quick link is also on the home page.

RBWH Foundation

Application
We will cover some relevant parts of the application process.

▶ To start an application, choose between PATIENT CARE or RESEARCH and click 'Start Application'.

Select **PATIENT CARE** if your application aims to improve patients and their families/visitor experience, environment, wellbeing and satisfaction.

RBWHF Grant Round 4 - PATIENT CARE

Start application

RBWHF Grant Round 4 - RESEARCH

Start application

Select **RESEARCH** if your application poses a question/aims to address a hypothesis and/or it requires Ethics Approval and/or it evaluates quality improvement of clinical care.

Only one application per lead investigator (or project lead) is allowed. When you first create your submission, bear in mind that you will have to continue to edit that submission. The system <u>will not</u> allow you to start a new one.

▶ Work through the tabs at the top while completing your application.

My applications → RBWHF Grant Round 4 - RESEARCH → Start application

All questions must be answered, unless marked optional.

| Start here | Eligibility | Lead Applicant | Project Details | Budget | Collaboration | Supporting material | Endorsements |

RBWH Foundation

Start here

✎ ⓘ IMPORTANT ⌄

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

Category

RBWHF Round 4 - PATIENT CARE

The **Category** will be automatically filled depending on the application form you selected on starting page.

📄 Download blank application PDF for reference

← You can choose to download a blank application for reference.

Project title

Test

Provide your project/initiative title.

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

Confirm your consent to our Privacy Collection Statement.

Save + next   Cancel

RBWH
Foundation

Eligibility

Start here | **Eligibility** | **Lead Applicant** | **Initiative details** | **Budget** | **Collaboration** | **Supporting material** | **Endorsements**

Eligibility Information ⌄

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

Research projects or Patient Care initiatives are eligble when:

- they are led by a primary applicant who holds an appointment with RBWH, STARS, a Metro North Health Institute, or the Metro North Health Office of Chief Executive and;
- 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.

Do you hold an appointment at RBWH, STARS, or Metro North Institute* or the Metro North Office of Chief Executive at the Herston Health Precinct?

- ◉ 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 Patient Care initiative primarily based at RBWH and/or STARS?

- ◉ Yes
- ○ No

Will your proposed Patient Care initiative have impact and benefit to patients at RBWH and/or STARS?
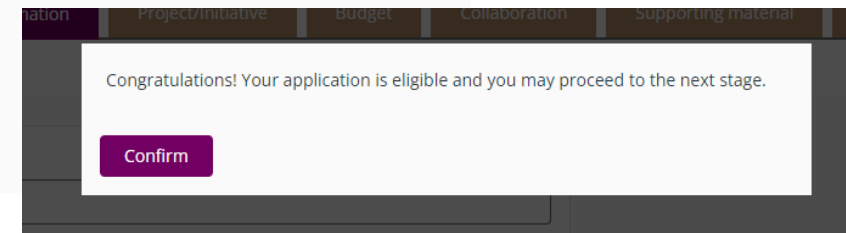
- ◉ Yes
- ○ No

Save + close | **Preview** | **Check eligibility**

Respond to the three questions under the Eligibility tab and <u>click 'Check Eligibility'</u>. Unless you click it, the platform will not allow you to save and/or proceed your application.

▶ If you are eligible to apply, the form will 'open' for you, so you can then navigate through the submission in any order you choose.

Congratulations! Your application is eligible and you may proceed to the next stage.

Confirm

RBWH Foundation

Applicant information

▶ General questions: Title (dropdown menu), your name, Position title/role, Department & service line, Indigenous identification and your contact details.

▶ For **RESEARCH** applicants only:

▶ **Career stage**

Career stage

[dropdown]
Early Career Applicant
Experienced

An Early Career Applicant is generally an individual within 8 years of completing their higher degree (MPhil, PhD or equivalent). However, this is inclusive of those who may not hold a research higher degree or of commencing active research as a project leader.

▶ **Mentorship**

Provide information about what qualifies you as an Early Career and about your mentorship/supervision team, including their names and roles in your project. Do not forget to add them as Collaborators in the Collaboration tab.

0 / 200 words

If you selected Early Career Applicant, you'll be prompted to provide details about your mentorship/supervision team.

Applicant information
Foundation Engagement

▶ **Your engagement with and/or support of the RBWH Foundation.**

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.

0 / 150 words

This question helps us to understand how to best collaborate with hospital stakeholders for maximum impact.

Here are some examples on how you can get involved with us:

| **Volunteering at an event, e.g. Giving Day** | **Share our social media posts & sign up for our news** | **Share your story with donors e.g. donor tours** | **Make a direct donation or through payroll** | **Host your own or join one of our fundraisers** | **Invite us to activities showcasing your project** |

RBWH Foundation

Project/Initiative details – for both Research and Patient Care

This section should be reasonably intuitive for all applicants, but here is the relevant information for some questions in this section.

Is this a new or existing project/initiative?

You need to indicate whether this is a New or Existing project. If this you select 'Existing', an additional dialogue box will open. Follow the prompts to respond to the existing status.

Existing project status
0 / 250 words

Does your initiative involve consumer engagement?

You need to indicate whether your project/initiative involves consumer engagement. If you reply 'Yes', an additional dialogue box will open in which you'll be required to describe in what capacity.

Please, describe in which capacity the consumer/s is/are involved and what is their role in your initiative.
0 / 150 words

Initiative details – for **Patient Care only**

Outline your initiative — 0 / 400 words

Your Patient Care initiative outline should include clear rationale, objectives, and intended outcomes. Use this section to describe the potential reach of your initiative across RBWH and/or STARS, highlighting benefits beyond the funding period.

How will the success of this initiative be measured? — 0 / 300 words

Include outcome measures and indicate evaluation mechanisms e.g. surveys, feedback, initiative deployment that will be used to measure the success of your initiative, e.g. enhancement of patient experience, improvement of patient/family wellbeing during stay, improvement of communication, staff and other resource alleviated, etc.

OPTIONAL: Attach a Patient Care initiative plan including key milestones and the completion date. (optional)

Drag your file here
or
Select file

If you opt for providing a Patient Care initiative plan, please use font size minimum 11. Max 3 pages.
As a guide, we recommend the following content for your initiative plan:

Background - provide a brief background of your initiative, explain why it is needed and how and which aspects of patient quality of care it will improve.
Outline - you can use this section to detail your initiative scope, objectives, evaluation mechanisms and intended outcomes.
Key milestones and outcome measurement explain how success will be measured and provide a timeline of key milestones and expected completion date of your initiative.
References

Project details – for **Research only**

Lay summary — 0 / 150 words

Outline your project — 0 / 600 words

How will this project improve patient outcomes? — 0 / 400 words

How will the success of this project be measured? — 0 / 350 words

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

Drag and drop is disabled
or
Select file

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.

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

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.

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.

Optional. 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?

Please provide a full itemised budget for your initiative, 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	Cosr
1		A$
2		A$
3		A$
	Total	A$0.00

Add row

You are requested to provide:
- Total budget: breakdown of items budgeted for all costs of your project/initiative, including the ones not requested in this grant application (if applicable in the case of larger and/or ongoing projects).

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.

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

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

You are request to provide, <u>from the above table</u>:

- List the items from the above table that comprise the amount requested from the Foundation.
- Total amount you're requesting from the RBWH Foundation in this application.

What is the amount you are requesting from the RBWH Foundation through this application?

A$

Funds are capped at $50,000. This should be the sum of the cost of the items you answered on the above question.

Provide a brief justification of your budget. If you're asking funds for staff, include FTE and salary base; staff in-kind details; equipment and consumables details, etc. Don't forget to include Foundation Acknowledgement costs (see hint box for details).

0 / 300 words

Appropriate acknowledgment and recognition that the project/initiative was made possible through RBWH Foundation funding and our generous donors:
• Physical contributions (i.e., equipment, furniture, refurbishment, etc.) are to be acknowledged with a plaque or a framed certificate on spaces, using templates with approved branding, provided by RBWH Foundation, and in accordance with Metro North Health guidelines.

RBWH Foundation

Collaboration & Supporting material

Start here | **Eligibility** | **Applicant information** | **Project/Initiative** | **Budget** | **Collaboration** | **Supporting material** | **Endorsement**

✎ ⓘ Collaboration ⌄

Collaboration

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

Yes

I confirm that all collaborators listed here are aware and supportive of this application. (optional)
☐ Yes

Contributor #1   Delete

Title

⬚ 🔴

First name

Last name

Email

Position

Involvement   0 / 100 words

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

Add contributor

You can list as many co-investigators as you want/need to. A co-investigator can be submitting their own application as a Lead Investigator.

There is no requirement for collaborators to sign their approval of the submission, however, lead applicants are required to confirm that they have communicated the listed collaborators about the submission.

On the **Supporting Material** you can provide (but not limited to):

- Equipment quotes.
- Staff FTE information.
- For Research applications: SSA, Governance, HREC approvals/exemptions (It is <u>not</u> mandatory that you have them on the <u>application time</u>. However, <u>if you are successful, you will be required to provide these before funding is distributed).</u>
- Any other document that supports your application.

Do not use the **Supporting Material** tab to upload yours and/or collaborators' track record, publication lists, or curriculum vitae.

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dation

Endorsement

- This step will be facilitated by the applicant filling the name and email addresses of their appropriate Business Manager (BM) and Service Line Director (SLD).

- Upon submission, the platform will automatically notify BM and SLD that their endorsement is required. **There is no need of their signature in any document – everything will be done via the grants' platform.**

- If the applicant is unsure of the SLD email address, please check with your BM.

- BM and SLD should be Metro North Health Precinct based (they cannot be from an academic affiliation cost centre).

Your **Business Manager** is the relevant person from your department that will review your budget and general aspects of your application, and who will be responsible for oversighting the financial aspects of your funds if you are successful. Make sure you discuss your application with the right BM and provide their correct details. This will facilitate the endorsement period.

Business Manager

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

☐ Yes

Make sure you speak with your teams and reporting line managers to ensure endorsement process is as smooth as possible, avoiding delays.
You'll be asked to confirm you've done so before providing the names and contacts of your BM, SLD, and ED. See next slide.

Endorsement

Business Manager

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

☑ Yes

First and last name

[⋯]

Email

[   ]

Phone number

[🇦🇺 +61 ▾]

Your **Business Manager** is the relevant person from your department that will review your budget and general aspects of your application, and who will be responsible for oversighting the financial aspects of your funds if you are successful. Make sure you discuss your application with the right BM and provide their correct details. This will facilitate the endorsement period.

Service Line Director

First and last name

[⋯]

Email

[   ]

Phone number

[🇦🇺 +61 ▾]

Your Service Line Director is the lead of the service line where your department sits, such as Critical Care or Cancer Care. A guide to service lines can be found here: https://metronorth.health.qld.gov.au/research/research-reports/rbwh-research-report-2022

Grant Round 4

Information slide deck – Application Form

Steph Miller, Impacts and Grant Manager

Vivian Kahl, Impacts and Grant Coordinator

grants@rbwhfoundation.com.au