

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 3 - 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 led by a primary applicant who holds an appointment with RBWH, STARS or a Metro North Health Institute located on the Herston Health Precinct 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 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 - Dropdown Menu

▼

- Doctor
- Prof
- Assoc Prof
- Mr
- Mrs
- Ms
- Other

First name

Last name

Position/Role

Department & Service Line

Primary organisation - Dropdown Menu

▼

- RBWH
- STARS
- CBCI
- HBI
- HeIDI
- JTI

Email address

Phone number

Mobile number (optional)

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

| | |
|---|---|
| | ▼ |
| No | |
| Yes, Aboriginal | |
| Yes, Torres Strait Islander | |
| Yes, both Aboriginal and Torres Strait Islander | |

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

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While Foundation support isn't an eligibility criterion for funding, it is only through our collective community effort that funds are available for research and patient care through our Grant rounds.

Career stage- Dropdown Menu

| | |
|--|---|
| | ▼ |
| Early Career Applicant - if you select ECA, a new text box will open for you to comment on it. | |
| 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

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? - Dropdown Menu

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|--|---|
| | ▼ |
| New | |
| Existing - if you select Existing, a new text box will open for you to comment on the status of the existing project | |

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 Patient Care initiative. Please, consider COVID-related impacts in your risk considerations. Consider any risk related to the estimated cost of delivering your initiative (including changes to equipment pricing, wages).

Does your project involve consumer engagement? - Dropdown menu

| | |
|--|---|
| | ▼ |
| Yes - If you select 'Yes', a new text box will open for you to comment on the consumer involvement | |
| 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? - Dropdown menu

| | |
|---|---|
| | ▼ |
| Yes - If you select Yes, a new text box will open for you to provide further information about the equipment/medical device | |
| No | |

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 | 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 through this application?


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

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

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

Collaboration

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

menu 

Yes

No

Title

Fisrt name

Last name

Email address

Position/Role

Involvement

100 words

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

Supporting material

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

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.

Endorsements

- The endorsement process 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

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

Yes - you'll only be able to provide contact details of your BM, SLD and ED once you've confirmed had discussed this submission with your BM

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 overseeing 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

Executive Director

