FY27 Innovation Grant EOI
Form Preview

APPLICANT DETAILS

* indicates a required field

Please ensure you have read the Grant Guidelines before completing your submission.

Chief Investigators

Please give details for each Chief Investigator. Additional CI details can be added using the "add more" button.

Chief Investigator *

Title | First Name | Last Name

Email *

Must be an email address.

Phone Number *

Must be an Australian phone number.

Professional association with The Prince Charles Hospital *

Gender *

- ○ Female
- ○ Male
- ○ Non-binary
- ○ Other:
- ○ Prefer not to say

Administering Institution

The grant can be administered by TPCH, or an outside administering institution such as a University. Please provide details of the nominated administering institute below.

Note, funds will fully remain within The Prince Charles Hospital Foundation, and will only be transferred in arrears.

Name of Organisation

RESEARCH PROJECT AND PROPOSED BUDGET

* indicates a required field

Summary Information

Title of project: *

Lay title: *

What is the primary priority area that your research addresses? *
- ○ Heart
- ○ Lung
- ○ Mental Health
- ○ Ageing
- ○ Paediatrics
- ○ Other:

Please indicate if your research addresses any additional Foundation priority areas
- ☐ Heart
- ☐ Lung
- ☐ Mental Health
- ☐ Ageing
- ☐ Paediatrics
- ☐ Other:

Select all that apply. Projects that align with at least one of the Foundation's priority areas will be highly regarded. Projects that do not directly align with these priorities are still eligible to apply.

Outline how your research aligns with the priority area(s) selected above. How does it address the Foundation's mission to 'help people live healthier for longer'? *

Word count:
Must be no more than 100 words.

Project Information

Please describe the type of research to be undertaken *

Word count:
Must be no more than 6 words.
E.g. animal research, human research, data linkage etc.

Relevance of the research to TPCH *

Word count:
Must be no more than 250 words.
Please explain how the research is directly relevant to TPCH.

Describe what clinical needs are being addressed, how the research is innovative, and how it will lead to better patient outcomes. *

Word count:
Must be no more than 250 words.
Please include how this research builds on previous research in the field.

Please briefly describe the significance, background, aims, methodology, and potential outcomes of the project. *

Word count:
Must be no more than 250 words.
Where multiple applications are submitted from the same laboratory or research group, please outline how your project is distinct from the other applications.

Briefly describe the research proposal in lay terms. *

Word count:
Must be no more than 200 words.

Does this application relate to Aboriginal or Torres Strait Islander health research? *

- ○ Yes
- ○ No

Indigenous health must be a specific focus of the research. If your application progresses to the full round and you have answered 'yes' to this question, you will be provided with space to address the NHMRC Indigenous Research Excellence Criteria (IREC).

Does your Research Plan include a co-design component?

- ○ Yes
- ○ No

Co-design research projects involve collaboration with stakeholders, particularly those with lived experience. If your application proceeds to the full round and you have answered 'yes', you will be provided with space to describe your co-design approach.

Budget

Please note, if invited to submit a full application, a detailed and justified budget will be requested.

How much is being requested from TPCH Foundation for the study? *

$

Must be a dollar amount.

APPLICATION CONDITIONS

* indicates a required field

Signatures

Click on ‘Review’ in the top left hand section of the application form under the ‘Application Form Navigation’ section. Then click the ‘Download PDF’ button on the Review page to print a draft copy for signatures, have all parties sign and then upload a PDF copy in the 'file upload' section below.

Certification by Applicants

The following conditions apply to this application:

1. The applicants authorise The Prince Charles Hospital Foundation to make any enquiries it considers necessary in relation to the proposed application.

2. The applicants have notified the proposed administering institution regarding this submission and any relevant approvals have been obtained.

Signature PDF *

Attach a file:

Please attach signature PDF page here

Signature of each Chief Investigator

CI Name, Date and Signature

Submission Instructions

Please ensure you have attached your signed signature page and any other necessary documents.

To submit your application click the ‘Submit’ button on the Review page.

You will be sent an email confirming your application has been received.

Thank you and all the best with your submission.