Applicant Details

* indicates a required field

Applicant

Title *

First name *

Last name *

SCHHS Position *

SCHHS Department *

Email *

Must be an email address.

Phone Number *

Must be an Australian phone number.

Co-Investigators

Please list the co-investigators to be included on your external grant application (IMPORTANT: please include name, job title/student status and organisation).

Eligibility criteria

* indicates a required field

IMPORTANT

Please tick/check the appropriate statement relating to all of the eligibility criteria listed below.

If you are unable to check/tick the first option relating to each of the eligibility criteria, it is likely that you are NOT ELIGIBLE to apply to this funding scheme, and your application may not proceed to the assessment stage.

Please contact the Research Governance and Development Unit if you need to discuss your options: SC-Research-Grants@health.qld.gov.au

Administering Organisation *
○ The SCHHS WILL be the Administering Organisation for the external grant.
○ The SCHHS WILL NOT be the Administering Organisation for the external grant.

Principal Investigator *
○ I AM the Principal (lead/first-listed) Investigator on the external grant application.
○ I AM NOT the Principal (lead/first-listed) Investigator on the external grant application.

External Grant *
○ The external grant IS ALIGNED to a Category 1 Australian competitive grant - as defined in the current Higher Education Research Data Collection specifications.
○ The external grant IS NOT ALIGNED to a Category 1 Australian competitive grant - as defined in the current Higher Education Research Data Collection specifications.
https://www.education.gov.au/research-block-grants/higher-education-research-data-collection

SCHHS appointment *
○ I HAVE an appointment with the SCHHS of at least 0.4 FTE, and expect to do so for the duration of the funded project.
○ I DO NOT HAVE an appointment with the SCHHS of at least 0.4 FTE.

SERTF-Wishlist co-contribution grant amount *
○ I AM applying for up to $100,000 over the duration of the project.
○ I AM NOT applying for up to $100,000 over the duration of the project.

SCHHS Research Strategic Plan *
○ My project ALIGNS with the SCHHS Research Strategic Plan.
○ My project DOES NOT ALIGN with the SCHHS Research Strategic Plan.
https://www.sunshinecoast.health.qld.gov.au/__data/assets/pdf_file/0018/103743/research-strategic-plan-2016-2021.pdf

Departmental Research Strategic Plan *
○ My project ALIGNS with my Departmental Research Strategic Plan.
○ My project DOES NOT ALIGN with my Departmental Research Strategic Plan.

Previous applications for a SERTF-Wishlist Co-contribution Grant *
○ I HAVE NOT applied for a SERTF-Wishlist Co-contribution Grant in the last 12 months.
○ I HAVE applied for a SERTF-Wishlist Co-contribution Grant in the last 12 months.

Current SERTF-Wishlist Co-contribution Grant *
○ I DO NOT currently hold a SERTF-Wishlist Co-contribution Grant.
○ I DO currently hold a SERTF-Wishlist Co-contribution Grant.

Applications to other SERTF-Wishlist Grant opportunities *

○   I DO NOT HOLD/HAVE NOT APPLIED FOR (outcome not yet known) another SERTF-Wishlist grant for the same project.

○   I HOLD/HAVE APPLIED FOR (outcome not yet known) another SERTF-Wishlist grant for the same project.

Desirable criteria

Please tick/check the appropriate statement relating to all of the desirable criteria listed below.

Co-contribution grant expenditure *

○   All of the SERTF-Wishlist co-contribution grant WILL be spent within the SCHHS.

○   Some of the SERTF-Wishlist co-contribution grant WILL be spent within the SCHHS.

○   The SERTF-Wishlist co-contribution grant WILL NOT be spent within the SCHHS.

External grant expenditure *

○   External grant funds WILL be utilised within the SCHHS for onsite research activities.

○   External grant funds WILL NOT be utilised within the SCHHS for onsite research activities.

External grant *

○   The external grant funds WILL support inclusion of other, preferably early / emerging researchers within the SCHHS.

○   The external grant funds WILL NOT support inclusion of other, preferably early / emerging researchers within the SCHHS.

SCHHS Departmental support *

○   My Department HAS demonstrated support for the research proposal by approving significant in-kind contribution to the project such as researcher time, use of departmental facilities, etc.

○   My Department HAS NOT approved significant in-kind contribution to the project such as researcher time, use of departmental facilities, etc.

External grant

* indicates a required field

External grant - project details

External grant - project title *

[   ]

External grant - project summary *

[   ]

Word count:
Must be no more than 100 words.

Please write the summary for an audience who is not an expert in your field. Guidance is available here (if required): https://qheps.health.qld.gov.au/schsd/education-and-training/sertf/current-research-funding-opportunities

Alignment with SCHHS and Departmental Research Strategies

Please explain how the project aligns to the SCHHS Research Strategic Plan *

Word count:

Must be no more than 400 words.
https://www.sunshinecoast.health.qld.gov.au/__data/assets/pdf_file/0018/103743/research-strategic-plan-2016-2021.pdf

Please explain how the project aligns with your Departmental Research Strategic Plan *

Word count:

Must be no more than 400 words.

External Grant - for which co-contribution is sought

Details of the external grant for which a co-contribution is being sought *

Please include the Funding Organisation, submission requirements and project budget, plus any other pertinent information

External Grant - closing date *

Project Funding

* indicates a required field

External Grant

Please indicate the total External Grant amount being applied for (not including the Co-contribution grant) *

$

Must be a dollar amount.

Please indicate the amount of co-contribution funding required.

Please contact the SCHHS Research Office if the co-contribution funding is required for more than five years.

Total amount of Co-Contribution funding requested *

$

Must be a dollar amount.

Amount of co-contribution funding requested - Year one

$

Must be a dollar amount.

Amount of co-contribution funding requested - Year two

$

Must be a dollar amount.

Amount of co-contribution funding requested - Year three

$

Must be a dollar amount.

Amount of co-contribution funding requested - Year four

$

Must be a dollar amount.

Amount of co-contribution funding requested - Year five

$

Must be a dollar amount.

$ commitment from other sources (collaborators, universities/research institutions etc)

Note: this section should NOT include the $ being sought from the external grant

Total $ commitment from other sources *

$

Must be a dollar amount.
Cash and/or in-kind

Amount of $ commitment from other sources - Year one

$

Must be a dollar amount.

Amount of $ commitment from other sources - Year two

$

Must be a dollar amount.

Amount of $ commitment from other sources - Year three

$

Must be a dollar amount.

Amount of $ commitment from other sources - Year four

$

Must be a dollar amount.

Amount of $ commitment from other sources - Year five

$

Must be a dollar amount.

Budget details

* indicates a required field

Budget detail *
Attach a file:

Proposed budget on the SCHHS research budget template - including proposed use of cash funds as well as other SCHHS in-kind contribution. Budget template is available here: https://qheps.health.qld.gov.au/schsd/education-and-training/sertf/current-research-funding-opportunities.

Budget approval *
Attach a file:

SCHHS Budget template summary page signed by the PI, Head of Department (if not the PI on the application) and Service Group Business Manager. Budget template is available here: https://qheps.health.qld.gov.au/schsd/education-and-training/sertf/current-research-funding-opportunities

Amount of Co-contribution Grant requested *

$

Must be a dollar amount.

Co-contribution amount to be spent within the SCHHS *

$

Must be a dollar amount.

Co- contribution amount to be spent externally (outside the SCHHS) *

$

Must be a dollar amount.

Co-contribution Grant amount - budget justification *

Provide a justification of the Co-contribution Grant amount, indicating how funds will be spent, and why the amounts are needed. Ensure all Co-contribution Grant expenditure to be spent outside of the SCHHS is fully justified.

Supporting Documentation

* indicates a required field

External Grant Guidelines *
Attach a file:

Attach a copy of the funding guidelines for the external grant funding program for which the SERTF-Wishlist co-contribution grant is being sought, including the assessment criteria and process.

External Grant - Terms and Conditions (if applicable)
Attach a file:

Attach a copy of any terms and conditions associated with the funding (should the application be successful), which will be assessed by the Research Governance and Development Unit and must be deemed acceptable for the application to proceed. Note: time for seeking external legal advice may be required if there is need for clarification of terms and conditions which may not be acceptable to the SCHHS and this should be factored into the timing of the application.

Investigator CVs

Principal Investigator CV (Chief Investigator A) *
Attach a file:

Upload a 2-page CV

Co-investigator CVs
Attach a file:

Upload a 2-page CV for each CI (amlagamate the CVs into a single PDF document)

External Grant Application

External Grant Application, Expression of Interest or 2-page proposal *
Attach a file:

Copy of proposed external grant application, Expression of Interest or 2-page proposal

Approval Documents

SCHHS internal Letter of Support - Head of Department
Attach a file:

A signed Letter of Support from the Head of Department (signatory must not be an Investigator in the Co-Contribution for External Research Grant or in the external grant application). Template is available here: https://qheps.health.qld.gov.au/schsd/education-and-training/sertf/current-research-funding-opportunities

SCHHS internal Letter of Support - Service Group Manager *
Attach a file:

A signed Letter of Support from the Service Group Manager (signatory must not be an Investigator in the Co-Contribution Grant or in the external grant application, if this is the case, the letter should be signed by the Manager of the Service Group Manager).Template is available here: https://qheps.health.qld.gov.au/schsd/education-and-training/sertf/current-research-funding-opportunities

Letter(s) of support/email(s) from Collaborating Institutions (if applicable)
Attach a file:

Letters of Support/emails indicating proposed in-kind support and cash contributions from each of the collaborating institutions providing funds towards to the application (if applicable). Letters/emails MUST be drafted by the collaborating institution - please do not use the SCHHS Departmental Letter of Support. Please scan multiple letters/emails into one PDF document for upload.

Departmental Research Strategy

IMPORTANT

Please email a copy of your Departmental Research Strategy to: SC-Research-Grants@health.qld.gov.au

Please ensure the SmartyGrants application identification number is included.

The Departmental Research Strategy WILL NOT BE SHARED outside the SCHHS.

Please review your application

Please take the time to review your application before submission.

Ensure that you have uploaded the correct files where required.