

**Application for Research Funding HITH Society Australasia, HITH Research Interest Group 2016**

The HITH Research Grants are administered by a panel of members of the HITH Research Interest Group which includes two members of the HITH Society Australasia Executive. It is anticipated that these grants will be awarded annually. There will be two Research Grants of $5000 to be awarded. The HITHRIG Grant Application form will be available on the HITH Society web site.

The criteria for the HITH Research Grant are:

1. The grants are only open to financial members of the HITH Society Australasia. The principal investigator should also be a financial member of the Society.
2. Applications must be submitted electronically on the application form to: research@hithsociety.org.au

by 30th September 2016. No late entries will be considered

1. The research proposal should include the background, hypothesis, aims, methods, anticipated outcomes at 12 months, and references. A budget should justify the proposed expenditure. Successful applicants must provide the HITHRIG Grant committee with a report at the completion of the project, or at twelve months, whichever comes first.
2. Research projects may be single or multi-centre studies.
3. The HITHRIG reserves the right to vary the number and dollar value of grants if it is deemed that the applications of are not of sufficient calibre to justify the proposed expenditure.

Applications will be assessed on

1. The originality of the research proposed
2. The relevance to HITH and importance of the research project to the furthering of knowledge on HITH provision
3. The clarity and quality of the project proposal. HITHRIG members can assist a new researcher to develop a proposal

Dated: 12th August 2016

Daryl Kroschel Executive Sponsor, HITHRIG

**Application for Research Funding HITH Society Australasia, HITH Research Interest Group 2016**

|  |  |
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| **1.** | **ADMINISTRATIVE INFORMATION** |
|  | **1.1** | **Project Title:**  |  |
|  | **1.2** | **Principal Investigator:** |  |
|  |  | Please specify below**:****Medical Practitioner** |
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| --- | --- |
| **Qualifications:** |  |
| **Address:** |  |
| **Email:** |  |
| **Telephone:** |  |

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|  **Note**: All Principal Investigators need to provide evidence of that they have current Good Clinical Practice (GCP) training.  GCP training may be completed with the National Institute of Health on the following link: <https://phrp.nihtraining.com/users/login.php?l=3>  |

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|  | **1.3** | **Student Researcher (if applicable):** (A student researcher must list HITH member supervisor as Principal Investigator above.) |

|  |  |
| --- | --- |
| **Name:** |  |
| **Qualifications:** |  |
| **Role in research:** |  |
| **Address:** |  |
| **Email:** |  |
| **Telephone:** |  |

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| --- | --- | --- |
|  | **1.4** | **Other Investigator/s** |
|  |  |  |  |

|  |  |
| --- | --- |
| **Name:** |  |
| **Qualifications:** |  |
| **Role in research:** |  |
| **Address:** |  |
| **Email:** |  |
| **Telephone:** |  |
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|  | **1.5** | **Study Co-ordinator / Contact for correspondence** |
| **Name:** |  |
| **Role in research:** |  |
| **Qualifications:** |  |
| **Address:** |  |
| **Email:** |  |
| **Telephone:** |  |
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|  | **1.6** |
|  |  |
|  |  | **Person responsible for payments:**  |
|  |  | **Position:**  |
|  |  | **Company/organisation:**  |
|  |  | **Address:**  |
|  |  | **Contact phone number:**  |
|  |  | **Contact email:**  |
|  |  |  |  |
|  | **1.7** | **Where will the project be conducted?** |  |
|  |  |
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|  | **1.8** | **Proposed commencement date** |  |  |
|  |  |  |
|  | **1.9** | **Expected completion date** |  |  |
|  |  |  |
|  | **1.10** | **Other information** |
|  |  |  |  | **Yes** |
|  |  | **1.10.1** | **Is there anything in this project that may conflict with Australasian HITH society Mission Statement?**  |  |
|  |  |  |  | **Yes** |
|  |  | **1.10.2** | **Is there anything in this project which is contrary to the NH&MRC *National Statement on Ethical Conduct in Human Research*?**  |  |
|  |  |  | **Yes** |
|  |  | **1.10.3** | **Is there anything in the project that may contravene various Health Professionals** **Australia’s Code of Ethical Standards for research?** |  |
|  | ***If the answer to any of the above questions is yes, the application will be considered only when the researcher clarifies why this is necessary*** |
|  |  |  | **Yes** |
|  |  | **1.10.4** | **If this is a clinical trial, have your registered?** |  |
|  | ***All clinical trials must be registered on a clinical trials register******e.g. The Australian Clinical Trials Registry. The website is www.actr.org.au*** |  |
|  |  |  | **Registration Number:** |
|  |  |  | A | C | T | R | N |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  | **Date requested:** |  |  |  |
|  |  |  |  **( dd / mm / yyyy )** |

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|  |  |  |  | **Yes** | **No** |
|  | **1.11** | **Have any HRECs considered this project?** |  |  |
|  |  | ***Provide details of the progress of each approval and attach approval letter(s)*** |  |  |
|  |  | **HREC** | **Status of Approval (e.g. ‘Approved [date]’ or ‘Pending’)** |
|  |  |  |  |
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|  |  | ***Add or delete rows as needed*** |  |

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| **2** | **RESOURCE SUMMARY** |
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|  | **2.1** | **How is the project being financed?** |  |
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|  |  |  | **Yes** | **No** |
|  |  |  |  |
|  | **2.2** | **Details of project budget and resource requirements** |  |
|  |  |  |  |  |  |
|  |  | **2.2.1** | **Please attach a project budget** |
|  |  |  |  | **Yes** | **No** |
|  |  | **2.2.2** | **Has agreement been obtained for these resources to be made available to the project?** |  |  |
|  |  | ***Provide written evidence to this effect using project Resourcing and Costing Template*** |  |  |
|  |  |  |  | **Yes** | **No** |
|  |  |  |  |
|  |  | **2.2.3** | **Describe any commercialisation or intellectual property implications of the funding/support arrangement.** |
|  |  |  |  |
| **3** | **PROJECT DETAILS** |
|  | **3.1** | **Project Summary** |
|  |  |  |
|  | **Give a brief plain language summary of the project including aim/hypothesis and rationale relating to current literature. If there is more than one arm or multiples phases, provide a flow chart to illustrate project progression.*****The summary should be in plain (grade 8 level) language suitable to be read and understood by laypersons.******Applications will not be considered by the Committee if the language is complex.*** |
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| **4** | **PROJECT DETAILS** |  |
|  |  |  |  |
|  | ***PLEASE NOTE:******If the answer to any of these questions is to be found in the body of your detailed project protocol, provide relevant page/section references and do not repeat the same information here*** |
|  |  |  |  |
|  | **4.1** | **Independent Peer Review** |  |
|  |  |  |  | **Yes** | **No** |
|  |  | **4.1.1** | **Has the research proposal, including design, methodology and evaluation undergone an independent peer review process?** |  |  |
|  |  | ***If yes, provide details of the review and the outcome******A copy of the letter/notification, where available, should be attached to this application*** |
|  |  | ***If no, explain why the research proposal has not undergone a peer review process*** |
|  |  |  |  | **Yes** | **No** |
|  |  | **4.1.2** | **Will the research proposal, including design, methodology and evaluation, undergo an independent peer review process (e.g. for publication purposes)?** |  |  |
|  |  | ***If yes, provide details of expected review date and reviewing parties*** |
|  |  | ***If no, explain why the research proposal will not undergo a peer review process*** |
| **5.** | **HUMAN RESEARCH ETHICS COMMITTEE ISSUES** |
|  |  |  |
|  | **5.1** | **Payment of participants in research projects** |
|  |  |  | **Yes** | **No** |
|  |  | **5.1.1** | **Are you offering reimbursement for out of pocket expenses to participants?** |  |  |
|  |  | ***If yes, indicate what expenses are being reimbursed******If no, outline why direct out of pocket expenses are not being reimbursed*** |
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|  | **5.2** | **Informing participants of the results of research** | **Yes** | **No** |
|  |  | **5.2.1** | **Do you intend to notify each participant of the results of this research project?** |  |  |
|  |  | ***If yes, how will you notify them? How will you ensure the confidentiality of the notification?******If no, why have you decided not to notify the participants?*** |
|  |  |
|  |  |  |  | **Yes** | **No** |
|  |  | **5.2.2** | **Are there any restrictions on the publication of results from this research?** |  |  |
|  |  | ***If yes, provide details*** |
|  |  |
|  | **NAME:** | **SIGNATURE:** | **DATE:** |
| **Principal Investigator** |  |  |  |
| **Associate Investigator 1****(or student)** |  |  |  |
| **Associate Investigator 2****(or student)** |  |  |  |
| ***Add or delete rows as needed*** |  |  |  |

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| **6.** | **Budget of Project** |

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| **Category** | **Requested Amount**  | **Justification** |
| Participant Incentives |  |  |
| Personnel-research assistant |  |  |
| Other Direct expenses |  |  |

Please email completed applications to research@hithsociety.org.au

Closing date for applications 30th September 2016