

RMIS
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Office use only

# Urgent Research Grant Application

## 1. Information for Input into RMIS

### 1.1 Scientific Title


### 1.2 Simplified Title


<b>1.3 Total grant requested</b>	\$	<b>1.4 Duration of grant</b>	
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### 1.5 Chief Investigator – Details

Chief Investigator A

Title	Given Name	Initials	Family Name
Date of Birth	Gender	Work phone	Fax
Citizenship			

#### Postal Address

Address (Line 1)	
Address (Line 2)	
Address (Line 3)	
Suburb/Town	
State	Postcode
Country	

#### Courier Address

Address (Line 1)	
Address (Line 2)	
Address (Line 3)	
Suburb/Town	
State	Postcode
Country	

(to be repeated for every Chief Investigator named on this application)

**1.6 Administering Institution**

Institution Name		
Research Admin Officer (RAO)	Name:	
RAO Contact details	Tel:	Email:

**1.7 Actual Institutions and Departments where the project will be carried out**

Institution	Department	% Allocation
Total allocation		100%

## 2. Research Proposal

### SCIENTIFIC PROPOSAL

**2.1 Significance** – lay description (suitable for use in media release)  
(2000 characters maximum. Plain text only)

### 3. Ethics and other approvals

**Please note: The process to obtain urgent ethics and other approvals must be commenced immediately with final notification to be relayed to the NHMRC no later than 5pm 30 May 2003.**

#### ETHICAL IMPLICATIONS REGARDING HUMAN RESEARCH

**3.1 Does this research require submission to a Human Research Ethics Committee?**

No  Go to 3.6

Yes

*If yes, the process to obtain urgent ethics clearance must be commenced immediately.*

**3.2 Does this project involve the use of personal information obtained from a Commonwealth Department or agency (including former Repatriation Hospitals)?**

No  Go to 3.3

Yes  Specify Department/Agency

**3.3 Does this project involve the administration to humans of drugs, chemical agents or vaccines?**

No

Yes

**3.4 Ethical implications of experiments on humans** (maximum of 2000 characters)

**3.5 If the research is using humans, are there equal numbers of males to females?**

No  Please provide a brief explanation of the sample size and the ratio of males to females in the study if there are not equal numbers (maximum of 2000 characters)

Yes  Go to 3.6

**ETHICAL IMPLICATIONS REGARDING ANIMAL RESEARCH**

**3.6 Does this research proposal require submission to an Institution’s Ethics Committee responsible for animal research?**

No

Yes

*If yes, the process to obtain urgent ethics clearance must be commenced immediately.*

**3.7 If yes, to which Institutional Animal Experimentation Ethics Committee (AEEC) will this research be submitted? (maximum of 100 characters)**

**3.8 Ethical implications of the project experiments on animals**

Please provide a brief statement justifying the use of animals in these experiments, addressing the general principles of replacement, reduction and refinement (maximum of 2,000 characters)

**3.9 Animal Usage**

Species	Enter Strain or Species	Number

**OTHER APPROVALS**

**3.10 Does this project involve the biocontainment of organisms in such that it requires clearance by a Biosecurity Committee?**

No

Yes

*If yes, the process for urgent biosafety clearance must be commenced immediately*

**3.11 Does this project involve organisms being genetically manipulated such that it falls under current Gene Technology Technical Advisory Committee guidelines?**

No

Yes

**3.12 Does this project involve the use of carcinogenic or highly toxic chemicals?**

No

Yes

### 4. Chief Investigator A Details

#### 4A.1 Personal Details

Title	Given Name	Initials	Family Name
Date of Birth	Gender	Work phone	Fax
e-mail			
Citizenship			

#### 4A.2 Postal Address

Address (Line 1)			
(Line 2)			
(Line 3)			
Suburb/Town			
State	Postcode		
Country			

#### 4A.3 Courier Address

Address (Line 1)			
(Line 2)			
(Line 3)			
Suburb/Town			
State	Postcode		
Country			

#### 4A.4 Recent and Highest Academic Qualifications

	Qualification	Conferring Institution	Year
(i)			
(ii)			
(iii)			
(iv)			

### 4. Chief Investigator B Details

#### 4B.1 Personal Details

Title	Given Name	Initials	Family Name
Date of Birth	Gender	Work phone	Fax
e-mail			
Citizenship			

#### 4B.2 Postal Address

Address (Line 1)			
(Line 2)			
(Line 3)			
Suburb/Town			
State	Postcode		
Country			

#### 4B.3 Courier Address

Address (Line 1)			
(Line 2)			
(Line 3)			
Suburb/Town			
State	Postcode		
Country			

#### 4B.4 Recent and Highest Academic Qualifications

	Qualification	Conferring Institution	Year
(i)			
(ii)			
(iii)			
(iv)			

### 4. Chief Investigator C Details

#### 4C.1 Personal Details

Title	Given Name	Initials	Family Name
Date of Birth	Gender	Work phone	Fax
e-mail			
Citizenship			

#### 4C.2 Postal Address

Address (Line 1)			
(Line 2)			
(Line 3)			
Suburb/Town			
State	Postcode		
Country			

#### 4C.3 Courier Address

Address (Line 1)			
(Line 2)			
(Line 3)			
Suburb/Town			
State	Postcode		
Country			

#### 4C.4 Recent and Highest Academic Qualifications

	Qualification	Conferring Institution	Year
(i)			
(ii)			
(iii)			
(iv)			

### 4. Chief Investigator D Details

#### 4D.1 Personal Details

Title	Given Name	Initials	Family Name
Date of Birth	Gender	Work phone	Fax
e-mail			
Citizenship			

#### 4D.2 Postal Address

Address (Line 1)			
(Line 2)			
(Line 3)			
Suburb/Town			
State	Postcode		
Country			

#### 4D.3 Courier Address

Address (Line 1)			
(Line 2)			
(Line 3)			
Suburb/Town			
State	Postcode		
Country			

#### 4D.4 Recent and Highest Academic Qualifications

	Qualification	Conferring Institution	Year
(i)			
(ii)			
(iii)			
(iv)			

### 5. Associate Investigator Details

#### 5.1 Do you wish to list an Associate Investigator?

No  Go to Q 6.1

Yes

Title	Given Name	Family Name	Contribution (500 characters max)

**6. Professional Research Person Details**

**6.1 Do you wish to request a salary for a Professional Research Person(s)?**

No  Go to 7.1 Yes

**7. Technical Support Staff Details (non-graduate)**

**7.1 Do you wish to request a salary for Technical Support Staff (non-graduate personnel)?**

No  Go to 8.1. Yes

### 8. Budget Items

#### Equipment

8.1 Enter the total value of all items of equipment

Year 1	\$
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8.2 Justification for your equipment request (only include individual items of equipment over (\$10,000) (2000 characters max)

#### Direct Research Costs

8.2 Enter the total value of Direct Research Costs

Year 1	\$
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8.3 Give details of and justify each item of Direct Research Costs

### 9. Budget

NOTE: FUNDING WILL BE PROVIDED ON A ONE-LINE BASIS  
 THERE WILL BE NO PROVISION TO INCREASE FUNDS FOR ANY REASON  
 THERE WILL BE NO "OUT-TURN" FOR FUTURE YEARS  
 THIS AMOUNT IS INCLUSIVE OF **GOODS AND SERVICES TAX**

#### 9.1 Budget Items:

<b>PERSONNEL (Specify positions,)</b>	<b>Salary Rate</b>	<b>\$</b>
	<b>Sub Totals</b>	

<b>EQUIPMENT and CONSUMABLES</b>	<b>\$</b>
<b>Sub Totals</b>	

<b>TOTAL BUDGET REQUESTED</b>	
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## 10. Attachments

There are a number of attachments you must include with your application.

Below is a list of attachments required. They must be supplied electronically.

If you have any queries regarding this process, please refer to the *Advice and Instructions for Applicants*.

### **Attachments required:**

Project Synopsis (maximum 2 pages)

Detailed Background and Research Plan (maximum of 4 pages 12 pitch Times New Roman)

Please note: The NHMRC reserves the right to request references, publication lists and curriculum vitae, as appropriate.

**Certification**

**Certification by Head of Department/Head of Research Committee**

I certify that the appropriate general facilities will be available to the applicant if successful and that I am prepared to have the project carried out strictly in accordance with the conditions governing NHMRC project grants at that time.

Surname	Title	Initials	Department

Signature	Date

**Certification by Head/Nominee of Administering Institution**

I certify that this request satisfied the requirements of this Institution, and that this Institution has established administrative processes for assuring sound scientific practice in accordance with the 'Joint NHMRC/AVCC Statements and Guidelines on Research Practice'.

Surname	Title	Initials	Department

Signature	Date

**Certification by Chief Investigator A**

I certify that all details given in this application are correct and that written agreement has been provided by all named Chief Investigators. I also agree to carry out the project in strict accordance with the conditions governing NHMRC Strategic Research grants at the time and acknowledge that the research material contained herein may be used for internal NHMRC quality evaluations and reviews.

Surname	Title	Initials	Department

Signature	Date

**Verification by Research Administrative Officer**

I verify that I have checked this application and that, to the best of my knowledge, all relevant details are correct at the time of lodgement with the NHMRC

Surname	Title	Initials	Department

Signature	Date