

**INSTRUCTIONS TO APPLICANTS**

Before completing this Scholarship application, and submitting the application please:

* consult the National Blood Sector Research and Development Program Grant Opportunity Guidelines Round 5, available on GrantConnect or at [www.blood.gov.au/research-and-development](http://www.blood.gov.au/research-and-development)
* liaise with your Supervisor to identify and obtain any specific requirements
* liaise with your Administering Institution (AI) to identify any specific requirements that the institution may have
* ensure your application is complete and correct and
* ensure all attachments are named according to the naming convention provided in this application.

**Submitting the APPLICATION**

Closing Time*:* 11:59pm, 28 September 2020 (Australian Eastern Standard Time).

Applicants’ responses must be lodged electronically before the Closing Time and in accordance with the response lodgement procedures set out in Section 4 of the Grant Opportunity Guidelines. Please do not attach information available on the National Blood Authority (NBA) website.

Applications lodged wholly or partly after the Closing Time will be deemed late. A late application will not be admitted to the assessment process unless it is shown that the lateness was due solely to mishandling of the application by the NBA.

Applicants are to direct all queries about this application form to:

* Attention: Program Director
* Email: R&D@blood.gov.au

**Completing the APPLICATION Form**

All Scholarship applications must be submitted using this form. All sections of this form and attachments must conform to the following:

* Applications must be completed in English.
* All costings must be in Australian dollars (GST Exclusive).
* Left and right margins of at least 2cm.
* Font no smaller than 11 point (preferred font is Arial).
* Line spacing of 1.0.
* Maximum character and word limitations must be adhered to
* Responses must be completely self-contained. No hyperlinked material may be incorporated by reference, noting that any such links will be ignored (excluding links to material on the NBA website)
* The certification must be substantially in the form at page 12 of this application (Application Certification), which is to be signed by duly authorised persons. Applicants should not change the text of the certification.

|  |  |
| --- | --- |
| SECTION A - TYPE OF GRANT |  |

What support are you applying for:

Support attainment of master’s degree

Support attainment of a PhD

Support for postdoctoral fellowship

|  |  |
| --- | --- |
| SECTION B – OVERVIEW |  |
| Name of scholar (Applicant): |  |
| Primary Supervisor’s name: |  |
| Administering Institution (which will receive funds from the NBA:  NOTE: **must** be an NHMRC approved Administering Institution, see <https://nhmrc.gov.au/funding/manage-your-funding/nhmrcs-administering-institution> |  |
| Simplified Project title:  *The Simplified Project Title should be in lay terminology and be suitable for release to the media or for general publication. Avoid the use of technical terms and abbreviations.* | (100 characters max) |
| Scientific Project title:  *The Scientific Title should accurately describe the nature of the project being undertaken.* | (300 characters max) |
| Project summary (500 words):  *Using lay terminology summarise your research questions and proposed methods. Outline the potential benefits to either:*   * *Efficient and effective use of immunoglobulin products; or* * *Patient Blood Management evidence gaps.*   *Describe how the project will be translated into practice change that will directly impact on individual patients’ outcomes, population health and wellbeing and/or blood or blood product use.*  *Your answer should be suitable for release to media and inclusion on the NBA website.* |  |
| Describe where the project will be conducted (100 words): |  |
| Total amount requested (excl GST): |  |
| **Total time required to complete project** (can be up to 12 months):   1. Actual or proposed project start date 2. Proposed project end date 3. Proposed NBA funding start date 4. Proposed NBA funding end date 5. Total timeframe for scholarship funding (months). | 1 |
| 2 |
| 3 |
| 4 |
| 5 |
| Funding currently being received from any other funding body and/or submissions planned or under consideration by any other funding source/s for this project:  *List the name of the funding agency(s), expected date of notification of success and the amount(s) received and/or requested.*  *Include applications already submitted and planned submissions* |  |

**Grant Administration Officer of the Administering Institution responsible for establishing and administering the grant should this application be successful.**

|  |  |
| --- | --- |
| Full Name: |  |
| Position: |  |
| Organisation: |  |
| Contact phone number/s: |  |
| Email: |  |
| Fax: |  |
| Postal address: |  |

**Research project progress reporting contact.**

**NOTE: Please complete only if different from Scholar. Tick if this is scholar**

|  |  |
| --- | --- |
| Full Name: |  |
| Position: |  |
| Organisation: |  |
| Contact phone number: |  |
| Email: |  |
| Fax: |  |
| Postal address: |  |

**The Grantee details**

|  |  |
| --- | --- |
| Full legal name of Grantee | [insert details] |
| Legal entity type (e.g. individual, incorporated association, company, partnership etc) | [insert details] |
| Trading or business name | [insert details] |
| Any relevant licence, registration or provider number | [insert details] |
| Australian Company Number (ACN) or other entity identifiers | [insert details] |
| Australian Business Number (ABN) | [insert details] |
| Registered for Goods and Services Tax (GST)? | [insert details] |
| Date from which GST registration was effective? | [insert details] |
| Registered office (physical/postal) | [insert details] |
| Relevant business place (if different) | [insert details] |
| Telephone | [insert details] |
| Fax | [insert details] |
| Email | [insert details] |
| Bank details:   1. BSB   2 Account number | 1 [insert details] |
| 2 [insert details] |

|  |
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| SECTION C – EVALUATION CRITERIA |

This section sets out the evaluation criteria that will be utilised to assess value for money. Applicants should note that the evaluation criteria are not listed in any order of importance.

### Mandatory requirements

Applications will be assessed as to whether they meet the minimum content and formatting requirements (see Completing the Application, page 1).

### Evaluation Criteria

Applications will also be assessed on the basis of the following evaluation criteria:

* + - Research Scope, Focus and Potential Value
    - Quality
    - Governance and Ethics
    - Efficient and Effective Use of Funds

Each application will be given an overall rating regarding the degree of confidence that the proposal will deliver value for money.

**Evaluation Criterion 1 – Research Scope, Focus and Potential Value**

Describe how this research targets the Objectives of the National Blood Sector Research and Development Framework as set out in Section 1.2 of the Grant Opportunity Guidelines. Outline how the project will directly impact on individual patients’ outcomes, population health and wellbeing and/or blood or blood product use. (500 words max)

*[insert answer here]*

Will any aspects of the research be conducted out-side Australia? If yes, provide details and reason for aspects of the research being conducted outside Australia.

|  |
| --- |
| **🞏 Yes 🞏 No** |

Describe how this research addresses the research priorities for either Patient Blood Management (PBM) or Immunoglobulin (Ig) as set out in Sections 1.4.1 and 1.4.2 of the Grant Opportunity Guidelines. Outline the scientific background to the application and identify the gaps in knowledge that address the following priority areas for the program. (1000 words max)

*[insert answer here]*

What is the research question? (100 words)

*[insert answer here]*

State the hypotheses to be tested, the project aim and the scientific objectives of the project (1000 words)

*[insert answer here]*

Will there be an economic evaluation or costing component? If so, provide details. (200 words)

*[insert answer here]*

What new or relevant evidence will the research project generate for policy and/or practice? What are the likely impacts of the results of the project on either: efficient and effective use of Ig products; or PBM research gaps? (300 words)

*[insert answer here]*

What is the potential of the project to impact policy and/or practice? Comment on the extent to which anticipated outcomes from the research can be generalised, scaled, translated or embedded into practice. (300 words)

*[insert answer here]*

**Evaluation Criterion 2 – Quality**

**Administering Institution**

Please confirm that the institution responsible for administering the grant funds is registered under the NHMRC Administering Institution Policy, March 2015.

<https://www.nhmrc.gov.au/funding/manage-your-funding/nhmrcs-administering-institutions>

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| **🞏 Yes 🞏 No** |

**Project Management**

Describe how the research will be managed including a description of the Primary Supervisor’s previous research and project management experience. Outline how progress will be monitored and risks managed (100 words)

*[insert answer here]*

**Research design and methods**

Describe the approach to the research. (2000 words)

Address in detail the design and methods of the proposed project. Make clear how they will test the hypotheses and achieve the aims of the project. Specify the data that will be collected and how they will be collected, analysed and interpreted. Describe and justify any new methods to be developed in terms of their advantages relative to existing methods. Identify potential difficulties and limitations of the proposed procedures, and alternative approaches that might be used to achieve the aims.

**References:** A list of all references cited must be provided. Exclude references from the word count.

*[insert answer here]*

Provide the key project milestones and timelines. These will form part of the reporting requirements to be incorporated into the Letter of Agreement for successful applicants.

|  | **Activity Schedule** | | |
| --- | --- | --- | --- |
| **Milestone Number** | **Milestone** | **Anticipated date** | **Feasibility Comment \*** |
| 1 | [Enter Milestone 1 activity] | Please advise |  |
| 2 | [Enter Milestone 2 activity]. | Please advise |  |
| 3 | [Enter Milestone 3 activity] | Please advise |  |
| [final milestone number] | [Enter Final Milestone activity] | Please advise |  |

Add rows as required.

\*Comment on feasibility of achieving the milestone by the anticipated date.

**Scholar/Applicant details**

|  |  |
| --- | --- |
| Title: |  |
| Full Name |  |
| Position: |  |
| Organisation: |  |
| Contact phone number/s: |  |
| Email: |  |
| Fax: |  |
| Postal address: |  |

Provide a biography (no more than two pages) for the Applicant. The biography should focus on the Applicant’s qualifications, and skills, and other achievements pertinent to this research/project application. The biography should be saved as **Biography\_ (insert Applicant’s name).**

Will the Applicant be based in Australia during the whole period the research project is to be conducted? If No, for what period will he/she be absent from Australia and for what reason?

|  |
| --- |
| **🞏 Yes 🞏 No** |

It is required that, at the time of submitting an application and for the duration of a grant, the Scholar/Applicant must be an Australian citizen, a permanent resident of Australia, or a New Zealand citizen with Special Category Visa (subclass 444) status.

The NBA may waive this requirement where it can be demonstrated that the research is based in Australia and will benefit health and medical research in Australia.

Requests to waive this requirement need to be made by the Research Administration Office of the Administering Institution on behalf of the Scholar/Applicant at the time of submitting the application. The request to waiver must demonstrate how the research will benefit health and medical research in Australia and confirmation that the research is based in Australia.

Administering Institutions are responsible for certifying and ensuring that these requirements are met. The NBA may request further information in relation to these requirements, including evidence of residency and/or citizenship.

Please indicate your Citizenship status below:

|  |
| --- |
| **🞏 Australian Citizen 🞏 Permanent Resident 🞏 Applicant for Permanent Residency**  **🞏 Waiver Requested** |

A referee report from the Applicant’s Primary Supervisor is required to be attached, and saved as **Referee Report\_ (insert Applicant’s name)**. Applicants are responsible for the following:

* obtaining the required referee report
* attaching the referee report with this completed Application Form by the nominated closing date and time.

**Supervisor/s**

The Supervisor/s **must** be affiliated with the Administering Institution.

|  |  |
| --- | --- |
| Title: |  |
| Full Name: |  |
| Position: |  |
| Organisation: |  |
| Contact phone number/s: |  |
| Email: |  |
| Fax: |  |
| Postal address: |  |

\*Please copy and paste details if more than one supervisor is relevant to this research grant application.

Outline the justification for the choice of the Primary Supervisor. (100 words)

*[insert answer here]*

**Biography- Primary Supervisor**

Please attach a biography(no more than two pages) for the Primary Supervisor. The biography should include the supervisor’s current position(s) and focus on the supervisor’s achievements, track record, qualifications and skills pertinent to supervision of this Applicant. In addition to the biography, you may include a list of relevant publications, presentations, grants and awards. The biography should be saved as **Biography\_PrimarySupervisor\_ (insert name)**.

Will the Primary Supervisor be based in Australia during the whole grant period? If No, for what period will he/she be absent from Australia and what arrangements will be put in place to ensure continuous quality supervision of the Applicant.

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| --- |
| **🞏 Yes 🞏 No** |

**Evaluation Criterion 3 – Governance and Ethics**

**Governance structure**

Describe all approvals that will be required (if any) before the Applicant’s research project can proceed, i.e. ethics and governance approvals. State the status of each approval. (200 words)

*[insert answer here]*

Does the research project require access to data held by the NBA? If yes, confirm the project can abide by the requirements of the NBA’s Data Governance Framework. See <http://www.blood.gov.au/data-governance>

*[insert answer here]*

Is the Administering Institution (AI) and the Applicant agreeable to all the terms and conditions set out in the *draft Grant Funding Agreement and Scholar Acknowledgement Form*? Please indicate ‘agreement to all terms and conditions’ or, ‘partial agreement to the terms and conditions’ of the draft Grant Funding Agreement and Scholar Acknowledgement Form.

If the AI or the Applicant partially agrees or does not agree to any term or condition in the draft Funding Agreement and Scholar Acknowledgement Form, please list the clause number, the reasons for partial or non-compliance, and any proposed modification to those clauses.

|  |
| --- |
| **🞏 Agreement to all terms and conditions  🞏 Partial agreement to the terms and conditions** |

Is the Applicant agreeable to the minimum **reporting requirements** as outlined in the Grant Opportunity Guidelines noting that project specific, content, format and timeframes for reporting will be advised as a part of the Funding Agreement?

|  |
| --- |
| **🞏 Yes 🞏 No**  If no, please provide details of an alternative reporting framework. |

If your application is successful, please indicate whether the Applicant provides approval for the NBA to **publish** the following minimum information on its website:

* Research Aim
* Recipient(s)
* Administering institution
* Value
* Approval Date
* Grant term (months)
* Scholarship location (city)

|  |
| --- |
| **🞏 Approve 🞏 Do Not Approve**  If you do not approve, please provide arguments to justify any proposal for this information to be kept confidential. |

Please indicate your commitment or intentions with respect to publication of the results of your research.

*[insert answer here]*

If your project is a trial, please indicate your intentions with respect to registering your trial on a publicly available register including naming the register.

*[insert answer here]*

**Evaluation Criterion 4 – Efficient and Effective Use of Funds**

**Funding requested**

Maximum funds available for a post-graduate scholarship is $30,000, typically for a period of 12 months.

**Grant funding requested:**

| **Milestone Number** | **Milestone** | **Anticipated date** |
| --- | --- | --- |
| 1 | [Enter Milestone 1] | Please advise |
| 2 | [Enter Milestone 2] | Please advise |
| 3 | [Enter Milestone 3] | Please advise |
| [final milestone number] | [Enter Final Milestone] |  |

Add rows as required.

**Other Scholarship sources**

**Current Scholarship:** List in the table below all funding currently being received by the Applicant from any other funding body.

|  |  |  |  |
| --- | --- | --- | --- |
| Funding body | Amount  *$ AU, ex-GST* | Funding period | Description*. (<100 words per item)* |
|  |  |  |  |
|  |  |  |  |
| TOTAL | |  | |

**Current Scholarship Applications and/or planned Scholarship Applications:** List in the table below all funding applications planned or under consideration by any other funding sources for this research project.

|  |  |  |  |
| --- | --- | --- | --- |
| Funding body | Amount requested and/or planned to request  *$ AU, ex-GST* | Funding period | Description*. (<100 words per item)* |
|  |  |  |  |
|  |  |  |  |
| TOTAL | |  | |

**CERTIFICATION BY APPLICANT, PRIMARY SUPERVISOR AND THE ADMINISTERING INSTITUTION HEAD OF DEPARTMENT/CHIEF EXECUTIVE**

|  |  |  |
| --- | --- | --- |
| Scholar/Applicant  I certify that all details provided in the application (including attachments) are correct and that I have read, understood, and have abided by the instructions associated with this form. I agree to carry out the project in accordance with the principles of the *Australian Code for the Responsible Conduct of Research (2007)*, <http://www.nhmrc.gov.au/guidelines-publications/r39>, and the National Statement on Ethical Conduct in Human Research, 2007 (updated 2018) <http://www.nhmrc.gov.au/guidelines-publications/e72>  I certify that I am an Australian citizen or a permanent resident of Australia or an applicant for permanent residency and I will be based in Australia for the duration of the grant.  I acknowledge that all ethics approvals and clearances necessary to complete my project as outlined in this application must be in place before commencement of the work and that the National Blood Authority will not release funds until such time as all such approvals and clearances have been received.  By signing, I confirm that I have complied with all instructions in the application form and understand that failure to do so may result in the withdrawal of the application from the assessment process.  All funds awarded to the Administering Institution as part of the National Blood Sector Research and Development program will be used only for the purpose for which they were awarded. | | |
| Applicant (full name): |  | Date: |
| Signature: |  | \_\_/\_\_/20 |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Chief Executive/Head of Department  I certify that appropriate facilities and in-kind support will be available to the Scholar/Applicant if successful and that I am prepared to have the project carried out in accordance with the *Australian Code for the Responsible Conduct of Research (2007).*  I certify that the Scholar/Applicant is an Australian citizen or is a permanent resident of Australia or an applicant for permanent residency and is based in Australia for the duration of the grant. | | | | | | |
| Title: |  | First Name: |  | Surname: |  | |
| Email: | |  | | Telephone: |  | |
| Department/Institution: | |  | | | | Date: |
| Signature: | |  | | | | \_\_/\_\_/20 |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Primary Supervisor  I certify that supervision will be available to the Scholar/Applicant if successful | | | | | | |
| Title: |  | First Name: |  | Surname: |  | |
| Email: | |  | | Telephone: |  | |
| Department/Institution: | |  | | | | Date: |
| Signature: | |  | | | | \_\_/\_\_/20 |

|  |
| --- |
| *If this certification is not signed by the Department Head/Chief Executive of the Administering Institution, and the Primary Supervisor the Application is not valid.*  **Note 1:** This application is being submitted with the full authority of, and on behalf of, the Administering Institution, noting that under section 136.1 of the *Commonwealth Criminal Code Act 1995,* it is an offence to provide false or misleading information to a Commonwealth body in an application for a benefit. This includes submission of an application by those not authorised by the Institution to submit applications for funding to the National Blood Authority. |

**‘IN CONFIDENCE’**

**NATIONAL BLOOD SECTOR RESEARCH AND DEVELOPMENT GRANTS –SCHOLARSHIP**

**PRIMARY SUPERVISOR REFEREE REPORT**

This Referee Report is to be completed by the Primary Supervisor. The Primary Supervisor is to be the supervisor who will have the most substantive professional supervisor role with the Applicant for the duration of the research project.

**IMPORTANT**

Applicants are responsible for the following:

* Nominating an appropriate referee and obtaining the required referee report.
* Ensuring the referee report is emailed to NBA along with the application form by the closing date of the application round.
* Ensure the referee report is named ‘**Referee Report\_ (insert Applicant’s name)**’.

Referees are to direct all queries about this referee report to:

* Attention: Program Director
* Email: [R&D@blood.gov.au](mailto:R&D@blood.gov.au)

**INFORMATION ABOUT THE APPLICANT**

|  |  |
| --- | --- |
| **Title** |  |
| **First Name** |  |
| **Surname** |  |
| **Institution** |  |

**INFORMATION ABOUT THE PRIMARY SUPERVISOR REFEREE COMPLETING THIS REPORT**

|  |  |
| --- | --- |
| **Title** |  |
| **Given Name** |  |
| **Surname** |  |
| **Email** |  |
| **Institution** |  |
| **Position** |  |

**Please complete the following:**

|  |  |
| --- | --- |
| **How would you rank the applicant’s academic record?** | Please place a X in the most appropriate %:  **□Top 5% □Top 10% Top 20% □ Top 50%** |
| **What are the major strengths of the applicant?**  **(**no more than three dot points) |  |
| **What are the major expected outcomes from the research project proposed by the applicant?**  **(**no more than three dot points) |  |
| **What is the likelihood of the research being successful?** |  |

**This Section is to be completed by the PRIMARY SUPERVISOR**

**Briefly outline the equipment, space, research assistance, other laboratory support and institutional facilities that will be available to the applicant and the project:**

**Why will the research environment provided by your lab/team be most beneficial for this applicant?**

**Outline the mentoring arrangements that you will put in place for this applicant's development. E.g. direct supervision, postdoctoral support networks.**

**Outline the training opportunities that you will make available to this applicant. E.g. attending conferences, participation in broader lab activities and skill development.**

**Outline your previous mentoring experience (if applicable) and/or other relevant experience that will contribute to the development of this applicant’s research career.**

**If relevant, do you support the scholar undertaking his/her studies part-time?**

(Please place an X in the most appropriate answer)

|  |  |
| --- | --- |
| **Yes** |  |
| **No** |  |

**Additional comments.**

(No more than 50 words)