

Received		
Acknowledged		

2024 NeuroSurgical Research Foundation

Research Grant Application Form

IMPORTANT NOTES:

- No retrospective funding will be considered.
- All projects must be directly related to clinical neurosurgery. (If in doubt contact NRF office with a short summary for initial review by 1st June)
- There is a separate specific application form for Equipment Grants.

Please complete all sections. You may delete the instructions but please **retain all headings**.

Section 1: Project Outline

1. Project Title

The scientific title will be used to identify the project during the application process and should accurately describe the project. The title should be brief, precise and informative to persons outside your field.

2. Simplified Title of Project

The simplified title will be used in media releases and in advertising the research grants. The simplified title should be easily understood by the general public while still conveying the general nature of the project.

3. Key Words

Provide up to 6 key words to describe the project.

4. Lay Summary – maximum 100 words

Please provide a summary in lay terms about the general problem on which you are working.

5. Research Grant Category

Please select one category only of the research gift for which you are applying:

Category	Description	Applying for:
1	Paediatric Neurosurgical Research	<input type="checkbox"/>
2	General Neurosurgical Research	<input type="checkbox"/>

6. Total funding amount requested

7. Chief Investigators

The Chief Investigator is the person who takes responsibility for the completion and lodgment of the application and if successful for lodging with the NeuroSurgical Research Foundation the progress/completion report.

7.1 Chief Investigator A (CIA) - Personal Details

Title	
Name	
Qualifications	
Position currently held	
Main Institutional affiliation	
Department/Unit	
Address	
Email address	
Work Telephone	
Mobile	
Position currently held	
Specialisation	<input type="checkbox"/> Neurosurgeon <input type="checkbox"/> Trainee Neurosurgeon <input type="checkbox"/> Neurologist <input type="checkbox"/> Trainee Neurologist <input type="checkbox"/> Neuroscientist <input type="checkbox"/> Honours student <input type="checkbox"/> PhD student <input type="checkbox"/> Other _____ (please specify)
Source of salary support in 2024	
Time commitment (days/month)	

7.1.1 Chief Investigator A (CIA) Capability statement – maximum 2000 characters (including spaces).

Include skills and expertise relevant to project. Please specifically describe contribution to the project.

7.2 Chief Investigator B (CIB) - Personal Details

Title	
Name	
Qualifications	
Position currently held	
Main Institutional affiliation	
Department/Unit	
Address	
Email address	
Work Telephone	
Mobile	
Position currently held	
Specialisation	<input type="checkbox"/> Neurosurgeon <input type="checkbox"/> Trainee Neurosurgeon <input type="checkbox"/> Neurologist <input type="checkbox"/> Trainee Neurologist <input type="checkbox"/> Neuroscientist <input type="checkbox"/> Honours student <input type="checkbox"/> PhD student <input type="checkbox"/> Other _____ (please specify)
Source of salary support in 2024	
Time commitment (days/month)	

7.2.1 Chief Investigator B (CIB) - Capability statement – maximum 2000 characters (including spaces).

Include skills and expertise relevant to project. Please specifically describe contribution to the project.

7.3 Chief Investigator C (CIC) - Personal Details

Title	
Name	
Qualifications	
Position currently held	
Main Institutional affiliation	
Department/Unit	
Address	
Email address	
Work Telephone	
Mobile	
Position currently held	
Specialisation	<input type="checkbox"/> Neurosurgeon <input type="checkbox"/> Trainee Neurosurgeon <input type="checkbox"/> Neurologist <input type="checkbox"/> Trainee Neurologist <input type="checkbox"/> Neuroscientist <input type="checkbox"/> Honours student <input type="checkbox"/> PhD student <input type="checkbox"/> Other _____ <i>(please specify)</i>
Source of salary support in 2024	
Time commitment (days/month)	

7.3.1 Chief Investigator C (CIC) - Capability statement – maximum 2000 characters (including spaces).

Include skills and expertise relevant to project. Please specifically describe contribution to the project.

8. Associate Investigators

8.1 Personal Details of Associate Investigator A (AIA)

Title	
Name	
Qualifications	
Position currently held	
Main Institutional affiliation	
Department/Unit	
Address	
Email address	
Work Telephone	
Mobile	
Position currently held	
Specialisation	<input type="checkbox"/> Neurosurgeon <input type="checkbox"/> Trainee Neurosurgeon <input type="checkbox"/> Neurologist <input type="checkbox"/> Trainee Neurologist <input type="checkbox"/> Neuroscientist <input type="checkbox"/> Honours student <input type="checkbox"/> PhD student <input type="checkbox"/> Other _____ (please specify)
Source of salary support in 2024	
Time commitment (days/month)	

8.1.1 Associate Investigator (AIA) Capability statement – maximum 2000 characters (including spaces).

Include skills and expertise relevant to project. Please specifically describe contribution to the project.

8.2 Personal Details of Associate Investigator B (AIB)

Title	
Name	
Qualifications	
Position currently held	
Main Institutional affiliation	
Department/Unit	
Address	
Email address	
Work Telephone	
Mobile	
Position currently held	
Specialisation	<input type="checkbox"/> Neurosurgeon <input type="checkbox"/> Trainee Neurosurgeon <input type="checkbox"/> Neurologist <input type="checkbox"/> Trainee Neurologist <input type="checkbox"/> Neuroscientist <input type="checkbox"/> Honours student <input type="checkbox"/> PhD student <input type="checkbox"/> Other _____ <i>(please specify)</i>
Source of salary support in 2024	
Time commitment (days/month)	

8.2.1 Associate Investigator (AIB) Capability statement – maximum 2000 characters (including spaces).

Include skills and expertise relevant to project. Please specifically describe contribution to the project.

9. Previous NeuroSurgical Research Foundation Research Gifts

Have any of the listed investigators received a research gift from the NeuroSurgical Research Foundation in the past 5 years?

NO **Please go to question 10.**

YES Please itemise each research gift below including: year funded, project title and names of all CI/AI team members.

10. Ethical Review

Please indicate where ethical review and approval has been obtained or will be sought for the studied outlined in this proposal. Please note that ethical clearance must be obtained before the start of the research donation funded project.

Section 2: Research Support

11.1 Current and pending research support

Please list all current and pending research support.

Add additional lines as needed.

Chief Investigator A

Source of support	Title of project	Time (days/month)	Funding amount \$

Chief Investigator B

Source of support	Title of project	Time (days/month)	Funding amount \$

Chief Investigator C

Source of support	Title of project	Time (days/month)	Funding amount \$

11.2 Relationship of support requested in this application to existing support and that requested from other funding bodies.

Please specify why existing support cannot be utilised to support the research proposed in this application.

Section 3: Project Detail – maximum 4 pages

12. Project

The project outline must be phrased in language that is comprehensible to someone unqualified in your discipline. It should explain what is proposed and how it is to be done within the four A4 pages stipulated. Items 8 and 9 (above) are not included in the page count.

12.1 Background

Describe the:

- *Scope of the problem, key statistics*
- *Relevant background information in order to understand the project rationale*
- *Significance of the project – why this project, why now?*
- *Key objectives of the project*
- *Any other relevant information*
- *Figures are encouraged.*

12.2 Aims and Hypotheses

Clearly describe the overarching aims of your project.

Include individual aims and hypotheses.

12.3 Research Plan

Outline the research plan in detail, including as appropriate:

- *Detailed description of the experimental design, including experimental groups, sample sizes. The use of a figure is encouraged to clearly communicate this information.*
- *Animal studies need to include the experimental model to be used, including animal species (age/sex/weight).*
- *Methodology to be used, including justification of technique selection.*
- *Statistical analysis plan.*

12.4 Outcomes and Significance

Briefly describe the:

- *importance of the problem to be researched*
- *expected outcome of the research plan; and*
- *potential significance of the research.*
- *For pre-clinical projects, also describe how this project will add to the body of knowledge in the field.*

13. References - Maximum 1 page.

Author, date format.

14. Budget

Not included in the page count.

Research gifts may be up to \$50,000 per project.

14.1 Itemised Budget

Please provide a detailed budget for your project.

Add additional lines as needed.

Detailed Budget Items	Priority (A, B, C)	Amount Requested

14.2 Financial Summary

Support Requested	Personnel \$	Equipment \$	Maintenance \$	Travel \$	Other \$	Total \$

Section 4: Certification

15.1 Certification

I/we certify that all the details on this form area correct and complete

I/we understand and agree that:

- research which involves human and/or animal experimentation must be carried out in accordance with the guidelines laid down in the NHMRC codes of practice.
- research which involves the use of recombinant nuclei acid constructed in vitro from sources which do not ordinarily recombine genetic information must be carried out in accordance with the guidelines laid down by the Recombinant DNA Monitoring Committee.
- Research which involves the use of ionizing radiation must have the risks involved assessed by a recognized Ethics, Safety or Biosafety Committee and personnel must be trained and hold a current licence, as appropriate.
- A certificate of compliance with appropriate guidelines must be received from a recognized Ethics, Safety or Biosafety Committee before payment or any proposed research donation can be made.

I authorize (insert name) to sign all subsequence documentation relating to this application on my behalf.

15.2 Signatures of Chief Investigators

Chief Investigator A Name	Signature	Date
Chief Investigator B Name	Signature	Date
Chief Investigator C Name	Signature	Date

15.3 Certification by CIA Head of Department/School

I certify that appropriate general facilities will be available in my Department/School to the applicant if successful and that the project will be carried out strictly in accordance with NHMRC Ethical and Scientific guidelines. Sufficient working and office space is available for any proposed additional staff. I am prepare to have the project carried out in my Department/School in accordance with the application.

Head of Department/School Name	Signature	Date

Please save the completed application form as a PDF document using the following file naming convention:

CIA Name_NRF 2024.pdf

Please submit the completed application by 5pm 1st July 2024 to:

NeuroSurgical Research Foundation

Email: ginta.orchard@nrf.com.au

Please note that late applications will not be accepted.