# SA Health - Mono - VerticalNorthern Adelaide Local Health Network

**APPLICATIONS FOR RESEARCH FUNDING**

**COVERSHEET AND CHECKLIST**

Applications for research funding that are being submitted by chief investigators employed in any capacity by the Northern Adelaide Local Health Network (NALHN) must be submitted through the Research Secretariat. Each application must be accompanied by a completed coversheet.

The grant application and cover sheet are to be provided to the relevant Head of Department(s) and Divisional Director(s), for signature, **five working days** before the internal closing date for the application.

**EACH APPLICATION SUBMITTED MUST BE ACCOMPANIED BY ONE COPY OF THIS COVERSHEET AND ONE COPY OF THE PROPOSED BUDGET**

**TITLE OF PROPOSAL:**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **1st NAMED CHIEF INVESTIGATORS - DETAILS** *Please indicate any clinical or title affiliations with SA universities* | | | | | | |
| 1 | ***Title / First name / Surname:*** | | | | | |
| ***Email Address:*** | | | ***Telephone:***  ***Mobile:*** | | |
| ***Affiliation:*** | | | ***Department:*** | ***Division:*** | |
| **Other CI’s (2-4)** | | | | | | |
|  | **Title** | **Initial** | **Surname** | **Department / Division** | | **Telephone** |
| 2 |  |  |  | *Affiliation:* | |  |
| 3 |  |  |  | *Affiliation:* | |  |
| 4 |  |  |  | *Affiliation:* | |  |

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| **FUNDING AGENCY:** | **Name of Funding Scheme:** |
| **App Type:**  **Project** **Fellowship**  **Travel** **Equipment** **Grant Continuation** **Other:** | |

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| **AMOUNT REQUESTED** | **Year 1**  **$** | **Year 2**  **$** | **Year 3**  **$** | **Year 4**  **$** | **Year 5**  **$** | **TOTAL**  **$** |

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| --- | --- |
| Have you attached a copy of your budget: | **Yes  No** |
| If funded, expected date of commencement:   /  / | Expected date of completion:   /  / |
| **COMMERCIALISATION & INTELLECTUAL PROPERTY**  Is there the possibility that commercialisation issues will come out of this research?  **Yes  No**  For Intellectual Property or confidential material matters please refer to the Research Secretariat. | |

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| **ETHICAL/SAFETY CLEARANCES** | | | | |
| **Please note:** It is the responsibility of the chief investigator to provide notification of clearances to the Research Secretariat. Commencing research activity without the appropriate clearance is a breach of organisational policy and regulatory requirements and can result in significant disciplinary action.  If the attached application has a different title from that which is on the ethical/safety clearance, you MUST provide a statement to the relevant committee stating that the protocol is identical and requesting that the new title be added. Approval for your project has not been granted until written confirmation is received from the relevant committee. | | | | |
|  | **Approval required** | **Approval attached** | **Approval number** |  |
| Animal Ethics Committee | Yes  No | Yes  No |  | If no approval, has appln been submitted: Yes/No  If no, when will you submit:   /  / |
| Human Research Ethics Committee | Yes  No | Yes  No |  | If no approval, has appln been submitted: Yes/No  If no, when will you submit:   /  / |
| Institutional Biosafety Committee | Yes  No | Yes  No |  | If no approval, has appln been submitted: Yes/No  If no, when will you submit:   /  / |

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| ***Certification by Chief Investigator:***  I accept responsibility for the performance of the study in compliance with all occupational health safety & welfare and regulatory requirements governing the use of the facilities utilised.  I will provide a revised budget to my Head of Unit and Divisional Head(s) if the application is successful but receives less than the funding requested.  I have discussed the research with **ALL** NALHN Heads of Unit whose areas will be involved in any way in the project (including the other investigators) to ensure they are aware of what is involved and approve the project being undertaken.   |  |  | | --- | --- | |  |  |   ***Title / First name / Surname* *Unit / Division***     |  |  | | --- | --- | |  |  |   **Signature** **Date** |
| ***Certification by Head of Unit and Divisional Director:***  I certify that the appropriate space and general facilities etc. will be available to the applicant if successful and that I am prepared to have the research carried out strictly in accordance with the funding source’s conditions governing the Research Grant at the time.  Is the project viable in terms of the Unit’s and Division’s resources and the funds requested? **Yes / No**     |  |  | | --- | --- | |  |  |   ***Head of Unit*  *Title / First name / Surname* *Unit***   |  |  | | --- | --- | |  |  |   ***Divisional Director*  *Title / First name / Surname* *Division***   |  |  |  |  | | --- | --- | --- | --- | |  |  |  |  |   **Signature Head of Unit Date Signature of Divisional Director Date**  ***Certification by NALHN Nominee of Administering Institution:***  I certify that this request satisfies the requirements of this Institution, and that this Institution has established administrative processes for assuring sound scientific practice in accordance with Australian Code for the Responsible Conduct of Research.   |  |  | | --- | --- | |  | **Executive Director, Medical Services** |   ***Title / First name / Surname* *Position***   |  |  | | --- | --- | |  |  | |

**Signature Date**

***Noted by NALHN Research Secretariat:***

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***Title / First name / Surname* *Position***

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**Signature** **Date Received**