**Research Application Form**

**How to use this form**

Please carefully read and complete the below application form. Once complete, please submit a final version of this form **in PDF format**, including all CV’s, budget, timeline, and attachments.

**Principal Investigator**

The principal investigator is the point of contact that Endometriosis Australia will use for communication regarding this application. The principal investigator must hold an academic appointment at a recognised Australian tertiary institution. Adjunct appointments are allowed.

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| --- | --- | --- | --- | --- | --- | --- | --- |
| **Title:** |  | | **First name:** | |  | | |
| **Last name:** |  | | | | | | |
| **Department:** |  | | | | | | |
| **Current position:** |  | | | | | | |
| **Organisation Legal Entity Name:** | |  | | | | **ABN:** |  |
| **Organisation Physical Address:** | |  | | | | | |
| **Organisation Trading As:** | |  | | | | | |
| **Postal Address:** |  | | | | | | |
| **Mobile Phone:** |  | | | **Email:** |  | | |

# **CO-INVESTIGATORS** \* Please indicate the **PRIMARY** role of the investigator on this project (Choose only one per researcher):

**A** – Academic **C** – Clinical **G** - Government representative \***CR** – Person with endometriosis   
 **E** – Education **PR** - Provider Representative (e.g., of hospital or local area service) **O** – Other

\* Consumer representative should be involved in project design, implementation, and outputs. Please ensure that your submitted budget adequately accounts for reimbursement of the time provided by the consumer representative.

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| **Name** | **Current Appointment** | **Organisation** | **Role\*** |
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* All Co-investigators listed are aware they have been included in this application and have agreed to participate.
* Checking this box indicates that the submitted project or component thereof is not funded by another grant for the same or similar research agenda.
* Checking this box indicates that there is at least one person with endometriosis as a co- investigator on the project.
* Checking this box indicates that there is at least one consumer representative listed as a co- investigator on the project and their involvement in design, implementation, outputs, and budgetary inclusion has been outlined in the submission.

**All listed investigators need to submit a 1-page CV relevant to this application.**

# **GENERAL INFORMATION**

Project Title:

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Project description (max 200 words):

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Select which are your application is for (Choose one only):

* Medical, surgical, and allied health aspects of endometriosis care
* Basic sciences associated with endometriosis
* Patient-centred educational or support tools
* Other (please specify)

**AIMS**

Describe the aim(s) of the project in lay terms (max 100 words)

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**PROJECT**

Describe the methods you will use for the project (max 500 words)

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# **PROJECT OUTCOMES**

What are the potential outcomes of the research? (max 200 words)

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# **TRACK RECORD**

# Outline the experience that the investigator(s) have in conducting endometriosis or pelvic pain research and how will the team deliver on the aims and outcomes outlined above? (max 400 words)

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**CO-DESIGN**

How will you involve the endometriosis community in the design of your project? (max 100 words)

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**CONSUMER REPRESENTATIVE(S)**

Describe the role that the consumer representative will have in the design, implementation, and outcomes of your project (max 100 words)

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**KEY MESSAGES**

How will you disseminate the results from this research. Please also indicate how Endometriosis Australia will be involved in dissemination plans? (max 100 words)

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**BUDGET AND TIMELINE**

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| **PROJECT COST ITEM** | **$** |
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| Please stipulate the In-Kind contribution of the research team/organisations that will be provided as part of the project |  |
| **Total Amount Requested from Endometriosis Australia** | **$** |

**STUDY TIMELINE**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **MILESTONE** | **Months 1-2** | **Months 3-4** | **Months 5-6** | **Months 7-8** | **Months 9-10** | **Months 11-12** |
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NB: The Endometriosis Australia research program does not permit overheads or institutional charges as part of the funding round. Grant funding is for the purpose of the research described in this application only and may not be used or transferred to any other project. Unused funds, or inability to complete the project requires the return of research funds to Endometriosis Australia. Endometriosis Australia does not fund grant travel or conference registration costs for approved research projects.

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| **Amount Requested (Including GST)** |  | **Duration of the study** |  |

# **PRIVACY AND DECLARATION**

# Endometriosis Australia collects your personal information that you submit in this form to assist in considering your research application. By completing this form, you confirm that the information is true and complete, and you agree to the Endometriosis Australia collecting your information. Endometriosis Australia may also use and disclose your personal information to other parties for the purpose of conducting reference checks and conducting the activities of Endometriosis Australia.

**Endometriosis Australia will not use or disclose your personal information (or the personal information of any other person disclosed by you in your application) for any reason other than that outlined above, unless we obtain specific consent from the person involved for its use for another purpose.**

By completing this form, I also acknowledge and agree that where I am disclosing personal information (including sensitive information) of another person, I have:

* the authority of that person, to provide their information (including sensitive information) and to receive from Endometriosis Australia their information for the purposes of your research application;
* notified that person that I have disclosed their personal information to Endometriosis Australia; and
* informed that person, Endometriosis Australia uses and discloses personal information to other parties for the purpose of conducting the activities of the Endometriosis Australia Research Program and otherwise deals with personal information.

## **Signed by (Principal Investigator):**

**Name:**  **……………………………………………………… (PLEASE PRINT)**

**Signature:** **.................................................................**

**Organisation: …………………………………………………...**

**Dated:** **………………………………………………………**

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| **Applications close 5:00pm**  **AEST on 30 September 2024**  **Email application to** [**admin@endoaustralia.org**](mailto:admin@endoaustralia.org)  **with “RESEARCH GRANT 2024” as the subject line.** |

**REFERENCES:**