



Australian Government

National Health and Medical Research Council

Full Application Form

Dementia Research Grants Program Round 2

Applications must be received no later than 5 pm (AEDT), 23 February 2007

Late, incomplete or re-formatted applications will not be accepted.

For further information please contact Adrian Wilson on **02 6217 9458**

Applicants are advised to carefully refer to the ‘Advice and Instructions to Applicants’ and the ‘Program Framework’ when preparing their applications.

False or Misleading Information

If an application is incomplete or contains information that is considered misleading, it will be excluded from any further consideration for funding.

Under s 136.1 of the Commonwealth Criminal Code, it is an offence to provide false or misleading information to a Commonwealth body in an application for a benefit, punishable by up to 12 months imprisonment.

If the NHMRC believes that omissions or inclusion of misleading information are intentional, the NHMRC will refer the matter for appropriate legal action. The Commonwealth Government is committed to protecting its revenue, expenditure and property from any attempt, either by members of the public, contractors, sub-contractors, agents, intermediaries or its own employees to gain financial or other benefits by deceit.

Examples of false or misleading information in an application include, but are not restricted to, providing fictitious track records or falsifying claims in publications records (such as describing a paper as accepted for publication when it has only been submitted).

NHMRC *DEMENTIA RESEARCH GRANTS*

Application Summary

Application ID:

Scientific Title: *(120 characters maximum)*

Simplified Title: *(120 characters maximum)*

Administering Institution:

Chief Investigator A: *(50 characters maximum)*

Duration:

Total Budget:

1. Grant Details

1.1 Titles

Scientific (*maximum 120 characters*)

Simplified (*maximum 120 characters*)

1.2 Lay description – Summary of project (suitable for media)

(*maximum 2000 characters*)

1.3 Research involving Aboriginal or Torres Strait Islander Peoples

- a) Is this research proposal directed primarily towards Aboriginal and/or Torres Strait Islander populations and/or health issues?

You must choose Yes or No

Yes No

If Yes, you must address *The Criteria for Health and Medical Research of Indigenous Australians*.

(*maximum 10,000 characters*)

If No, proceed to Question 1.3 b)

- b) Does this research proposal include a discrete Aboriginal and/or Torres Strait Islander health research component or capacity building component?

You must choose Yes or No

Yes No

If Yes, briefly describe what proportion of the project relates to Aboriginal and Torres Strait Islander health research or Indigenous research capacity building, in terms of both allocation of funds, and research effort.

(maximum 2,000 characters)

If No, proceed to Question 1.4

1.4 Research involving Other Population Groups

Does the study focus on a particular population group within the Australian population?

Population groups of interest include:

- people from Culturally and Linguistically Diverse (CALD) backgrounds
- people living in poor socio-economic and environmental circumstances
- younger people with dementia; and
- people with dementia and co-morbidities

You must choose Yes or No

Yes No

1.5 Access Eligibility

a) Are you currently undertaking other research in the same field as, or directly related to, this proposed research?

You must choose Yes or No

Yes No

If No, go to 1.6

If Yes please answer 1.5b) -1.5d) *(maximum 1000 characters in **total** for answers b) – d))*

b) If yes, please describe briefly the nature of this research and the source and

level of funding

c) Please describe how this research proposal is different

d) Please provide details regarding the availability and capacity of key personnel to effectively fulfill their commitments to this project

1.6 Clinical Research

a) Will this research proposal involve direct interaction between investigators and a patient or subject?

You must choose Yes or No

Yes No

b) Does this application involve the conduct of a clinical trial? (i.e. it moves beyond clinical interaction to conducting a clinical trial).

You must choose Yes or No

Yes No

1.7 Referral to other Funding Agencies

a) Have you sought or are you seeking support for this application from other Funding Agencies?

You must choose Yes or No

Yes No

b) If Yes, insert names of the Agencies, the amount of funding requested, the date the application was submitted, corresponding Application Numbers and a brief description of the proposed research (*maximum 250 characters*)

c) Do you consent to this application and associated reports being referred to other funding agencies, including those within your own institution, for consideration?

You must choose Yes or No

Yes No

1.8 Facilities

a) Will you require access to any of the facilities currently funded under the NHMRC Enabling Grants scheme and/or any other external facilities?

You must choose Yes or No

Yes No

b) If yes, do you have agreement from the facility to use the required resource?

You must choose Yes or No

Yes No

INSTITUTIONS

1.9 Administering Institution Name

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1.10 Contact details for Research Administration Officer (RAO)

RAO Name			RAO Title	
Tel		Fax		
Email				
Institution				
Postal Address				
Suburb	State	Postcode		

1.11 Actual Institutions and Departments where the project will be carried out

a) List of Institutions collaborating in the proposal

Institution	Department	% Allocation

b) Where more than one institution is involved, describe the agreed arrangement for the management of the grant including how intellectual property will be handled (*maximum 2000 characters*)

2. Research Type

CLASSIFICATIONS/OBJECTIVES

2.1 Broad Research Area (*Choose one selection from the list*)

- | | | | |
|-----------------------|--------------------------|---------------------------|--------------------------|
| Basic Medicine | <input type="checkbox"/> | Clinical Science Medicine | <input type="checkbox"/> |
| Preventative Medicine | <input type="checkbox"/> | Health Services Research | <input type="checkbox"/> |
| Public Health | <input type="checkbox"/> | | |

2.2 Research Fields, Courses and Disciplines (RFCD) Classification

Discipline number (6-digit)	Description

2.3 Keywords/Phrases describing the field of research

(Minimum 3 & maximum 5 entries – 60 characters per entry, 1 entry per line)

2.4 Keywords/Phrases - Health Issue/Disease/Clinical condition relevant to this research

(Minimum 3 & maximum 5 entries – 60 characters per entry, 1 entry per line)

2.5 Burden of Disease

(Maximum 3 entries, % allocation must add to 100%)

Burden of Disease Category/s	% Allocation
	100

2.6 Socio-Economic Objectives

(Minimum 1 and maximum 5 entries - % values must add to 100%)

Class Code (6-digit) and Title E.g. 730204 Child Health	% Allocation
	100

2.7 National Research Priorities (NRPs)

(As applicable, indicate the percentage of the research activity to be spent on each goal of each NRP (NRP1 – NRP3 should not exceed 100% in each NRP)

National Research Priority	% Allocation
NRP 1 Environmentally sustainable Australia	
Developing deep earth resources	
Overcoming soil loss, salinity and acidity	
Reducing and capturing emissions – transport and energy	
Responding to climate changes & variability	
Sustainable use of Australian biodiversity	
Transforming existing industries	
Water – a critical resource	
TOTAL (maximum 100%)	

NRP 2 Promoting and Maintaining Good Health	% Allocation
A healthy start to life	
Ageing well, ageing productively	
Preventative healthcare	
Strengthening Australia’s social and economic fabric	
TOTAL (<i>maximum 100%</i>)	
NRP 3 Frontier technologies for building & transforming Australian Industries	% Allocation
Advance materials	
Breakthrough science	
Frontier technologies	
Promoting an innovative culture and economy	
Smart information use	
TOTAL (<i>maximum 100%</i>)	

2.8 National Health Priority Areas

Indicate the percentage of the research activity to be spent on any of the National Health Priorities

<http://www.health.gov.au/internet/wcms/publishing.nsf/Content/Health+Priorities-1>)

National Health Priority	% Allocation
Asthma	
Cancer	
Cardiovascular Health	
Diabetes	
Injury Prevention	
Mental Health	
Arthritis and Musculoskeletal Conditions	
TOTAL (<i>maximum 100%</i>)	

2.9 Consumer and Community Participation

a) Does this research involve consumer and/or community participation?

You must choose Yes or No

Yes No

If Yes, describe: (*maximum 2000 characters in total for answers b) – e)*)

b) How will **consumers** be involved in the research?

c) How will **research participants** have access to their **own** results?

d) How will you communicate the results of the research to **research participants and the community**?

e) How will you be accountable to **research participants** for the overall results of the research?

3. Ethics and Other Approvals

ETHICAL IMPLICATIONS REGARDING RESEARCH INVOLVING HUMANS

3.1 Research Involving Humans

a) Does this research proposal need to be submitted to a Human Research Ethics Committee (HREC) for review, as specified by the *National Statement on Ethical Conduct in Research Involving Humans*?

You must choose Yes or No

Yes No

(If No, go to 3.6)

b) Is the research being conducted at more than one institution?

You must choose Yes or No

Yes No

(If No, go to 3.2)

Where proposals involve multi-centre research, researchers are encouraged to seek the agreement of the institutions' HRECs to accept the ethics review of a single HREC, e.g. that of the 'lead' institution, where applicable.

The HRECs at the remaining institutions may then comment on local, site-specific issues relevant to the research. Section 3 of the *National Statement on Ethical Conduct in Research Involving Humans* discusses multi centre research in detail.

3.2 Use of personal information obtained from a Commonwealth Department or agency

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

You must choose Yes or No

Yes No

b) If Yes, specify Department/Agency (*maximum 100 characters*)

3.3 Administration to Humans of Drugs, Chemical Agents or Vaccines

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

You must choose Yes or No

Yes No

3.4 Ethical Implications of Experiments on Humans

If the research involves humans, outline the ethical implications of the research involving humans
(*maximum 2000 characters*)

3.5 Research using Humans - Numbers of males and females

a) If the research involves humans, are there equal numbers of males to females?
You must choose Yes or No

Yes No

b) If no, please provide a brief explanation of the sample size and the ratio of males to females in the study (*maximum 2000 characters*).

3.6 Research involving Animals

a) Does this research proposal require submission to an Institution's Animal Ethics Committee responsible for animal research?

You must choose Yes or No

Yes No

(If No, go to 3.9)

3.7 Outline the Ethical Implications of the Project Experiments on Animals

Please provide a brief discussion justifying the use of animals in these experiments, addressing the general principles of replacement, reduction and refinement. (*maximum 2000 characters*)

3.8 Animal Usage

Species	Enter Strain or Species	Number of animals required

OTHER APPROVALS

3.9 Genetic Manipulation of Organisms

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

You must choose Yes or No

Yes No

3.10 Use of Carcinogenic or Highly Toxic Chemicals

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

You must choose Yes or No

Yes No

3.11 Use of Human Stem Cells

a) Will this research involve the use of human stem cells?

You must choose Yes or No

Yes No

b) If Yes, please indicate if these human stem cells are:

You may choose either box or both boxes

Adult Embryonic

3.12 Use of Animal Stem Cells

a) Will this research involve the use of animal stem cells?

You must choose Yes or No

Yes No

b) If Yes, please indicate if these animal stem cells are:

You may choose either box or both boxes

Adult Embryonic

4. Chief Investigators

The first named Chief Investigator A will be considered the contact point for the Grant and will be understood to be acting for, and in concurrence with, all Chief Investigators.

4.1 Chief Investigator A (CIA)

a) Is the CIA an Australian or New Zealand citizen?

You must choose Yes or No

Yes No

b) If No, has the CIA provided evidence of permanent residency to their RAO?

You must choose Yes or No

Yes No

Table 4: List of Chief Investigators

	Surname	Title and Given Names	Role (maximum 50 Characters)	Percentage of time
A				
B				
C				
D				
E				
F				
G				
H				
I				
Etc				

ADD SEPARATE SHEETS AT THE END OF THIS SECTION DUPLICATING SECTIONS 4.2 (A) TO 4.13 (A) FOR ALL CHIEF INVESTIGATORS (CI) LISTED IN TABLE 4 (CHANGE NUMBERING FROM 4.2 (A) – 4.13 (A) FOR CI A TO 4.2 (B) TO 4.13 (B) FOR CIB, AND SO ON)

4.2 (A) CHIEF INVESTIGATOR DETAILS

a) Personal Details

Title:	Given Name:	Family Name:
Date of Birth	Gender	
Telephone:	Facsimile:	Email:
Signature:		

b) Postal Address

Position and Department	
Institution	
Street/Post Office Details	
Suburb/Town	
State	
Postcode	
Country	

c) Courier Address

Complete if different from postal address (or if postal address is through a post office).

Position and Department	
Institution	
Street Details	
Suburb/Town	
State	
Postcode	
Country	

d) Aboriginal and/or Torres Strait Islander Status

Is the Chief Investigator (Tick 1 box only):

- Neither Aboriginal nor Torres Strait Islander
- Aboriginal only
- Torres Strait Islander only
- Both Aboriginal and Torres Strait Islander

4.3 (A) Will this researcher be based in Australia for the duration of the Grant?

You must choose Yes or No

Yes No

4.4 (A) Dates of anticipated absence during grant period

From	To	Reason (<i>maximum 200 characters for each period</i>)	Impact	Strategy

4.5 (A) Describe the role this Chief Investigator will have on the Grant (*maximum 3000 characters*)

4.6 (A) Qualifications

Year	Country	Conferring Institution	Qualifications

4.7 (A) Employment History

a) Current appointment(s)/position(s)

Period of Appointment	Appointment/Position	Institution/Department

b) Previous appointment(s)/position(s) - maximum 10 entries covering past 10 years only

Period of Appointment	Appointment/Position	Institution/Department

4.8 (A) List of Publications in last 5 years

Provide a detailed list of this Chief Investigators Publications from the last 5 years. Publications that are directly relevant to this grant should be marked, with an asterisk*, at the corresponding list number. *(Provide list as an Appendix titled Appendix 4.8 (A) (4.8 (B) for CIB etc) at the end of the Application).*

4.9 (A) Patents

Provide details of any patent you, or others, have taken out which arises directly from research you have undertaken in the last 10 years.

Patent Type	Patent Number	Country of Patent	Year	Applicant's Name	Patent Title	Patent Status	Funding Source

Research Support from NHMRC or Other Sources –Current and Past

4.10 (A) Current NHMRC Research Support

Application ID #	Grant Type <i>(eg. Project grant, Career Award, etc.)</i>	Title	% Time	Top 3 Chief Investigators	Funds (\$) / year	Period	Publications Arising <i>(Refer to number in Publication List)</i>

4.11 (A) Past NHMRC Research Support - covering past 5 years

Application ID #	Grant Type <i>(eg. Project grant, Career Award, etc.)</i>	Title	% Time	Top 3 Chief Investigators	Funds (\$) / year	Period	Publications Arising <i>(Refer to number in Publication List)</i>

4.12 (A) Current Research Support from Other Sources

Funding Source	Title	% Time	Top 3 Chief Investigators	Funds (\$) / year	Period	Publications Arising <i>(Refer to number in Publication List)</i>

4.13 (A) Past Research Support from Other Sources - covering past 5 years

Funding Source	Title	% Time	Top 3 Chief Investigators	Funds (\$)/ year	Period	Publications Arising (<i>Refer to number in Publication List</i>)

5. Associate Investigator

Table 5: List of Associate Investigators

	Surname	Title and Given Names	Role (maximum 50 Characters)	Percentage of time
A				
B				
C				
D				
Etc				

ADD SEPARATE SHEETS AT THE END OF THIS SECTION DUPLICATING SECTIONS 5.1 (A) TO 5.3 (A) FOR ALL ASSOCIATE INVESTIGATORS (AI) LISTED IN TABLE 5 (CHANGE NUMBERING FROM 5.1 (A) – 5.3 (A) FOR AIA TO 5.1 (B) TO 5.3 (B) FOR AIB, 5.1 (C) TO 5.3 (C) FOR AIC, AND SO ON)

5.1 (A) Associate Investigator

a) Personal Details:

Title:	Given Name:	Family Name:
Institution:		
Department:		Position:
Telephone:	Facsimile:	Email:
Qualifications:		
Signature:		

5.2 (A) Aboriginal and/or Torres Strait Islander Status

Is the Associate Investigator (Tick 1 box only):

- Neither Aboriginal nor Torres Strait Islander
- Aboriginal only
- Torres Strait Islander only
- Both Aboriginal and Torres Strait Islander

5.3 (A) Describe the role this Associate Investigator will have on the Grant *(maximum 500 characters)*

6. International Team Members

Table 6: List of International Members

	Surname	Title and Given Name	Country of Residence	Role (<i>50 characters maximum</i>)	Percentage of time
A					
B					
C					
Etc.					

ADD SEPARATE SHEETS AT THE END OF THIS SECTION DUPLICATING SECTIONS 6.1 (A) - 6.2 (A) FOR ALL INTERNATIONAL TEAM MEMBERS LISTED IN TABLE 6 (CHANGE NUMBERING FROM 6.1 (A) – 6.2 (A) FOR MEMBER A TO 6.1 (B) TO 6.2 (B) FOR MEMBER B, 6.1 (C) TO 6.2 (C) FOR MEMBER C, AND SO ON)

6.1 (A) International Team Member Details

a) Personal Details:

Title:	Given Name:	Family Name:
Institution:		
Department:	Position:	
Telephone:	Facsimile:	Email:
Qualifications:		
Signature:		

6.2 (A) Describe the role this International Team Member will have on the Grant (*maximum 500 characters*)

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7. Other Partners

Table 7: List of Other Partners

	Partner Organisation / Institution / Department	Role (<i>50 characters maximum</i>)
A		
B		
C		
Etc.		

ADD SEPARATE SHEETS AT THE END OF THIS SECTION DUPLICATING SECTIONS 7.1 (A) - 7.2 (A) FOR ALL OTHER PARTNERS) LISTED IN TABLE 7 (CHANGE NUMBERING FROM 7.1 (A) – 7.2 (A) FOR OTHER PARTNER A TO 7.1 (B) TO 7.2 (B) FOR OTHER PARTNER B, 7.1 (C) TO 7.2 (C) FOR OTHER PARTNER C, AND SO ON)

7.1 (A) Other Partner Details

Partner Organisation / Institution / Department:		
Contact Name:	Position:	
Division/ Section (if Relevant):		
Address:		
Telephone:	Facsimile:	Email:
Signature:		

7.2 (A) Describe the role this Partner will have on the Grant *(maximum 500 characters)*

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8. Budget

NOTE: Funding will be provided on a one-line basis. This allows the input cost mix within a budget to be varied over the course of the project according to changing needs and in order to deliver the specified research outcomes.

Budget Items should NOT include GST.

There will be no provision to increase funds for any reason.

The Expert Assessment Panel reserves the right to recommend a variation in the budget.

8.1 Personnel (Specify positions, level, F/T or P/T by % of year)

Name	PSP Level <i>(if approp)</i>	FT/PT %	\$ Year 1	\$ Year 2	\$ Year 3	Total \$ Years 1-3
Sub totals:						

* see <http://www.nhmrc.gov.au/funding/apply/granttype/projects/budget.htm>

8.2 Comments on Salary Component *(maximum 2000 characters)*

Application ID

8.3 Equipment in Excess of \$10 000

Item	\$ Year 1	\$ Year 2	\$ Year 3	Total \$ Years 1 - 3
Sub-Totals:				

8.4 Justification of Equipment in Excess of \$10 000 and Equipment Purchases Beyond the First Year
(maximum 2000 characters).

Application ID

8.5 Direct Research Costs

Item	\$ Year 1	\$ Year 2	\$ Year 3	Total \$ Years 1 - 3
Sub-Totals:				

8.6 Details and Justification of Direct Research Costs *(maximum 2000 characters)*

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8.7 Summary of Funding by Year

	\$ Year 1	\$ Year 2	\$ Year 3	Total \$ Years 1 - 3
Salaries				
Other Expenses				
Total				

8.8 Total Budget

TOTAL BUDGET REQUESTED	\$
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9. Research Proposal

Please describe your research proposal against the Assessment Criteria in Section 9 of the ‘Advice and Instructions to Applicants’. The criteria can also be found in the ‘Program Framework’ which provides important information specific to this call for research which must be read before completing this section of the application form.

9.1 Assessment Criteria

In Section 9.1, please describe your research proposal against the Assessment Criteria (*maximum 30 000 characters or 9 pages, whichever is less; minimum 12 point font*).

There are five criteria for assessment of proposals. Address criteria 1-4 here (Criteria 5 – Value for Money, will be evaluated by the Dementia Research Grant Review Panel using the information provided throughout this application).

- 1. Research objectives and relevance (30%)*
- 2. Quality and feasibility of the proposed research methodology (30%)*
- 3. Quality and feasibility of partnerships and collaborations (15%)*
- 4. Track record of the research team relative to opportunity and experience (20%)*
- 5. Value for money (5%)*

10. References

Please provide a list of all references cited in the response to ‘Assessment Criteria’, in standard journal format (*maximum 5000 characters*)

11. Reporting

Propose and explain the quantifiable project milestones/outputs against which you propose to report on at 6 months after commencement and annually after that. (*maximum 3000 characters*)

Reporting date	Milestones / Output
Six months	
Annual Report 1	
Annual Report 2	
Annual Report 3	

12. Assessment

Is there anyone you do not consider suitable to review this application?

Name

Institution

Reason (*maximum 500 Characters*)

13. 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 Research Grants at that time.

Surname	Title	Initials	Department

Signature _____ Date _____

Certification by Head/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 the 'Joint NHMRC/AVCC Statements and Guidelines on Research Practice', and that arrangements for the management of this research have been agreed between all institutions associated with this application.

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, Associate Investigators, International Team Members and Partners identified at Parts 4, 5, 6 and 7 of this Form. I also agree to carry out the project in strict accordance with the conditions governing NHMRC Research Grants at the time and acknowledge that the research material contained herein may be used for internal NHMRC quality evaluations/reviews.

Surname	Title	Initials	Department

Signature _____ Date _____

Verification by Research Administration 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 lodgment with the NHMRC.

Surname	Title	Initials	Department

Signature _____ Date _____

RAO USE ONLY

14. RAO Approvals and Certificates

RAO's must complete this form before an application can be lodged to confirm that the applicant has obtained all the necessary certificates for their application. The RAO is also required to advise of those ethics and other approvals required, pending and obtained. Please note, it is not a requirement to have full ethics approval at the time of application but it must be obtained once the application is successful and before funding can commence.

It is the responsibility of the RAO to ensure that all paperwork relating to these questions has been completed and that a copy of the original is held by the Research Office. By answering Yes to these questions you are verifying that these forms have been obtained.

14.1 Certificates

The following questions are common to all grants and must be answered for every application submitted by your Administering institution.

a) Do you certify, as the nominee of the head of the Administering Institute that this request is signed by the Head of Department / Head of Research Committee?

You must choose Yes or No

Yes No

b) Do you certify, as the nominee of the Head of the Administering Institution, that this request satisfies all the requirements of the Institution, and that the Institution has established administrative processes for assuring sound scientific practice in accordance with the '*Joint NHMRC/AVCC Statements and Guidelines on Research Practice*'.

You must choose Yes or No

Yes No

14.2 Approvals

Applicants are requested to advise their Human Ethics Research Committee that they will submit an application under the Dementia Research Grants Program and that if selected for funding ethics consideration may need to be sought with in a short timeframe.

a) Does this application involve research on humans, animals, biosafety/genetics or carcinogenic/toxic chemicals? Refer to Section 3 – ‘Ethics & Other Approvals’.

You must choose Yes or No

Yes **No**

b) If relevant, do you hold a copy of the final approval for research involving humans approved by your Human Research Ethics Committee?

You may choose Yes, No or Pending

Yes **No** **Pending** **Not required**

c) If relevant, do you hold a copy of the final approval for research involving animals approved by your Animal Experimentation Ethics Committee?

You must choose Yes or No

Yes **No** **Pending** **Not required**

d) If relevant, do you hold a copy of the final approval by the relevant Biosafety Committee for research involving organisms being genetically manipulated?

You must choose Yes or No

Yes **No** **Pending** **Not required**

e) If relevant, do you hold a copy of the final approval by the relevant Biosafety Committee for the use of carcinogenic or highly toxic chemicals?

You must choose Yes or No

Yes **No** **Pending** **Not required**