

OFFICE USE ONLY APPLICATION

Application ID:	Applicant Name:	Date received:
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**| 2023 National Research Program****Application form**

Applications open: Thursday 14th April 2022
Closing date: Friday 8 July 2022 (5.00pm AEST)

IMPORTANT NOTICE

We recommend that you check the Arthritis Australia website for updates on the status of funding, prior to the closing date, and before you submit your application.

This application is for a: (Please indicate by selecting only one)

PLEASE SELECT ONE OF THE FOLLOWING ONLY

- ☐ **Grant-in-Aid:** for new investigators (**within 6 years of receiving PhD**) or early career allied health researcher, excluding physiotherapists unless they meet the criteria of a 'New investigator'.
- ☐ **Project Grant**
- ☐ **Private Practice Grant** lead investigator must be a financial ARA member who wishes to conduct a research program in private practice. The applicant must be employed in private practice for more than 60% of work time (applicant must provide statement in **section 4**). The applicant must have an academic mentor who is an ARA member. The investigator must be based and conduct the research project in Australia.

The Grant Assessment Committee reserves the right to re-categorise applications and will determine if for instance, a 'Project Grant' application can be awarded with partial funding as a 'Grant-in-aid' instead.

Before completing the application form you must read the Arthritis Australia Guidelines and Instructions and Frequently Asked Questions. These can be found on the Arthritis Australia Research Grants page of our website www.arthritisaustralia.com.au

- If you require any assistance in completing this form contact Arthritis Australia at researchgrants@arthritisaustralia.com.au
- Late or incomplete forms will not be accepted
- Use 10-point Arial throughout

Completed applications should be submitted to Arthritis Australia as an email attachment

Email to: researchgrants@arthritisaustralia.com.au

Late or incomplete forms will not be accepted

**2023 ARTHRITIS AUSTRALIA NATIONAL RESEARCH PROGRAM
PROJECT GRANT /GRANT IN AID /PRIVATE PRACTICE APPLICATION**

1. CONTACT DETAILS

Name:	Title:	Given:	Surname:
Address:			
City:	State:	Postcode:	
Phone:	Work:	Mobile:	Facsimile:
Email:			

2. EMPLOYMENT DETAILS

Present position:			
Institution:			
Australian citizen or permanent resident:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Rheumatology advanced training:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
If yes, year of completion or projected year of completion:	<input type="text"/>	year of completion	
ARA member:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	

(Please copy and paste sections 1 & 2 if more than one investigator)

3. DETAILS OF RESEARCH PROPOSAL

Intended department:	
Intended institution:	
Subject of research or study (short title):	
Other applications pending for this project:	
Have you applied for NHMRC funding for this project:	<input type="checkbox"/> Yes <input type="checkbox"/> No

4 PRIVATE PRACTICE APPLICATIONS ONLY – PROOF OF WORK TIME

WORK TIME STATEMENT

Provide a brief statement outlining that the primary applicant/lead investigator is working in private practice for more than 60 percent of their work time, is a financial member of the Australian Rheumatology Association and name the academic mentor who is an ARA member.

5. TRACK RECORD

APPLICANT TRACK RECORD – maximum 2 pages

Provide a brief overview as your introduction (no more than one paragraph) of your current position, area of interest, awards, presentations and publications. This will be used in our reporting to funders.

Your track record should include qualifications such as degrees, Honours if applicable, year of bestowal, training and employment, achievements including awards and prizes, grants and funding received in last five years, professional and other research contributions, number of publications and six most significant publications in last five years.

ADDITIONAL INVESTIGATOR TRACK RECORD – maximum 1 page PER INVESTIGATOR

APPLICANT TRACK RECORD – maximum 2 pages

Provide a brief overview as your introduction (no more than one paragraph) of your current position, area of interest, awards, presentations and publications. This will be used in our reporting to funders.

6. OUTLINE OF PROPOSED RESEARCH

Summary of proposal in layman's terms (maximum 1 paragraph): *(Please use plain language, avoiding scientific terminology. If this is unavoidable, please provide plain language explanation. It usually isn't necessary to explain scientific acronyms or the logic behind the naming of molecules).*

Translational research statement (maximum 1 paragraph): *explain in detail how this project will produce a benefit to health consumers e.g. improve quality of life for patients with musculoskeletal disease or advance knowledge in clinical areas where there is therapeutic uncertainty. (Please use plain language, avoiding scientific terminology).*

Plus, Project Outline: *Maximum of 4 pages for **project grants** and maximum of 3 pages for **grants in aid**, including references.*

NOTE: *(details in excess of this will be removed prior to assessment)*

7. BUDGET JUSTIFICATION

½ page maximum for grants in aid; full-page maximum for project grants

8. ADMINISTERING INSTITUTION

Name:			
Address:			
City:		State:	Postcode:

9. PLEASE ATTACH SUPERVISOR STATEMENT – (applicable ONLY to grant in aid applications)

GRANT IN AID APPLICATIONS ONLY- Grant in aid applicants need to provide a statement from their supervisor indicating that they meet the criteria for a new investigator* or are an early career allied health researcher.

***defined as within six years of receiving a PhD**

2023 ARTHRITIS AUSTRALIA NATIONAL RESEARCH PROGRAM PROJECT GRANT /GRANT IN AID/PRIVATE PRACTICE APPLICATION

10. CERTIFICATION

Please submit one hard copy (original) of **this page only** by mail.

***Note:** this page can be posted at a later date (within two weeks of application submission closing date) to:
Arthritis Australia National Research Program, P O Box 550 Broadway NSW 2007

Applicant name:

Application type: ☐ Grant in Aid ☐ Project Grant

Certification by head of department / head of research committee

I certify that the appropriate general facilities will be available to the applicant if successful.

Surname:		Title:	Initials:	Department:
Signature:				Date:

Certification by head / nominee of administering institution

I certify that this request satisfies all the requirements of this institution.

Surname:		Title:	Initials:	Department:
Signature:				Date:

Certification by applicant

In signing this page, you certify that all details given in this application are correct and that a written agreement has been provided by all named Chief Investigators.

Surname:		Title:	Initials:	Department:
Signature:				Date:

Verification by research administrative 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 Arthritis Australia National Research Program.

Surname:		Title:	Initials:	Department:
Signature:				Date: