## ACIPC Sustainability Research Grant Application Form

To be completed by the Chief Investigator (CI). Submit this cover page with your application as one PDF document to office@acipc.org.au.

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| **Research Project**  |  |  |
| Name  |  |  |
| Amount requested | $ |  |
| Chief Investigator |  |  |
| Name |  |  |
| Qualifications  |  |  |
| Organisation |  |  |
| Address |  |  |
| Email |  |  |
| Phone |  |  |
| Associate Investigators | Include name, organisation, and email: |  |
|  |  |  |
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| **Eligibility** | **The CI meets all the following eligibility criteria.** | **Yes/No** |
|  | CI is a current ACIPC member |  |
| CI has been a member for at least 12 months |  |
| The majority (50% or more) of investigators have been ACIPC members for at least 12 months before the closing date |  |
| The CI must not have previously held the position of CI for a successful ACIPC research grant application within three years |  |
| The CI is not in receipt of or named CI investigator on an NHMRC, MRFF or ARC-related grant (#) |  |
| The CI is a clinician or at least 30% of the research team comprises clinicians  |  |

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| --- | --- | --- |
| **Confirmation** |  | **Yes/No** |
| I have attached: | Research Proposal**Maximum three A4 pages** |  |
| Budget and Justification**Maximum two A4 pages** |  |
| Research Team Information**Maximum two A4 pages** |  |
| Timeframe and Dissemination Plan**Maximum one A4 page** |  |
| Curriculum Vitae (CV) of the Chief Investigator (CI)**Maximum three A4 pages** |  |
| The reference list can be located at the end of the application and is not included in the section page limits, however the reference list should not exceed two pages. Any referencing style is permitted, so long as it is consistent. |  |
| Dissemination of Research Results | I confirm that:* For any peer reviewed publication, the initial submission must be to *Infection, Disease and Health* for right of first refusal
* The results from the funded research will be submitted for consideration as an oral abstract at the ACIPC Annual Conference
 |  |
| Budget and Applications for Other Funding | I confirm that:* All funding from other sources is detailed in the budget with the source and the amounts. Where other funding is not yet confirmed, the budget makes this clear and notes the feasibility of the project proceeding in the absence of being awarded additional funding or support.
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| Certification | I certify the information in this application to be correct.Signature: |  |

**Notes:**

* **NHMRC** = National Health Medical Research Council **ARC**= Australian Research Council **MRFF** = Medical Research Future Fund
* **#** The CI must not be in receipt of or a named CI investigator on a current NHMRC grant (project, program, or fellowship) or ARC grants (discovery, linkage, or fellowship)