



Government of Western Australia  
East Metropolitan Health Service



# **RPH Radiology Research Grant Application and Terms and Conditions**

## COMPLETING THIS APPLICATION

- All sections must be completed.
- Your submission must be 5 A4 pages (excluding title pages, declarations, terms and conditions, and references), 12pt Arial font and 2cm margins and Vancouver referencing standards.
- Applications will not be considered should they not meet the submission requirements.
- Please provide a separate file with CI 2-page CV including a list of publications, grants held, awards, patents etc. in the past 5 years. If significant achievements relevant to the grant lie outside the 5-year time frame- provide a short explanation why these should be included.
- Please complete the application electronically in Word.
- To insert text in the answer fields, click in the box which will automatically extend as you type.
- The completed application should be sent as an email attachment to: [RPHImagingResearchCommittee@health.wa.gov.au](mailto:RPHImagingResearchCommittee@health.wa.gov.au).
- Ensure that the Declaration on page 7 is signed and dated when submitting the application.
- The Terms and Conditions are attached to the application Page 8-10.

## APPLICATION DETAILS

|  |
|--|
| <b>Scientific Title</b>                                |
|  |
| <b>Lay Title (easily understood by general public)</b> |
|  |
| <b>Lay Summary (200 words)</b>                         |
|  |

## APPLICANT DETAILS

|   |  |
|---|--|
| <b>Principal Investigator</b>                 |  |
| <b>Name</b>                                   |  |
| <b>Research Affiliation</b>                   |  |
| <b>Address</b>                                |  |
| <b>Contact Number</b>                         |  |
| <b>Email</b>                                  |  |
| <b>% Time and Role in Relation to Project</b> |  |

Please complete the next section for each additional investigator in this application.

|   |  |
|---|--|
| <b>Additional Investigator(s)</b>             |  |
| <b>Name</b>                                   |  |
| <b>Research Affiliation</b>                   |  |
| <b>Address</b>                                |  |
| <b>Contact Number</b>                         |  |
| <b>Email</b>                                  |  |
| <b>% Time and Role in Relation to Project</b> |  |

## ADDITIONAL PERSONNEL

Please list all additional support staff (in order of seniority) who will be involved in this research project. Include tertiary qualifications, percentage of time spent on this project and duties in the table provided.

| <b>Name</b> | <b>Qualification</b> | <b>Duties</b> | <b>% Time</b> |
|-------------|----------------------|---------------|---------------|
|             |                      |               |               |
|             |                      |               |               |
|             |                      |               |               |

## ASSESSMENT CRITERIA

The following criteria are used in judging the application:

1. Clarity of aims and objectives
2. Soundness of hypothesis

3. Appropriateness of study method and design
4. Relevance of study to radiation clinical medical imaging
5. Track record of the Principal Investigator
6. Track records of Co-investigators

## BUDGET

Please provide a comprehensive list of the proposed budget contribution towards salaries, equipment and direct consumables requested in this application in the table provided below.

| Salary Level/Consumables | Justification | Cost |
|--------------------------|---------------|------|
|                          |               |      |
|                          |               |      |
|                          |               |      |
|                          |               |      |

## PROJECT DETAILS

**Do you have appropriate human research ethics approval for this project?**

☐ Yes ☐ No

**If Yes, please attach a copy of the letter of approval to this application**

## RESEARCH PROPOSAL

**Research Grant Synopsis ( Maximum 200 words)**

**Detailed Background and Research Plan** Please include pilot and feasibility study data. References should be added at the end of the proposal and will not be included in the page limit. Please ensure you include the following headings in your proposal.

Aims:

Hypothesis:

Background:

Preliminary Pilot Studies already completed:

Research Plan – including timeline:

Expected Achievements and Likely Outcomes after 12months:

|   |
|---|
| <b>Track Record</b> Provide a table summarising grants awarded <u>in the last 5 years</u> (include grant title, role eg. CIA, CIB etc, amount of funding, years funded, amount of the grant funding allocated to the investigator if not full grant amount) |
|   |

|   |
|---|
| <b>Referees</b> Please list below the names and addresses of three professional referees. The referees should be able to comment on the applicant's personal research contributions, research potential and national/international research standing. |
| 1.<br>2.<br>3.  |

|                                      |
|--------------------------------------|
| <b>Medical Literature References</b> |
|                                      |

## DECLARATIONS

### 1. Head of Department or Supervisor to sign

I, ....., hereby declare that I  
(print or type name)

accept this application from

.....  
(print or type applicant name)

and approve of the work proposed. I agree to provide adequate supervision and facilities for the period concerned, and to provide an appropriate certification of performance when the project is completed.

Signature:..... Date .....

### 2. Applicant to sign

I, ....., (print or type name)

on behalf of all investigators associated with this application, confirm and declare that the information provided in this application is true and accurate in every respect.

Signature:..... Date .....

## TERMS AND CONDITIONS

By submitting an application, applicants agree to be bound by these terms and conditions:

### 1. FUNDING

- 1.1 The Royal Perth Hospital Radiology Research grant will not fund:
  - a) Food – catering for meetings,
  - b) Resources that would be routinely funded by the Institution.
- 1.2 PhD Funding
  - a) The Royal Perth Hospital Research Grant fund will fund the Turab Chakera Research Grant Fellowship annually for a maximum of 3 (three) years dependent of The Committee endorsing an annual report.
  - b) Additional funding
    - I. UPA/APA scholarships are acceptable,
    - II. Funding from another granting body must be disclosed for the committee to consider.

### 2. ASSESSMENT

- 2.1 The Committee together with two external senior clinical academic reviewers will assess applications for grants and fellowships based on merit and the information contained in the application.
- 2.2 The Committee reserves the right to vary the amount of the grant or fellowship as deemed appropriate, taking into account funding available and merit of the application.

### 3. REJECTION

- 3.1 The Committee may, in its sole discretion, reject any application at any time during the assessment process. Reasons for rejection may include, but are not limited to:
  - a) the application not meeting the eligibility criteria for the grant or fellowship,
  - b) the application containing inaccurate or misleading information,
  - c) the application being incomplete,
  - d) failure to complete progress reports on previous grants.

- 3.2 The ultimate authority for the deferment or rejection of an application lies with the Committee.

#### **4. AMENDMENTS**

- 4.1 Any request to amend any term or condition for any grant or fellowship must be made to the Committee in writing and must:
- a) present the reasons for the request; and
  - b) be supported by substantial relevant additional information to justify the amendment.
- 4.2 Requests will be considered by the Committee on a case by case basis and a decision will be made by the Committee in its sole discretion.
- 4.3 Any change to the title or scope of research that differs from the original application must be agreed to at the discretion of the Committee. Recipients must inform the Committee within 30 days of the proposed change, seeking approval and will be advised of the Committee's decision in writing.

#### **5. NO OBLIGATION**

- 5.1 The Committee is under no obligation to offer any grant and may withdraw a grant at any time for any reason in its sole discretion.

#### **6. ACCEPTANCE**

- 6.1 Grants and fellowships must be taken as offered and are not transferable.
- 6.2 To take up a grant, the principal recipient must accept the grant or fellowship in writing. By accepting the grant or fellowship in writing the recipient agrees to comply with these terms and conditions.
- 6.3 The recipient must provide the Committee with an invoice from their institution and a signed form giving confirmation that:
- a) the recipient's proposal has been accepted by the institution,
  - b) the institution agrees to administer the funds; and
  - c) the institution has been provided with the Terms and Conditions: Royal Perth Hospital Radiology Research Grants,
  - d) no more than 10% of the grant will go towards administration fees.
- 6.4 Any change to the research project or program of study, including budget variations and other financial support, must be put in writing for Committee approval in accordance with clause 3.



- 6.5 Annual reports on progress, including final report at the completion of funding are mandatory to continue funding and to receive future funding.
- 6.6 PhD Offers - The Turab Chakera Radiology Research Fellowship  
Candidates are required to:

## **6. ACCEPTANCE (CONT'D)**

- a) Commence their PhD within six months of the award offer and acceptance, extensions will only be granted by the committee on application,
- a) Proof of commencement of the PhD to be confirmed by:
  - I. Enrolment in a University as a minimum by a given date,
  - II. A letter from the Supervisor to support that the project has commenced.

## **7. PAYMENT**

- 7.1 Any recipient of a grant must seek their own advice on matters relating to tax. The Committee will not provide tax advice under any circumstances.
- 7.2 Grant amounts on the application should be exclusive of GST.

## **8. WITHDRAWAL**

- 8.1 A grant may be withdrawn by the Committee if the recipient:
- a) does not achieve the purpose of the grant;
  - b) is found to have provided inaccurate or misleading information in their application;
  - c) fails to comply with these terms and conditions;
  - d) fails to comply with the Public Sector Code of Ethics  
<https://publicsector.wa.gov.au/conduct-integrity/promoting-integrity/code-ethics>  
and  
Western Australian Department of Health research policy  
<https://ww2.health.wa.gov.au/About-us/Policy-frameworks/Research>
  - e) is found to be guilty of serious misconduct.

- 8.2 If a grant or fellowship is withdrawn, the Committee may, in its sole discretion, require that the recipient repay the full amount to the Committee.

## **9. PRIVACY**

The Committee is committed to the protection of applicant personal information and acts in accordance with the Australian Privacy Principles in the Privacy Act <https://www.legislation.gov.au/Details/C2019C00241>.