**2024 DEMENTIA GRANTS PROGRAM**

**Application for Travel Grant**

**Online Application Template – Travel Grant**

The following information is provided to assist applicants in planning and drafting their application for a Travel Grant. Please note that this document is not to be submitted with your application or emailed directly to the Foundation – please complete the application electronically. To start a new application click [here](https://www.dementia.org.au/research/dementia-australia-research-foundation-grants).

**Chief Investigator (Applicant) Details**

|  |  |
| --- | --- |
| Title | Click or tap here to enter text |
| **First Name** | Click or tap here to enter text |
| **Last Name** | Click or tap here to enter text |
| **Department** | Click or tap here to enter text |
| **Institution** | Click or tap here to enter text |
| **Address** *(please include street or PO Box address, city, state/territory, postcode and country)* | Click or tap here to enter text |
| **Contact Phone (Work)** | Click or tap here to enter text |
| **Contact Phone (Mobile)** | Click or tap here to enter text |
| **Email Address** | Click or tap here to enter text |
| **Residency Status**  *For Travel Grant applications, the CI must be an Australian or New Zealand citizen, a permanent resident or have an appropriate work visa in place at the time of acceptance and for the duration of the project. All applicants must provide evidence**to their host institution to support this criterion* | Australian Citizen  Permanent Resident  New Zealand Citizen  Appropriate Work Visa |

**Relative to Opportunity**

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| --- | --- |
| Do you have any relative to opportunity considerations that you would like the Scientific Panel to take into account?  *This may include your status as an early career researcher, time taken in parental leave or other career interruptions. Must be no more than 200 words.* | Yes  No  If yes, please specify:  Click or tap here to enter text |

**Academic Qualifications**

|  |  |
| --- | --- |
| List Academic and other Qualifications *(Format: Degree, Year, Institution)* | Click or tap here to enter text |
| **Are you currently enrolled in a program of study?** | Yes  No  ***If yes, please specify:***  Click or tap here to enter text |
| **Date PhD conferred (or anticipated)** *(Format: DD/MM/YYYY)* | Click or tap here to enter text |
| **Evidence of academic qualification** | *Please provide a pdf copy of your qualifications using the following naming conventions:*  *Travel Grant\_Qualification\_FirstName\_Surname* |

**Academic Career Summary**

|  |  |
| --- | --- |
| Academic Career Summary | *Please provide a PDF copy of your academic career summary. Include relevant career impact statement, grants, publications, awards and conference presentations (2 pages maximum). Please use the following naming conventions when attaching documents:*  *Travel Grant\_CareerSummary\_FirstName\_Surname* |

**Associate Investigators**

Please provide details of associated/senior investigators on this project (including supervisors where applicable), including a brief outline of their role and any knowledge or experience relevant to that role. You may list up to three.

**Associate Investigator 1**

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| --- | --- |
| Title | Click or tap here to enter text |
| **First Name** | Click or tap here to enter text |
| **Last Name** | Click or tap here to enter text |
| **Department** | Click or tap here to enter text |
| **Institution** | Click or tap here to enter text |
| **Address** | Click or tap here to enter text |
| **Phone Number** | Click or tap here to enter text |
| **Email Address** | Click or tap here to enter text |

**Associate Investigator 2**

|  |  |
| --- | --- |
| Title | Click or tap here to enter text |
| **First Name** | Click or tap here to enter text |
| **Last Name** | Click or tap here to enter text |
| **Department** | Click or tap here to enter text |
| **Institution** | Click or tap here to enter text |
| **Address** | Click or tap here to enter text |
| **Phone Number** | Click or tap here to enter text |
| **Email Address** | Click or tap here to enter text |

**Associate Investigator 3**

|  |  |
| --- | --- |
| Title | Click or tap here to enter text |
| **First Name** | Click or tap here to enter text |
| **Last Name** | Click or tap here to enter text |
| **Department** | Click or tap here to enter text |
| **Institution** | Click or tap here to enter text |
| **Address** | Click or tap here to enter text |
| **Phone Number** | Click or tap here to enter text |
| **Email Address** | Click or tap here to enter text |

**Institution Details**

|  |  |
| --- | --- |
| Institution Name | Click or tap here to enter text |
| **Institution ABN** | Click or tap here to enter text |
| **Research Office Contact** | Click or tap here to enter text |
| **Research Office Postal Address** | Click or tap here to enter text |
| **Email Address** | Click or tap here to enter text |
| **Phone Number** | Click or tap here to enter text |

**Travel Grant Proposal**

|  |  |
| --- | --- |
| Proposal Title | Click or tap here to enter text |
| **Key Words**  *Please list 3-5 key words that best describe your area of research* | Click or tap here to enter text |
| **What is your broad area study?**  *If you are unsure of the appropriate category for your research and associated travel, please select the category that most closely relates and provide a description below as to why you think it does not fit clearly into either category* | Discovery, pre-clinical and mechanistic studies: Studies that primarily use cells and animal models or human tissue and/or studies that aim to understand causes, mechanisms or aetiology of disease processes.  Human studies (interventional and non-interventional, implementation and psychosocial studies): Studies focused on dementia risk or prevention. Studies focused on improving relevant intervention or treatment outcomes for people living with dementia and/or carers. Studies that aim to understand experience and meaning (organisational, psychological and/or social and societal factors) relating to people living with dementia and/or their care or carers. Studies that focus on changing practice or management, knowledge translation or implementation of guidelines.  If unsure, please specify:  Click or tap here to enter text |
| **Which category best describes your research?** | Mechanisms of Disease  Risk Reduction  Diagnosis  Treatment  Care  Other, please specify: Click or tap here to enter text |
| **Plain language summary of proposed travel activities**  *Please write your summary in a way that someone without a scientific background would be able to understand.* *Summarise the proposed travel activities (such as workshop attendance, conference presentation, networking, hosted visits to other institutions). Include reference to topics such as gaps in current knowledge and how the travel looks to fill those, aims and intended impact of the proposed travel. Must be no more than 250 words.* | Click or tap here to enter text |
| **Benefits to professional development**  *Describe how the proposed travel with further your knowledge, skills and/or professional development.*  *Please write your summary in a way that someone without a scientific background would be able to understand. Must be no more than 250 words.* | Click or tap here to enter text |
| **Implications for your research**  *Outline how the travel is linked to current research including the benefits/significance of undertaking the travel and the role of the proposed travel in achieving research aim(s) and/or disseminating the research outcomes. Must be no more than 250 words.* | Click or tap here to enter text |
| **How are/will people living with dementia, their carers, families and/or the public be involved in research related to the proposed travel (or the travel itself)?**  *This may be achieved in any number of ways: a) Consultation about the research proposal – to ensure that it addresses an identified area of priority. b) Inclusion as joint grant holders or co-applicants on your research proposal. c) Invitation to co-present the research project at conferences and other events. d) Membership of a Steering Committee or Advisory Group or as a ‘research buddy’ for the researcher. e) Provide comment on and develop patient information leaflets or other research materials. f) Involvement in the dissemination of research outcomes and the development of plain language project summaries. Please write your summary in a way that someone without a scientific background would be able to understand. Must be no more than 250 words.* | Click or tap here to enter text |
| **Travel Proposal** | *Please provide a pdf copy of your travel proposal that does not exceed allowable page limit with a minimum font size of 11 and margins not less than 1.5 cm. Your reference list - up to 20 references - is NOT included in the page limit. Any additional pages will not be assessed. Explanatory appendices are not permissible. Upload a PDF copy of your research proposal. Please use the following naming conventions when attaching documents: Travel Grant\_Proposal\_FirstName\_Surname* |

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**Ethics and Approvals**

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| --- | --- |
| Ethics Approval  Does your project involve human or animal subjects? | Yes  No |
| **What is the status of your Ethics Committee approval?** | Approved  Pending  Not yet submitted |
| **Ethics Approval Letter** | *If available, please provide a pdf copy of your Ethics Approval Letter. Note: If your application is successful - ethics approval must be gained before payment of funds can commence. Please use the following naming conventions when attaching documents: Travel Grant\_EthicsApproval\_FirstName\_Surname* |
| **Letter of Support (if applicable)** | *Please provide a pdf copy of a letter of support (if applicable). Applicants who plan to visit another institution must provide written agreement from the relevant institution or department to host the applicant for the specified travel dates. Please use the following naming conventions when attaching documents:*  *Travel Grant\_LetterSupport\_FirstName\_Surname* |
| **Endorsement of Application** | *Please provide a pdf copy of the signed endorsement form. Please use the following naming conventions when attaching documents:*  *Travel Grant\_EndorsementForm\_FirstName\_Surname* |

**Assessors**

Applications will be assessed by the Scientific Panel; expert external reviewers may be approached for selected comment and/or rating against the assessment criteria if required. Please provide the names and details of up to three potential external reviewers, based in Australia, who would not have a direct conflict of interest and would have the expertise to review your application. The application may or may not be forwarded to these assessors.

**Suggested Assessor 1**

|  |  |
| --- | --- |
| Title | Click or tap here to enter text |
| **First Name** | Click or tap here to enter text |
| **Last Name** | Click or tap here to enter text |
| **Institution** | Click or tap here to enter text |
| **Email Address** | Click or tap here to enter text |
| **Reason for Referral** | Click or tap here to enter text |

**Suggested Assessor 2**

|  |  |
| --- | --- |
| Title | Click or tap here to enter text |
| **First Name** | Click or tap here to enter text |
| **Last Name** | Click or tap here to enter text |
| **Institution** | Click or tap here to enter text |
| **Email Address** | Click or tap here to enter text |
| **Reason for Referral** | Click or tap here to enter text |

**Suggested Assessor 3**

|  |  |
| --- | --- |
| Title | Click or tap here to enter text |
| **First Name** | Click or tap here to enter text |
| **Last Name** | Click or tap here to enter text |
| **Institution** | Click or tap here to enter text |
| **Email Address** | Click or tap here to enter text |
| **Reason for Referral** | Click or tap here to enter text |

**Non-referral to a particular assessor**

Please indicate if there is a particular person to whom you would rather this application not be forwarded for assessment.

|  |  |
| --- | --- |
| Title | Click or tap here to enter text |
| **First Name** | Click or tap here to enter text |
| **Last Name** | Click or tap here to enter text |
| **Institution** | Click or tap here to enter text |
| **Email Address** | Click or tap here to enter text |
| **Reason for Non-Referral** | Click or tap here to enter text |

**Finalising the application**

Please ensure that you have:

o Read the Information for Applicant’s booklet, particularly sections relating to eligibility.

o Outlined how people with a living experience of dementia have been or will be involved in your application and/or as part of your research.

o Included all the relevant sections within your Research Proposal, including a budget.

o Prepared the Research Proposal within the allowable specifications and page limit.

o Used the correct naming convention for all documents.

o Completed all mandatory fields in the online application form, including uploading required documentation.

o Checked that your endorsement form been signed by all named Investigators and your Administering Institution (wet ink or time/date stamped electronic signatures only).

o Submitted your application by the specified deadline.