**2024 DEMENTIA GRANTS PROGRAM**

**Application for Project Grant, Clinical Practice Post-Graduate Stipend, Post-doctoral Fellowship or Mid-Career Research Fellowship**

**Online Application Template**

The following information is provided to assist applicants in planning and drafting their application for a Project Grant, Clinical Practice Post-Graduate Stipend, Post-Doctoral Fellowship and Mid-Career Fellowship. The text can be copied into each relevant section of the online application form. 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).

**What is this application for?**

Project Grant

Clinical Practice Post-Graduate Stipend

Post-Doctoral Fellowship

Mid-Career Research Fellowship

**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 |
| **Email Address** | Click or tap here to enter text |

|  |  |
| --- | --- |
| Residency Status | Australian Citizen  Permanent Resident  New Zealand Citizen  Appropriate Work Visa  *For Fellowship and Stipend applications, the CI must be an Australian or New Zealand citizen or a permanent resident of Australia. For Project Grants, applicants 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.* |
| **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 |

**Relative to Opportunity**

|  |  |
| --- | --- |
| 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:*  *Project Grant\_Qualification\_FirstName\_Surname Fellowship\_Qualification\_FirstName\_Surname Stipend\_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:*  *Project Grant\_CareerSummary\_FirstName\_Surname*  *Fellowship\_CareerSummary\_FirstName\_Surname*  *Stipend\_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 |

**Research Proposal**

|  |  |
| --- | --- |
| Project Title | Click or tap here to enter text |
| **Abstract**  *Please ensure that the implications of your research are written in a way that does not identify you, as the applicant, or the other Investigators. Must be no more than 250 words* | Click or tap here to enter text |
| **Key Words**  *Please list 3-5 key words that best describe your project (e.g. biomarkers, residential aged care, meta-analysis, physical activity)* | Click or tap here to enter text |
| **What is your broad area study?**  *If you are unsure of the appropriate category for your project, 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 |
| **In which state or territory will the research be primarily undertaken?** | All states and territories  ACT  NSW  NT  QLD  SA  TAS  VIC  WA |
| **How does your application address any nominated priority area or specific grant? (If applicable)**  *Please complete this section of the application only if you wish to apply for a specific grant or fellowship (e.g. (e.g. Hazel Hawke Research Grant in Dementia Care). Please provide details of how your project addresses the nominated priority area(s) of these awards. All Project Grant applications will automatically be considered eligible for DARF Project Grant awards. Please see the ‘Information for Applicants’ for further details. Must be no more than 200 words.* | Click or tap here to enter text |
| **Knowledge Translation**  **How will you translate research findings into practice?**  *Please outline how your research findings will be translated into policy or practice and/or how the research will be applied in the real world (over the short, medium or long term) to achieve the stated benefits. 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 |
| **Plain language summary**  *Please write your summary in a way that someone without a scientific background would be able to understand. This should include a short background as to why your research is needed and your aims, your approach/methods and the significance/implications/anticipated outcomes of this work.*  *Please ensure that your summary is written in a way that does not identify you, as the applicant, or the other Investigators. Must be no more than 250 words.* | Click or tap here to enter text |
| **Implications of your research**  *Outline the outcomes, significance, innovation and/or intended impact of the research. Please write your summary in a way that someone without a scientific background would be able to understand.*  *Please ensure that the implications of your research are written in a way that does not identify you, as the applicant, or the other Investigators. Must be no more than 250 words.* | Click or tap here to enter text |
| **How will people living with dementia, their carers and/or the public be involved in this research?**  *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 |
| **Research Proposal** | *Please provide a pdf copy of your 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: Project Grant\_Proposal\_FirstName\_Surname Fellowship\_ Proposal \_FirstName\_Surname Stipend\_ Proposal \_FirstName\_Surname* |

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**Career Progression Statement** (Fellowships and Stipend only)

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| --- | --- |
| Career Progression Statement | *Please provide a career progression statement not exceeding 300 words with a minimum font size of 11 and margins not less than 1.5 cm. Any additional pages will not be assessed. Explanatory appendices are not permissible.*  *Upload a PDF copy of your career progression statement. Please use the following naming conventions when attaching documents:*  *Fellowship\_CareerProgression\_FirstName\_Surname*  *Stipend\_ CareerProgression\_FirstName\_Surname* |

**Ethics and Approvals**

|  |  |
| --- | --- |
| 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: Project Grant\_EthicsApproval\_FirstName\_Surname Fellowship\_EthicsApproval\_FirstName\_Surname Stipend\_EthicsApproval\_FirstName\_Surname* |
| **Endorsement of Application** | *Please provide a pdf copy of the signed endorsement form. Please use the following naming conventions when attaching documents:*  *Project Grant\_EndorsementForm\_FirstName\_Surname*  *Fellowship\_EndorsementForm\_FirstName\_Surname*  *Stipend\_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 Travel 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 has 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.