**NOVICE RESEARCHER GRANT APPLICATION**

**Instructions for preparing applications.**

The application form must be filled in electronically. The application must be accompanied by a letter from the applicant’s department or organisation stating their support of the project and the methods by which it will be conducted. If the applicant is requesting backfill for offline research time as part of the budget, this letter must also contain details of how the department or organisation will manage this including the salary level and hours that will be covered. Any queries regarding the application (including eligible budget items) should be directed to [research@asmirt.org](mailto:research@asmirt.org).

Email the completed application as a single PDF document to the research committee at [research@asmirt.org](mailto:research@asmirt.org)

Closing date for applications is **Sunday 1 October 2024**

This grant is specifically offered to medical radiation science professionals who are new to research.

The applicant should have no previous experience as a principal investigator on a research project.

The aim is to encourage participation in research under ***the guidance of a research supervisor***.

**NOVICE RESEARCHER GRANT APPLICATION**

**1. Project Title: Maximum 20 words in length**

**2. Project Summary:**

In no more than 250 words, summarise aims, methodology significance, expected outcomes and strategic gain. Please attach a project plan and timetable (examples on pages 9 & 12).

**3.1 Principal Investigator & Novice Researcher Grant Applicant:**

|  |  |  |  |
| --- | --- | --- | --- |
| Title Mr Ms Mrs Miss Other |  | | |
| Family Name |  | | |
| Given Name |  | | |
| ASMIRT Membership Number: |  | | |
| Discipline | Medical Imaging  Radiation Therapy  Nuclear Medicine | | |
| Postal Address |  | | |
|  |  | | |
|  | State: | Postcode: | |
| E-mail address |  | | |
| Telephone number | Work: | Mobile: | |
| Organisation |  | | |
| Department |  | | |
| Currently held position |  | | |
| Highest Academic qualification |  | | Year Attained: |
| Average number of days per month to be devoted to this project:  *If time release from employment is required to complete the project, please include a letter of support from your Manager.* | | | |
| Average number of days per month to be devoted to other projects: | | | |
| Profile/publications: Please enclose a brief CV (maximum 3 pages) including a list of research projects and publications to which the Principal Investigator has contributed, and other grant money awarded. | | | |

**3.2 Research Supervisor**

|  |  |  |  |
| --- | --- | --- | --- |
| Title Dr Mr Ms Mrs Miss Other |  | | |
| Family Name |  | | |
| Given Name |  | | |
| ASMIRT Membership Number (if applicable) |  | | |
| Discipline |  | | |
| Postal Address |  | | |
|  | | |
| State: | Postcode: | |
| E-mail address |  | | |
| Telephone number | Work: | Mobile: | |
| Organisation |  | | |
| Department |  | | |
| Currently held position |  | | |
| Highest Academic qualification |  | | Year Attained: |
| Average number of days per month to be devoted to this project: | | | |
| Explain how the Principal Investigator will be supported/mentored for the duration of the project: | | | |
| Profile/publications: Please enclose a brief CV (maximum 3 pages) including a list of research projects and publications to which the Research Supervisor has contributed, and other grant money awarded. | | | |

**3.3 Co-investigator 1**

|  |  |  |  |
| --- | --- | --- | --- |
| Title Dr Mr Ms Mrs Miss Other |  | | |
| Family Name |  | | |
| Given Name |  | | |
| ASMIRT Membership Number (if applicable) |  | | |
| Discipline |  | | |
| Postal Address |  | | |
|  | | |
| State: | Postcode: | |
| E-mail address |  | | |
| Telephone number | Work: | Mobile: | |
| Organisation |  | | |
| Department |  | | |
| Currently held position |  | | |
| Highest Academic qualification |  | | Year Attained: |
| Average number of days per month to be devoted to this project: | | | |
| Profile/publications: Please enclose a brief CV (maximum 3 pages) including a list of research projects and publications to which the Co-investigator Investigator 2 has contributed, and other grant money awarded. | | | |

**3.4 Co-investigator 2**

|  |  |  |  |
| --- | --- | --- | --- |
| Title Dr Mr Ms Mrs Miss |  | | |
| Family Name |  | | |
| Given Name |  | | |
| ASMIRT Membership Number (if applicable) |  | | |
| Discipline |  | | |
| Postal Address |  | | |
|  | | |
| State: | Postcode: | |
| E-mail address |  | | |
| Telephone number | Work: | Mobile: | |
| Organisation |  | | |
| Department |  | | |
| Currently held position |  | | |
| Highest Academic qualification |  | | Year Attained: |
| Average number of days per month to be devoted to this project: | | | |
| Profile/publications: Please enclose a brief CV (maximum 3 pages) including a list of research projects and publications to which the Co-investigator Investigator 2 has contributed, and other grant money awarded. | | | |

**3.5 Other Co-investigators**

**Please list the names of any other co-investigators below.**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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**4. Investigator Contributions**

List all investigators and explain their contribution to the project, including, where relevant, the following:

* Conception or design of the work.
* Acquisition, analysis, or interpretation of data for the work.
* Drafting the work or revising it critically for important intellectual content.
* Final approval of publications.
* Agreement to be accountable for all aspects of the work in ensuring that questions related to the accuracy or integrity of any part of the work are appropriately.

**5. Discipline area of Research Project:**

Medical imaging  Radiation therapy  Nuclear Medicine

**6. Research project sub-categories:**

**6.1** Does the research project involve interprofessional collaboration?

Yes  No

**6.2** If yes to the above, please briefly outline what other professions will be involved and their contribution to the project.

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**7. Ethics and Safety Clearances**

|  |  |  |
| --- | --- | --- |
| **Animal Ethics** | **Yes** | **No** |
| Does this research involve the use of animals? |  |  |
| If yes, has approval been given? |  |  |
| If no, indicate the status of the ethics process: | | |
| **Human Ethics** | **Yes** | **No** |
| Does this research involve human participants? |  |  |
| If yes, has approval been given? |  |  |
| If no, indicate the status of the ethics process: | | |
| **Safety Clearance** | **Yes** | **No** |
| Does this research require safety clearance? |  |  |
| If yes, has approval been given? |  |  |
| If no, indicate the status of the ethics process: | | |

*If approval has been given, please provide a copy of the approval letter with the application.*

**8. Project plan**

Attach a project plan (maximum 3,500 words) under the following headings:

* Title
* Background (including a summary of current literature on the topic) (600 words)
* Aims (up to 250 words)
* Objectives (350 words)
* Detailed methodology (up to 800 words)
* Statistical analysis (if applicable) (up to 350 words)
* Ethics considerations (e.g. participant consent, data collection and storage) (300 – 400 words)
* Timeline (refer to Appendix 1 for an example)
* Publication/dissemination of results (150 words)
* Potential for the project to lead to follow-up research grants (future Directions: 250 words)
* Potential for the project to enhance the research base for the medical radiation professions (250 words)

**9. Budget and funds requested**

**9.1 Project budget**

Attach a detailed project budget outlining all costs and funding sources. For ongoing costs proposed to be funded by the Research Grant, please specify the cost attributed to the 2-year timeframe of the grant.

An example is provided below.

|  |  |  |
| --- | --- | --- |
| **Personnel** | **Amount** | **Funding source** |
| Backfill for Principal Investigator: 4 hrs/week x 40 weeks @ $42/hr | $6,720 | ASMIRT Research Grant |
| Co-investigator 1: 2 hrs/week x 40 weeks @ $47/hr | $3,760 | In kind support from Hospital Y |
|  |  |  |
| **Consumables** | **Amount** | **Funding source** |
| Printing of participant information and consent sheets | $25 | Operational budget from Hospital X |
|  |  |  |
| **Reimbursement of participant costs** | **Amount** | **Funding source** |
| Pathology tests: 1 x MCU tests per participant @ $22 per test x 50 participants | $1,100 | ASMIRT Research Grant |
|  |  |  |
| **Capital purchases** | **Amount** | **Funding source** |
| Laptop for field work (Principal Investigator) | $4,300 | XYZ grant  *NB – capital purchases cannot be funded through the ASMIRT Research Grant* |
|  |  |  |
| **Publication costs** | **Amount** | **Funding source** |
| JMRS publication (PI is ASMIRT member) | $0 |  |
| Principal Investigator attendance at ASMIRT conference | $3,600 | Self-funded  *NB – conference attendance cannot be funded through the ASMIRT Research Grant* |
|  |  |  |
| **Other** | **Amount** | **Funding source** |
| Set up of server for transfer of data | $600 | ASMIRT Research Grant |
| Transcription of interviews | $500 | ASMIRT Research Grant |
| **Total** | **$20,605** | **\*\*Max. claim for this grant is $5,000 (including GST)** |

**9.2 Total funds requested from ASMIRT Research Grant: $****\_\_\_\_\_\_\_\_\_\_\_\_**

Provide a brief justification for these funds (max 200 words)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**9.3 Other funding applications.**

Have any other applications for funding been made/granted? If yes, from whom?

Yes  No

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**10. Project status and checklist before submission**

|  |  |
| --- | --- |
| **Task** | **Completed** |
| Has project commenced? | YES  NO  If YES, when did it start?  If NO, when do you propose to commence? |
| Anticipated completion date? |  |
| Can the budget be expended in 2 years? | YES  NO |
| Word/page limits adhered to? | YES  NO |
| Application has been reviewed by nominated supervisor? | YES  NO  Name:  Signature: |

**11. Certification of Investigators**

I/We certify that all the details on this form are correct and complete.

I/We understand and agree that:

* Research that involves animal experimentation must be carried out in accordance with the Animal Research Act (1985) and accompanying Code of Practice:
* Research that involves human subjects or material of human origin must be carried out in accordance with the guidelines laid down in the NHMRC Code of Practice;
* Research that involves genetic manipulation work must be carried out in accordance with the guidelines laid down by the Genetic Manipulation Advisory Committee.

**12. Terms and Conditions**

We understand and agree to the following terms and conditions.

* The Principal Investigator will continue and maintain Australian Society of Medical Imaging and Radiation Therapy Financial voting membership for the duration of the grant.
* Provision of regular progress reports.
* Provision of a completion report by agreed date.
* Submission of reimbursement expenses by agreed dates.

Principal Investigator (Print name):

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Co-Investigator 1 (Print name):

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Co-Investigator 2 (Print name):

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature Co-Investigator 3 (Print name):

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Appendix 1 – Example timeline**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Task** | Q1 | | | | Q2 | | | | Q3 | | | | Q4 | | | | Q1 | | | |
| Literature review |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Protocol development |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Apply/obtain Human Research Ethics Approval |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Data collection |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Data analysis |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Draft and submit journal article & Yearly progress report |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| ASMIRT conference presentation |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Clinically implement findings |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Compile and submit final report for ASMIRT (project to be completed within 2 years) |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |