**IMPORTANT NOTE TO APPLICANTS**

Please insert in the footer:

1. Lead Chief Investigator Surname
2. Host Institution Name

**SECTION 1: CONTACT DETAILS**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **1A Lead Chief Investigator (Lead CI) – Contact Details**  The Lead CI will be the primary contact and assumes responsibility for the project (see OCRF Guidelines) | | | | | |
| **Title** |  | | | | |
| **Full Name** |  | | | | |
| **Department** |  | | | | |
| **Institution** |  | | | | |
| **Address** |  | | | | |
| *Suburb* |  | *State* |  | *Postcode* |  |
| **Office Phone** |  | **Mobile** |  | | |
| **Email** |  | | | | |
| **Please select** | Australian or NZ Citizen / Australian Permanent Resident / Visa to work in Australia, NZ | | | | |
|  | | | | | |
| **1B Administering Institution & Research Administration Officer (ROA)**  Note: Only one institution must be nominated. The Institution must be a University, hospital or major research institution in Australia or New Zealand. | | | | | |
| **Name of RAO** |  | | | | |
| **Department** |  | | | | |
| **Institution** |  | | | | |
| **Institution ABN** |  | | | | |
| **Address** |  | | | | |
| *Suburb* |  | *State* |  | *Postcode* |  |
| *Please select Country* | Australia / New Zealand | | | | |
| **Office Phone** |  | | | | |
| **Email** |  | | | | |

**SECTION 2: PROJECT PROPOSAL**

|  |  |
| --- | --- |
| **2A CORE DETAILS** | |
| **Scientific Title (max 25 words)** |  |
|  | |
| **Synopsis (max 300 words)** | |
|  | |
|  | |
| **Proposed Study (max 3000 words)**  Please outline the study background, aims, hypothesis, methodology, and provide an overview of the research strategy and plans for the entire duration of the project. Your project background should include a justification of your research accompanied by preliminary data linked to the proposal and the progress of preliminary research (if applicable). This section should also include a summary of the overall direction and significance/relevance of the work in ovarian cancer. The proposal should be written clearly and as concisely as possible. | |
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| **2B ALIGNMENT WITH THE OCRF RESEARCH PRIORITIES** | |
| **Please select an area:** | * **Finding New & Effective Treatments** * **Managing Recurrence** * **Early Detection** * **Prevention** |
|  | |
| **Relevance to the OCRF’s Research Priorities as outlined in the OCRF Research Strategy (max 300 words)** | |
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|  | |
| **2C TRANSLATIONAL IMPACT** | |
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|  | |
| **2D COLLABORATION** | |
|  | |

**SECTION 3: PROJECT PLANNING & MANAGEMENT**

|  |  |
| --- | --- |
| **3A PROJECT DURATION & LOCATION** | |
| **Proposed Length of Project** | * 1 year * 2 years * 3 years |
|  | |
| **Institution where project will be carried out**  Note: Only one institution must be nominated. The Institution must be a University, hospital or major research institution in Australia or New Zealand***.*** |  |
|  | |
| **3B MILESTONES & DELIVERABLES (max 500 words)**  Please provide a summary outlining specific Milestones and Deliverables by year. There are important and should be measurable goals throughout each reporting period. It will be used to determine the progress and success of your research project. Milestones should outline significant events or outcomes throughout the research period. Deliverables are of a short-term nature. | |
| **YEAR 1**  **YEAR 2**  **YEAR 3** | |

|  |  |  |  |
| --- | --- | --- | --- |
| **3C PROJECT TIMELINE**  Please itemise – insert rows as necessary. | | | |
| **YEAR 1** | | | |
| *Major Activity* | *Planned Start Date* | *Time in Weeks* | *Planned Completion Date* |
|  |  |  |  |
|  |  |  |  |
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| **YEAR 2** | | | |
| *Major Activity* | *Planned Start Date* | *Time in Weeks* | *Planned Completion Date* |
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| **YEAR 3** | | | |
| *Major Activity* | *Planned Start Date* | *Time in Weeks* | *Planned Completion Date* |
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| **3D DETAILED BUDGET**  Please itemise – insert rows as necessary. | | | | |
|  | **YEAR 1** | **YEAR 2** | **YEAR 3** | **TOTAL** |
| **Personnel**  *Please provide a breakdown of costs by base salary plus institutional Research Personnel Overhead Costs (salary on costs) of not more than 25%* | | | | |
| *e.g. 0.8 FTE Research Assistant* | *$62,000* |  |  |  |
| *e.g RA Research Personnel Overhead Costs (@20.4%)* | *$12,648* |  |  |  |
|  |  |  |  |  |
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| **Consumables/Supplies** | | | | |
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| **Services** | | | | |
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|  |  |  |  |  |
|  |  |  |  |  |
| **Other** | | | | |
|  |  |  |  |  |
| ***GRAND TOTAL*** |  |  |  |  |

|  |  |
| --- | --- |
| **Budget Justification (max 500 words)** | |
|  | |
|  | |
| **3E OTHER FUNDING** | |
| **Have you applied for funding for this project from any other source?**  **If yes, please provide details:** | Yes / No |
|  | |
| **Are you currently receiving any other funding from another body for this project?**  **If yes, please provide details:** | Yes / No |
|  | |

|  |  |
| --- | --- |
| **3E ETHICS** | |
| ***Experiments on Humans*** | |
| Does this project include research involving humans? | Yes / No |
| Does this project involve the administration to humans of drugs, chemical agents or vaccines? | Yes / No |
| If yes to either of the above, is the completed FINAL clearance from your institution’s Human Research Ethics Committee attached? Full clearances will need to be evidenced before any funds are transferred to successful applicants. | Yes / No |
| ***Experiments on Animals*** | |
| Does this project involve experimentation on animals? | Yes / No |
| If yes to either of the above, is the completed FINAL clearance from your institution’s Animal Ethics Committee attached? Full clearances will need to be evidenced before any funds are transferred to successful applicants. | Yes / No |
| If you are using inbred strains of animals for experimentation, state the date (e.g. 10 March 2017) on which genetic authority was last checked. |  |
| ***Other Clearances*** | |
| Does this project involve organisms being genetically manipulated such that it requires notification or licence under the Gene Technology Act 2004? | Yes / No |
| Does this project involve the use of potent teratogens or carcinogens? | Yes / No |
| If yes to either of the above, is the completed FINAL Biosafety clearance from your institution attached? Full clearances will need to be evidenced before any funds are transferred to successful applicants. |  |

**SECTION 4: RESEARCH TEAM**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **4A INVESTIGATORS - CONTACT DETAILS** | | | | | | |
| ***Chief Investigator B – Contact Details*** | | | | | | |
| **Title** | |  | | **Full Name** |  | |
| **Department** | |  | | | | |
| **Institution** | |  | | | | |
| **Office Phone** | |  | | **Mobile** |  | |
| **Email** | |  | | | | |
| **Please circle** | | Australian or NZ Citizen / Australian Permanent Resident / Visa to work in Australia, NZ | | | | |
| ***Chief Investigator C – Contact Details*** | | | | | | |
| **Title** | |  | | **Full Name** |  | |
| **Department** | |  | | | | |
| **Institution** | |  | | | | |
| **Office Phone** | |  | | **Mobile** |  | |
| **Email** | |  | | | | |
| **Please circle** | | Australian or NZ Citizen / Australian Permanent Resident / Visa to work in Australia, NZ | | | | |
| ***Chief Investigator D – Contact Details*** | | | | | | |
| **Title** | |  | | **Full Name** |  | |
| **Department** | |  | | | | |
| **Institution** | |  | | | | |
| **Office Phone** | |  | | **Mobile** |  | |
| **Email** | |  | | | | |
|  | | | | | | |
| ***Associate Investigator(s)*** | | | | | | |
|  | **Title, First Name & Surname** | | **Institution** | | | **State/Country** |
| **A** |  | |  | | |  |
| **B** |  | |  | | |  |
| **C** |  | |  | | |  |
| **D** |  | |  | | |  |
|  | | | | | | |
| **4B INVESTIGATORS – PARTICIPATION IN PROJECT** | | | | | | |
|  | **Percentage of Time Commitment** | | **Expertise and Contribution to the Project** | | | |
| **Lead** |  | |  | | | |
| **B** |  | |  | | | |
| **C** |  | |  | | | |
| **D** |  | |  | | | |

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| **4C INVESTIGATORS – RESEARCH & PROFESSIONAL EXPERIENCE** |
| ***Lead Chief Investigator (Lead CI)*** |
| **Brief Biography (max 250 words)** |
|  |
|  |
| **Present Position, previous employment, experience and honours:** |
|  |
|  |
| **Present Membership on any advisory committees:** |
|  |
|  |
| **List in chronological order the titles, all authors, and complete references to all publications (inc where possible citations) during the past 5 years and representative earlier publications pertinent to this Application:** |
|  |

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| --- |
| ***Chief Investigator B*** |
| **Brief Biography (max 250 words)** |
|  |
|  |
| **Present Position, previous employment, experience and honours:** |
|  |
|  |
| **Present Membership on any advisory committees:** |
|  |
|  |
| **List in chronological order the titles, all authors, and complete references to all publications (inc where possible citations) during the past 5 years and representative earlier publications pertinent to this Application:** |
|  |

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| --- |
| ***Chief Investigator C*** |
| **Brief Biography (max 250 words)** |
|  |
|  |
| **Present Position, previous employment, experience and honours:** |
|  |
|  |
| **Present Membership on any advisory committees:** |
|  |
|  |
| **List in chronological order the titles, all authors, and complete references to all publications (inc where possible citations) during the past 5 years and representative earlier publications pertinent to this Application:** |
|  |

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| --- |
| ***Chief Investigator D*** |
| **Brief Biography (max 250 words)** |
|  |
|  |
| **Present Position, previous employment, experience and honours:** |
|  |
|  |
| **Present Membership on any advisory committees:** |
|  |
|  |
| **List in chronological order the titles, all authors, and complete references to all publications (inc where possible citations) during the past 5 years and representative earlier publications pertinent to this Application:** |
|  |

**SECTION 5: CONSUMER REVIEW**

|  |  |
| --- | --- |
| **Public Title (max 25 words)** |  |
| **Lay Description (max 300 words)**  Please provide a simple, easy-to-understand, non-technical language description of the proposed study | |
|  | |
| **Relevance, Equity and Alignment (max 500 words)**  Please highlight ways in which the potential research outcomes could benefit an ovarian cancer population/group that has a high burden of illness, has been under-studied or has poorer outcomes. Alternatively, please describe how the research outcomes could provide widespread benefit to the ovarian cancer community. | |
|  | |
| **Translation and Impact (max 500 words)**  Please describe how your research outcomes will be translated to impact on ovarian cancer incidence, prevention, diagnosis or management. Your response should include details of how the team will achieve these impacts in the short, medium and long terms. | |
|  | |
| **Consumer Engagement (max 500 words)**  Please indicate whether consumers have been involved in the development and planning of this research proposal. If so, describe how consumers have been engaged and ways in which this will continue throughout the duration of the project. | |
|  | |

**SECTION 6: CERTIFICATION**

|  |  |  |  |
| --- | --- | --- | --- |
| **6A CERTIFICATION BY CHIEF INVESTIGATORS**  In signing this page, you certify that all details given in this Application are correct, you have read and understand the OCRF Research Grant Guidelines, and you agree to carry out the project according to the conditions as determined by the Ovarian Cancer Research Foundation Inc. | | | |
|  | | | |
| **Chief Investigator(s)** | **Name** *(please print)* | | **Signature** |
| **Lead** |  | |  |
| **B** |  | |  |
| **C** |  | |  |
| **D** |  | |  |
|  | | | |
| **6B CERTIFICATION BY ASSOCIATE INVESTIGATORS**  In signing this page, you certify that you have agreed to participate in this project. | | | |
|  | | | |
| **Associate Investigator(s)** | **Name** *(please print)* | | **Signature** |
| **A** |  | |  |
| **B** |  | |  |
| **C** |  | |  |
| **D** |  | |  |
|  | | | |
| **6C CERTIFICATION BY HEAD OF DEPARTMENT**  I certify that the project is appropriate to the general facilities in my Department and that I am prepared to have the project carried out in my Department. | | | |
|  | | | |
| **Name & Title** *(please print)* | | **Department** | |
|  | |  | |
| SIGNATURE | | DATE | |
|  | |  | |
|  | | | |
| **6D CERTIFICATION BY HEAD OF RESEARCH AND THEINSTITUTION**  I, on behalf of the Institution, certify that:   1. this application satisfies the requirements of this Institution and the Institution endorses this application; 2. this Institution is willing to administer the Research, has the appropriate facilities and services to be made available for the use by the Lead Chief Investigator and the research team; and 3. has established policies and procedures for the management of public funds, the management of intellectual property, and for assuring sound scientific practice in accordance with the Australian Code for the Responsible Conduct of Research and relevant industry ethics standards. | | | |
|  | | | |
| **Name & Title** *(please print)* | | **Institution** | |
|  | |  | |
| SIGNATURE | | DATE | |
|  | |  | |