

Annual Grants 2024: Expression of Interest Form (PDF preview)



THIS IS FOR INFORMATION ONLY - DO NOT APPLY USING THIS DOCUMENT

Questions in blue may not apply to all applicants.

SECTION A: CHIEF INVESTIGATOR

The research project must be led from South Australia: the Chief Investigator (CI) and the Administering Institution MUST both be located in South Australia.

Salutation* Select...

First Name*

Surname*

Preferred pronouns*

- She/Her
 He/Him
 They/Them

Academic Qualifications*

Enter the official abbreviations (academic postnominals) of the degrees conferred, e.g. BSc.

Conferring institution*

Year conferred*

The year in which the qualification was officially conferred; this might not be the year of completion.

Early Career Researcher*

- Yes
 No

This category is available for:

1. Medical applicants who are undertaking a PhD or MD
2. Non-medical applicants who have honours, masters or are undertaking a PhD
3. Applicants with a PhD of no more than five years' duration
4. Applicants who have not been the Lead Chief Investigator of a significant peer reviewed grant application in the past for organisations such as NHMRC, ARC, CRF, Cancer Council etc.

Position title*

Enter the formal title of the position held by the CI at the administering institution.

Department*

CI Phone Number*

CI Email*

Note: EOI lodgement confirmation and EOI outcomes notification will be sent to the SUBMITTER'S e-mail address

SECTION B: ASSOCIATE INVESTIGATOR/S

The Chief Investigator can include a maximum of ten Associate Investigators on the team.

Do you have any Associate Investigators? *

Yes

No

Associate Investigators*

PERSONNEL	Salutation (Dr, Prof, etc)	First Name	Surname	Position Title	Institution	Time on this project (%)
Chief Investigator	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Associate Investigator (1)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Associate Investigator (2)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Associate Investigator (3)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Associate Investigator (4)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Associate Investigator (5)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Associate Investigator (6)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Associate Investigator (7)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Associate Investigator (8)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Associate Investigator (9)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Associate Investigator (10)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

SECTION C: PROJECT

Project title*

The Project title should not exceed 200 characters (including spaces) and should accurately describe the nature of the project in language understandable to the general community.

Avoid using specialist characters and symbols because they may not transfer successfully to other computer systems.

Research category* Select...

Discipline* Select...

Significance*

Limit: 100 words

Briefly describe the potential significance of the project, and its relevance to the health and well-being of children, in non-technical terms. This summary may be used in future media releases, on the website and/or the Annual Report.

SUMMARY OF AIMS, HYPOTHESES, BRIEF RESEARCH PLAN AND BUDGET

The CRF Research Committee will determine the shortlist based on the information provided in the EOI. Ensure this information enables the Committee to determine how the proposal is relevant to **children**.

Additional space will be available in the Grant Application form if the EOI is shortlisted to proceed to the grant application stage.

AIMS:*

Limit: 150 words

HYPOTHESIS:*

Limit: 100 words

BRIEF RESEARCH PLAN:*

Limit: 500 words

Briefly describe how the research outcomes will improve health, education or welfare outcomes for children*

Limit: 200 words

Describe here the potential impact of the research on the lives of children.

RELATED RESEARCH:*

Limit: 350 words

Provide details of any similar peer-reviewed research being undertaken in this field by others. Provide references (with comment on the referenced research if considered helpful) to similar work being done in the field of the application by other researchers in Australia. The question is not related to research done (or to be done) by the applicant.

Project duration*

- 1 year
- 2 year

Budget estimate*

AU\$

Enter the estimated budget total for the project as a whole dollar value, without punctuation: e.g., 75000

Full budget details will be sought if the EOI is shortlisted to proceed to the grant application stage.

SECTION D: RECIPIENT

Select the Administering Institution from the drop-down list. If the institution is not listed, select the option in the next question to obtain further instructions.

Administering institution* Select...

My institution wasn't in the list. Register a new one? *

- Yes
- Not applicable

If a new institution is to be added, please email the request to crf@crf.org.au

After registering the new institution, please return to this question and select the Institution from the dropdown list.

[Instructions to add New Institution](#)

1. **If a new institution is to be added, email the request to crf@crf.org.au**
2. **You will need the Institution Name, ABN, business address, Research Secretariat contact details (one per organisation).**
3. **After registering the new institution, return to this question and select the Institution from the dropdown list.**

ABN*

Business Address*

Country

 Select...

Address

Address Line 2 (optional)

City

State, Province, or Region

Zip or Postal Code

Research administration office contact

One contact per organisation. Please confirm the correct details with your Administering Institution's research administration office. This e-mail address will be used for pre-award correspondence.

EOI lodgement confirmation, and outcomes notification, will be sent to the SUBMITTER's e-mail address.

Salutation* Select...

First name*

Surname*

Preferred pronouns*

She/Her

He/Him

They/Them

Position title*

Phone Number – Research Admin Office*

Email - Research Admin Office *

Institution where the work will be conducted*

If the research project won't be primarily conducted at the administering institution, please name the host organisation.

Work will be conducted at Administering Institution

Other location

Host Institution name *

Chief Investigator Position Title*

Enter the formal title of the position held at the host institution.

Department*

Host Institution Business Address*

Country

Select...

Address

Address Line 2 (optional)

City

State, Province, or Region

Zip or Postal Code

SECTION E - PERSON AUTHORISING EXPRESSION OF INTEREST

The administering institution's representative certifies that the institution will comply with all applicable assurances and certifications referenced in the application and will be accountable for the use of funds awarded and for the performance of the funded project.

Salutation*

Select...

First name*

Surname*

Position title*

Institution*

Phone Number - authoriser*

Email - authoriser*