**This form is only for reference, applicants must submit EOI using the Research Foundation of Cerebral Palsy Alliance online grant management platform accessible through** [**this link**](https://cerebralpalsy.smartygrants.com.au/)

|  |
| --- |
| **PART A – PRELIMINARY CHECK** |

|  |  |  |
| --- | --- | --- |
| PhD Program Location | | Choose an item. |
| Other International – country name  *(this question is only applicable if response to the above question is “Other International”)* | |  |
| Link to PhD Program website |  | |
| Institution Name |  | |
| Primary Address |  | |

|  |  |
| --- | --- |
| Are you a **research** PhD candidate?  *Individuals completing non-research PhD study (e.g. a clinical doctorate) are not eligible to apply* | Choose an item. |
| Applicant has an official PhD supervisor who is affiliated with a **recognised** academic institution and/or research organisation | Choose an item. |
| Research topic of PhD study will contribute to the field of cerebral palsy research | Choose an item. |

|  |
| --- |
| **PART B – APPLICANT DETAILS** |

**One PhD Student and up to five Supervisors** can be included in this application.

|  |  |
| --- | --- |
| Have you obtained consent from **ALL** supervisors to be included in this application? | Choose an item. |
| *Failure to do so may result in your application being removed from consideration.* | |

**PhD CANDIDATE**

|  |  |
| --- | --- |
| Title/First Name/Last Name |  |
| Nationality |  |
| Position |  |
| Primary Organisation |  |
| Primary Address |  |
| Primary Phone Number |  |
| Primary Email Address |  |

**PRIMARY SUPERVISOR & SUPERVISOR(S)**

|  |  |
| --- | --- |
| Title/First Name/Last Name |  |
| Position |  |
| Primary Organisation |  |
| Primary Address |  |
| Primary Phone Number |  |
| Primary Email Address |  |

|  |  |
| --- | --- |
| **INSTITUTION CONTACT PERSON**  *(Ideally from the Scholarships or Grants Office that will be responsible for administration and management of the grant)* | |
| Title/First Name/Last Name |  |
| Position |  |
| Primary Phone Number |  |
| Primary Email Address |  |

|  |
| --- |
| **PART C – RESEARCH DETAILS** |

|  |  |  |  |
| --- | --- | --- | --- |
| **Title** |  | | |
| Start date |  | | |
| End date |  | | |
| **Main** research focus *(choose one)* | | Choose an item. | |
| Keywords (no more than 3 words for each keyword)  *Please provide* ***two*** *or* ***three*** *keywords that best describe this research. This will be used by the Steering Committee to help select the most relevant reviewer for your application. (E.g. stem cells, genetics, technology, pain, prematurity, magnesium sulphate, EPO)* | | 1 |  |
| 2 |  |
| 3 |  |

|  |  |
| --- | --- |
| **Lay Summary**: Research Overview  *Will be used for the Research Foundation website and other fundraising materials (up to 250 words)*  *The Research Foundation of Cerebral Palsy Alliance relies on the generosity of its supporters, and has the responsibility of reporting back to them, and to the general public on the research we are funding and how it is progressing. For this reason,* ***the lay overview in grant applications and grant reports are extremely important****.*  *A good lay overview helps the wider public to understand what you are doing as a researcher, and helps us to raise funds to ensure we continue supporting cerebral palsy research.*  *We ask researchers to write this section in* ***plain English*** *to be* ***understandable to a non-scientific audience****. To write this section, it might help you to think of it as an abstract for a non-scientific audience; do not use your scientific summary.*  *It is worthwhile asking someone without a scientific background to read your lay section before you submit the application.* | *refer to Research funding guideline for further information* |

|  |  |
| --- | --- |
| **Applicant Potential**  (up to 300 words) | *Outline career objectives for the next five years and how these will be achieved.*  *Demonstrate your leadership qualities and ability to promote the advancement of cerebral palsy research through your professional contributions.* |
| **Research Proposal**  (up to 2000 words) | ***The core text of the research proposal must address the points listed below.***  *Failure to do so may result in your application being removed from consideration.*   1. ***Background of the research***   *Outline the background of this research, as well as the need for the current proposal*   1. ***Aims and purpose of the proposed research***   *Outline the objectives of the research, the significance of any results that may be obtained, and their relevance to cerebral palsy. What is innovative about the research?*   1. ***Methodology***   *Detail the experimental methods, techniques and analyses that will be used to test the proposed hypotheses.*   1. ***Potential risks/challenges***   *Outline any potential problems or challenges anticipated with the proposed research, as well as how you plan to address these.*   1. ***Dissemination of Results***   *What are the plans for stakeholder engagement? How will research results will be communicated to ensure knowledge transfer and achieve change?*  *Note: Stakeholders include family, consumers, academics, industry partners, etc.*   1. ***Timeline***   *Provide timeline and milestones for each part of the plan. How long will it take to translate research into practice?* |
| Potential outcomes and impacts of the proposed research. (up to 250 words) | *What changes do you expect will occur as a result of your research being used? See definitions and examples of research impact in the Guidelines)* |

|  |  |  |
| --- | --- | --- |
| Have you sought family and consumer engagement for this research? | | Choose an item. |
| If Yes, elaborate on the role of consumers in the research cycle  (up to 250 words) |  | |
| Do you have an existing relationship, or plan to engage, any industry partners for this research? | | Choose an item. |
| If Yes, provide further details  (up to 250 words) |  | |

|  |
| --- |
| **PART D – SUPPORTING INFORMATION** |

**PhD CANDIDATE RESUME**

|  |  |
| --- | --- |
| PhD Candidate 2-page RESUME *Please do not upload more than a 2-page resume* |  |

**LETTER OF SUPPORT**

|  |
| --- |
| The Letter of Support Form is available on the Research Foundation of Cerebral Palsy Alliance website.  Primary Supervisors must submit this form **before the application close date** directly to the following email address: [CPAResearchGrants@cerebralpalsy.org.au](mailto:CPAResearchGrants@cerebralpalsy.org.au)  Failure to submit the letter of support by the deadline will result in application being removed from consideration. |

**ETHICS APPROVAL**

|  |  |
| --- | --- |
| Does the host country have a formal legal and ethical framework by which the Administering Institution and researchers must abide by? (e.g. [the National Statement on Ethical Conduct in Human Research in Australia](https://www.nhmrc.gov.au/about-us/publications/national-statement-ethical-conduct-human-research-2007-updated-2018))  *(question applicable for PhD program located in “other international”)* | Choose an item. |
| Provide further details (if applicable) |  |

|  |  |
| --- | --- |
| Does this study require Ethics Committee approval? | Choose an item. |
| If yes, please upload relevant ethics approval letter here. |  |
| If ethical approval is pending, or to be sought once funding is confirmed, please indicate tentative date that the approval will be obtained.  *Please note the grant agreement will not be executed until the approval is obtained.* |  |

**FIGURES** (where applicable)

|  |  |
| --- | --- |
| Applicants can add **up to 4 pages of figures**, e.g. preliminary data and/or a Gantt chart/timeline to support your research proposal.  **Please upload in PDF format.**  *Please do not upload supporting letter or letter of recommendation – we will not use these documents as part of our consideration.* |  |

|  |
| --- |
| **PART E – REFERENCES** |

|  |
| --- |
| *List of publication information for the sources cited in this application, to give readers all the information needed to find those sources.* |

|  |
| --- |
| **PART F – BUDGET DETAILS** |

Budget should be based on reasonable estimated expenditure and **in AUD**.

Eligible costs:

* Stipend for one PhD student,
* Student fees,
* Research expenses, and
* Tuition fees (only applicable for students required to pay tuition fees for their study)

|  |  |
| --- | --- |
| Are you required to pay tuition fees for this PhD program? | Choose an item. |
| If yes, how much are the tuition fees per annum? |  |

Please provide itemised details of the **budget requested** from the Research Foundation of Cerebral Palsy Alliance for **this PhD study**.

|  |  |
| --- | --- |
|  |  |
|  |  |
|  |  |
| **Total amount requested from the Research Foundation of Cerebral Palsy Alliance** |  |

|  |  |
| --- | --- |
| Justification of Budget  (up to 200 words) |  |

|  |  |  |
| --- | --- | --- |
| How much support **for this PhD study** is being sought and/or has been received from other sources  *(please do not include support sought and/or received for purposes other than this PhD study)* | | |
| **Source/Funder** | **Amount** | **Status** |
|  |  | Choose an item. |
|  |  | Choose an item. |
|  |  | Choose an item. |

|  |  |
| --- | --- |
| Would you be able to continue with your PhD study if you are unsuccessful with this application? | Choose an item. |
| If you were offered part-funding by the Research Foundation of Cerebral Palsy Alliance, would you be able to proceed with your PhD study? | Choose an item. |