**NATIONAL ASTHMA RESEARCH PROGRAM  
TRANSLATION GRANT: APPLICATION FORM**

Shortlisted applicants only will be invited (following the EOI process) to progress to full application.  
Before completing this form, please read Asthma Australia’s Translation Grant: Guide for Applicants.

**GENERAL**

Applicant

|  |  |  |
| --- | --- | --- |
| Title | First name | Last name |
|  |  |  |
| Gender | Date of Birth | Citizen/permanent resident |
|  |  | Yes |
| Institution/Department | | Position |
|  | |  |
| Address | | |
|  | | |
| Telephone | Email | |
|  |  | |
| **Applicant privacy** | | |
| Asthma Australia values your privacy and the security of your personal information. This program is funded by donors and as such non-identifiable information may be provided to stakeholders and third parties to assess the impact of Asthma Australia’s program. At no time will your details be provided to a third party for purposes of promoting products, services, events, fundraising, or other activities. For full details on AA’s Privacy Policy, please refer to our [website](https://asthma.org.au/privacy-statement/): Asthma Australia would like to contact you about upcoming research grants, campaigns and information about asthma.  I agree to receive communications from Asthma Australia. | | |

Administering Organisation

|  |  |  |
| --- | --- | --- |
| Organisation/Institution name | | Department (if relevant) |
|  | |  |
| Contact person | | Preferred contact method |
|  | |  |
| Address | | |
|  | | |
| Telephone | Email | Fax |
|  |  |  |

Project Information

|  |
| --- |
| **Project title (maximum 120 characters)** |
|  |
| **Project summary (maximum 250 words)** |
| *Provide a brief explanation in lay terms about the research project. This should cover the need for the research, aims and objectives, brief description about what activities will be undertaken/the methodology, and the expected outcomes.*  *This explanation may be used by Asthma Australia in its published hard copy and online information to advise the general public of the research being carried out.* |

|  |  |
| --- | --- |
| *Please delete the relevant answer to each question below.* | |
| Does this research proposal require submission to a human research ethics committee or other ethics review process for human research? | Yes/No |
| Does this research proposal require submission to an animal ethics committee? | Yes/No |
| Does this program involve organisms being genetically manipulated such that they fall under current guidelines issued by the Office of the Gene Technology Regulator? | Yes/No |
| Does this program require submission to an institutional biosafety committee? | Yes/No |

*If you answer “yes” to any of the above questions, you will need to obtain ethics approval and provide evidence of this to Asthma Australia if your application is funded. Proof of ethics approval is not required for the application.*

**PROJECT PLAN AND TRANSLATION (40%)**  
Maximum 5 pages

|  |
| --- |
| Background |
|  |
| Project plan and translation |
|  |
| Milestones and timeframe |
|  |
| Risk management |
|  |

IMPACT (20%)

|  |
| --- |
| Impact (max 1 page) |
|  |

**CAPACITY, CAPABILITY AND RESOURCES (30%)**

Add more team members as required.

|  |  |  |  |
| --- | --- | --- | --- |
| **Project Team** | | | |
| **1** | Name | Current position | Institution/Organisation |
|  |  |  |
| Project role | | Percentage of time of project |
|  | |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **2** | Name | Current position | Institution/Organisation |
|  |  |  |
| Project role | | Percentage of time of project |
|  | |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **3** | Name | Current position | Institution/Organisation |
|  |  |  |
| Project role | | Percentage of time of project |
|  | |  |

|  |
| --- |
| Capacity, capability, and resources (max 2 page) |
|  |

CONSUMER CENTRED (10%)

|  |
| --- |
| Consumer centred (max 1 page) |
|  |

REFERENCES

|  |
| --- |
| References (max 2 pages) |
|  |

**BUDGET**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Budget (detailed)** | | | | |
| Type of expenditure | Description/justification | Priority | Year 1 | Year 2 |
| Staffing |  |  | $ | $ |
|  |  | $ | $ |
|  |  |  |  |
|  |  | $ | $ |
| Equipment |  |  | $ | $ |
|  |  |  |  |
|  |  | $ | $ |
|  |  | $ | $ |
| Other/direct research costs |  |  | $ | $ |
|  |  |  |  |
|  |  | $ | $ |
|  |  | $ | $ |
| Institutional brokerage fees or grant administration levies |  |  | $ | $ |
|  |  | $ | $ |

|  |  |  |
| --- | --- | --- |
| **Budget (summary)** | | |
| **Type of expenditure** | **Total Year 1** | **Total Year 2** |
| Staffing | $ | $ |
| Equipment | $ | $ |
| Other/direct research costs | $ | $ |
| Institutional brokerage fees or grant administration levies | $ | $ |
| **Total** |  |  |
|  |  | Total Funding Requested |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Other Support** | | | | |
| Support provided | Name/source of support | Applied, granted or already received? | Year 1 | Year 2 |
|  |  |  | $ | $ |
|  |  |  | $ | $ |
|  |  |  | $ | $ |
|  |  |  | $ | $ |

**SIGNATURES**

**Applicant and Project Team**

|  |
| --- |
| **Investigator declarations and signatures (all investigators must sign below)** |
| In submitting this application, we agree:   1. It is our intention to publish the results of this project in peer reviewed publications 2. We will provide details and copies to Asthma Australia of such publications and presentations 3. We will give credit to Asthma Australia in all publications, which result from the research funded by the grant, all conferences, presentations and proceedings and in any associated publicity or media coverage of the project 4. To comply with the terms and conditions of the National Asthma Research Program and the ethical standards as set out by the National Health and Medical Research Council (NHMRC) Australia Code for the Responsible Conduct of Research |

|  |  |  |
| --- | --- | --- |
|  |  |  |
| Applicant signature |  | Date (DD/MM/YYYY) |
|  |  |  |
| Project Team Member 2 signature |  | Date (DD/MM/YYYY) |
|  |  |  |
| Project Team Member 3 signature |  | Date (DD/MM/YYYY) |
|  |  |  |
| Project Team Member 4 signature |  | Date (DD/MM/YYYY) |

**Administering Organisation**

|  |  |  |  |
| --- | --- | --- | --- |
| **Authorised representative** | | | |
| Title | First name | Last name | Designation |
|  |  |  |  |
| Acknowledgment by administering institution | | | |
| In supporting this application, we agree:   1. That the institution acknowledges the merit of the proposed research project 2. That the institution is prepared to act as the administering organisation and will provide the researcher/research team with basic facilities required for the project (e.g. laboratory or office space, access to appropriate library collection, and computers and basic computer facilities. | | | |

|  |  |  |
| --- | --- | --- |
|  |  |  |
| Authorised representative signature |  | Date (DD/MM/YYYY) |