Grant Applications

Expression of Interest

Applicants must submit this form before applying for a grant when a CALHN employee is named as an investigator or CALHN is committing resources (e.g. staff time, consumables, services, patient recruitment & collection of data/samples). Outside of exceptional circumstances, if an EOI is not received **two weeks before** the grant submission deadline, **applications will not be supported**.

Please direct any enquiries and email the completed form to CALHN Research Services at Health.CALHNResearchGrants@sa.gov.au.

**A. Grant Proposal**

1. **Grant Initiative and Proposed Submission Date**

|  |  |
| --- | --- |
| **Granting agency:** Choose an item. | **Submission date:** Click or tap to enter a date. |
| **Resubmission** [ ]  | **Minimum data date (if applicable):** Click or tap to enter a date. |
| **Initiative:** Click or tap here to enter text. |

1. **Chief Investigators**

**(a) Lead Investigator**

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| --- |
| **Chief Investigator A** |
| **Name**Click here to enter text. | **Organisation Employed By**Click here to enter text. | **Email**Click here to enter text. |
| *If CIA is employed by CALHN:* |
| [ ]  **TQEH / RAH / Hampstead** | [ ]  **SA Pathology** | [ ]  **Other** Click here to Specify. |

|  |  |
| --- | --- |
| **Administering Institution** *(for this application)*Click or tap here to enter text. | **Email**Click or tap here to enter text. |

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| **Primary Site of Research** |
| [ ]  **TQEH**  | [ ]  **RAH** | [ ]  **Hampstead** | [ ]  **SA Pathology** | [ ]  **Other** (specify below) |
| Click here to Specify actual CALHN site(s) (ie BHI, RAH, Frome Road). |

**(b) Named CALHN CI’s**

|  |  |  |
| --- | --- | --- |
| **Chief Investigator Name** | **Position and Department** | **Email** |
| Click here to enter text. | Click here to enter text. | Click here to enter text. |
| Click here to enter text. | Click here to enter text. | Click here to enter text. |

1. **Project Title**

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| --- |
| Click or tap here to enter text. |

1. **Application ID Number / Reference Number**

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| --- |
| Click or tap here to enter text. |

1. **Synopsis** *(In plain language with a maximum of 100 words)*

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| Click or tap here to enter text. |

1. **Expected benefits to CALHN in the purview of patient care and health service improvements.** *(In plain language with a maximum of 100 words)*

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| Click here to enter text. |

**B. CALHN Involvement**

1. **What is CALHN contributing?**

Please include staffing impact/contributions, services/consumables, and in-kind contributions.

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| --- |
| Click here to enter text. |

1. **Will CALHN receive funding through the grant?** [ ]  **Yes |** [ ]  **No** *(Please provide justification if Yes or No).*

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| Click here to enter text. |

1. **Will the Project require ICT solutions/development, CALHN Digital Health data extraction or interactions with any SA Health Digital platforms?** [ ]  **Yes |** [ ]  **No**

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| --- |
| Click here to enter text. |

1. **Do you require a Letter of Support?** [ ]  **Yes |** [ ]  **No**

***\*\* Please note, before the application is submitted, the CIA or the CALHN CI must have email endorsement and support from the Medical / Allied Health / Nursing Lead or Head of Department and the Clinical Program Director to undertake the project if successful within their Program/Department.***

***\*\* Email endorsements should be forwarded to*** ***Health.CALHNResaerchGrants@sa.gov.au******. Institutional endorsement will not be granted until this has been received by the CALHN Research Grants Team.***