

WOMEN AND INFANTS RESEARCH FOUNDATION

RESEARCH ACCELERATION AWARDS

Application period closes: NOON (AWST), Friday 23th June 2023

Applications (including accompanying documents) must be submitted to grants@wirf.com.au

INCOMPLETE APPLICATIONS, OR APPLICATIONS RECEIVED AFTER THE CLOSING THE APPLICATION PERIOD CLOSES WILL NOT BE CONSIDERED

WIRF RESEARCH ACCELERATION AWARDS 2023 Application Form

Project Summary

Chief Investigator	
Study Title	
Study Area	
(Quality Improvement or Discovery)	
Amount of Funding Requested	
(either \$45,000, \$30,000 or \$15,000)	
Name of Administering Institution	
Address of Administering Institution	
Administering Institution ABN	
Administering Institution Administrative	
Officer	
(name, email, telephone number)	
Please provide an easily accessible, 500 word summary of outcomes for women's, maternal and/or newborn health. No	the project subject, the research question, its importance, and the potentia ote this summary may be used for publicity and marketing purposes.

Section One: Study Team

Chief Investigator

Please append a maximum two-page Chief Investigator CV to your application. All correspondence will be sent to the Chief Investigator by email

Title, First name, Surname, Degree(s)	
Primary Employer	
Appointment	
Appointment End Date	
Telephone Number	
Email address	
Citizenship Eligibility (Australian Citizen or PR, NZ Citizen Ordinarily Resident in WA)	
Project Role	
Weekly Time Allocation to Project (hours / week)	

Collaborating Investigator

Please duplicate this section for additional team members.

Please append a maximum two-page CV for each Collabora	ting Investigator to your application.
Title, First name, Surname, Degree(s)	
Primary Employer	
Appointment	
Telephone Number	
Email address	
Project Role	
Weekly Time Allocation to Project (hours / week)	

Section Two: Proposal Significance

Describe the problem that the research proposal addresses. (maximum 300 words)
Describe the relevance of the problem to women's, maternal and/or new born health in Western Australia. (maximum 250 words)
Describe the anticipated contribution of the research to the identified problem. (maximum 250 words)

Section Three: Novelty

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escribe the novelty of	the approach, the why the	approach has merit, ar	nd how it is distinct fron
ny similar or related re aximum 250 words)	search in this area.		

Section Four: Consumer Engagement

Describe how consumers have been involved in the development of this research and the plan for on-going engagement. (maximum 200 words)

Section Five: Research Plan

Describe the study hypothesis, research question and objectives, methodology, including objective				
measurement of expected outcomes, achievable milestones and timeframe. (maximum 1500 words)				
maximum 1500 words)				

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naxiinuin 100	o words)							

Section Six: Feasibility

Describe how the skills, experience and time commitment of the Chief Investigator and the student team will allow the successful completion of the proposed study. (maximum 500 words)
Section Seven: Potential Outcomes
Describe the potential for the project to develop the career of the Lead Investigator / Collaboration
investigators (maximum 500 words)
(maximum 500 words)

Describe the how this research will be used to generate nationally and internationally competitive funding applications and support research capacity in Western Australia. (maximum 500 words)		
amum 500 words)		

Section Eight: Team Certification

By signing below, I declare that:

- 1) I have agreed to participate in the research program proposed above and declare that the information provided by me is complete and accurate;
- 2) I agree to abide by the Women and Infants Research Foundation Funding Guidelines and inform the Foundation in writing within seven days of any change in eligibility;
- 3) I agree to obtain all necessary research approvals and comply with all relevant legislation; and
- 4) I understand and agree that no further claim will be made on the Women and Infants Research Foundation to meet the costs of any over-expenditure of budget or any costs beyond the research project.

Chief Investigator Name:	
Chief Investigator Signature:	
Date:	
Collaborating Investigator Name:	
Collaborating Investigator Signature:	
Date:	

Section Nine: Finance Officer Certification

I cer	tify that:			
(a)) The budgeted costs in this Application Form for (Chie Investigator) are true and correct and reflect the latest costing information available to me.			
(b)	Amounts claimed are exclusive of GST.			
Fina	ance Officer Name:			
Fina	ance Officer Signature:			
Dat	e:			
Fina	ance Officer Telephone Number:			
Fina	ance Officer Email Address:			

Section Ten: Head of Department / Institute Certification

I certify that:		
a)	The above project proposed by (Chief Investigator) is acceptable and appropriate to the School/Centre/Department or Service Unit in the institution and I am prepared to have the project carried out in this area.	
b) This area is capable of providing the facilities and services necessary for the efficient conduct of this research.		
Нє	ead of Department Name:	
Не	Head of Department Signature:	
Date:		
	ead of Department Telephone umber:	
	ead of Department Email ddress:	