

# Academic Enhancement Grant

# Application Form

# 2025



* Please read and follow the guidelines for grant applications carefully.

Applications that do not follow the guidelines will not be accepted.

* Please DO NOT include this page in the final application document.
* Applications must be received by 5 PM AEDT 2 April 2024.

Email applications to:

ANZCA Research Administration Coordinator

research@anzca.edu.au

In confidence

**ANZCA ACADEMIC ENHANCEMENT GRANT APPLICATION**

**1 SCIENTIFIC TITLE** (120 characters maximum including spaces)

|  |
| --- |
|  |

**2 (a) CHIEF INVESTIGATORS** (all CIs must hold a FANZCA or FFPMANZCA and should check guidelines for eligibility)

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | **Title** | **Given names** | **Surname** | **Contribution and time commitment to project** |
| **CIA** |  |  |  |  |
| **CIB** |  |  |  |  |
| **CIC** |  |  |  |  |
| **CID** |  |  |  |  |

2 (b) ASSOCIATE INVESTIGATORS

List all associate investigators on this page (include fellows, trainees, students and research staff). See guide for definition of associate investigator.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Title** | **Given names** | **Surname** | **Department/Institution** | **Role, Contribution and time commitment to project** |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

**3 NAME AND FULL ADDRESS OF ADMINISTERING INSTITUTION**

|  |
| --- |
|  |

**4 DEPARTMENT(S) and INSTITUTION(S) WHERE RESEARCH WILL BE UNDERTAKEN**

|  |
| --- |
|  |

**5 Area of Research**

|  |  |
| --- | --- |
| **ANZCA Area of Research** | **Code** |
| Anaesthesia (01), Intensive care medicine (02), Pain medicine (03), Perioperative medicine (04)  |  |

**6 keywords** (Choose up to five keywords; see appendix in application guide)

|  |
| --- |
|  |
|  |
|  |
|  |
|  |

**7 Submission of an AEG-related Project Grant**

**[ ]** I note that a project grant application for a project that is similar to that included in this AEG grant has also been submitted within the project grant category. In the event my academic enhancement grant is successful, I acknowledge the similar project grant will not be considered further by the Research Committee. (Please note that the combination of an AEG and a separate (possibly related) project grant are counted as one grant in respect of the limit of a maximum of two applications).

Please indicate the Regkey number of the related project grant: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

**8** **Consideration of application for Project Grant**

Please indicate if you wish the project component of your application to be considered for a project grant should the academic enhancement application be unsuccessful in this grant category.

Applicants are reminded that an individual may only be named as a chief investigator on a maximum of two active grants or applications in any one year. This maximum will include any grant which was approved for multi-year funding in previous grant rounds and is still current (a multi-year grant will count as one active grant in each year that it is paid).

**[ ]** Yes, in the event that my academic enhancement grant application is unsuccessful, I would like the project component of my application to be considered for a project grant.

# 9 LAY DESCRIPTION OF RESEARCH

Brief description of the department/chief investigator(s), the achievements of the department/chief investigator(s), and the proposed research and its significance (suitable for a media release). See guide for instructions. No more than one page.

|  |  |
| --- | --- |
| **CIA** |  |
| **Project title** |  |
| **Lay title** |  |

|  |
| --- |
|  |

**10 GRANT Synopsis**

Please give a brief description of the research. This should be a clear, stand-alone summary of the aims, significance, hypotheses, objectives, methods and likely benefits and further impact of the research. If applicable, include a statement if this project a) includes Aboriginal, Torres Strait Islander, Māori or other underrepresented groups, b) includes consumer engagement. It will be used by the ANZCA Research Committee to select reviewers. No more than one page is allowed.

|  |  |
| --- | --- |
| **CIA** |  |
| **Project title** |  |

|  |
| --- |
|  |

**11 Research Plan**

Include your research plan here. Please see application guide for details. Note carefully the **maximum 6 pages** (excluding references) allowance and minimum border (2 cm) and font size (10 pt). Pages in excess of allowance will not be considered.

**12 Budget**

All amounts must be in *Australian dollars*. The maximum amount available for the academic enhancement grant is **$A100,000**. This amount will be awarded in one year but may be apportioned over more than one year.

Please provide the entire budget for the project, including, if applicable, budget items funded by other sources and provide details to each.

**12.1 Personnel** (FTE = full time equivalent)

***State if position is new or existing***

|  |  |  |  |
| --- | --- | --- | --- |
| **Position** | **% FTE per annum** | **Salary rate including on-costs** | **A$** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

**12.2 Equipment** (Provide copies of quotes for equipment / consumables > $A5,000)

|  |  |
| --- | --- |
| **Item** | **A$** |
|  |  |
|  |  |
|  |  |
|  |  |

**12.3 Maintenance**

|  |  |
| --- | --- |
| **Item** | **A$** |
|  |  |
|  |  |
|  |  |

**12.4 Other Items**

|  |  |
| --- | --- |
| **Item** | **A$** |
|  |  |
|  |  |
|  |  |

|  |  |
| --- | --- |
| **Total amount requested from ANZCA A$** |  |
| **Total project budget A$** |  |
| **Remaining budget from other sources A$** |  |

**12.5 Detailed justification of budget** (maximum three pages)

Detailed calculation and justification for staff FTE, their role and responsibilities, staff costs separated into base cost and on costs, itemisation and justification of consumables / equipment as well as any other costs.

Please provide the entire budget for the project, including, if applicable, budget items funded by other sources and provide details to each. Detail any potential funding shortfalls and how these are going to be met, detail other funding applications for project (already awarded, applied for or intent to apply).

**13 CHIEF INVESTIGATOR DETAILS**

Copy and complete for all named chief investigators on this application. **Start each chief investigator details on a new page.**

**13.1 Contact details**

|  |  |  |
| --- | --- | --- |
| **Title** | **Given names** | **Surname** |
|  |  |  |

|  |  |  |
| --- | --- | --- |
| **Gender** | **Work phone** | **Work email** |
|  |  |  |

|  |  |
| --- | --- |
| **Postal address (Line 1)** |  |
| **Postal address (Line 2)** |  |
| **Suburb/Town** |  |
| **State** |  **Postcode: Country:** |

**13.2 Academic qualifications/awards**

**Include all university qualifications, college diplomas, awards and honours.**

|  |  |  |
| --- | --- | --- |
| **Qualification/Award** | **Where awarded** | **Year** |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

**13.3 Current appointment/s**

|  |  |
| --- | --- |
| **Current appointment/s** | **Location** |
|  |  |
|  |  |
|  |  |
|  |  |

**13.4 Source of current salary**

**Include sources of salary earned during normal working hours in current appointments. Exclude other income (earned on days off, evenings or weekends)**

|  |  |
| --- | --- |
| **Sources of salary** | **% of normal week or days per week****(duration – if applicable)** |
|  |  |
|  |  |

**13.5 Previous appointments (in the last 5 years)**

|  |  |
| --- | --- |
| **Previous appointments by year** | **Location** |
|  |  |
|  |  |
|  |  |
|  |  |

**13.6 Other research outcomes, professional, academic or related activity**

|  |
| --- |
|  |

**13.7 Time allocation to research (within the normal working week)**

|  |  |  |  |
| --- | --- | --- | --- |
| **This research (%)** | **Other research (%)** | **Other non-clinical activities (%)** | **Clinical activities (%)** |
|  |  |  |  |

**13.8 Anticipated absences during grant period**

|  |  |  |
| --- | --- | --- |
| **Location** | **From** | **To** |
|  |  |  |
| **Reason:** |

**14.9 Demographics**

The following question is designed to help inform future demographic analysis. It is *optional*.

Do you identify as:

**[ ]** Aboriginal **[ ]**  Torres Strait Islander **[ ]**  Pacific Islander   **[ ]** Māori

14 DEPARTMENT DETAILS

14.1 Background of academic department

Provide brief details about the *establishment* of the academic department, or *establishment* of the academic appointment(s) held by the chief investigator(s).

|  |
| --- |
|  |

14.2 Current academic appointments

Summarise the *current* academic appointments of the chief investigators

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Title | Surname | Department | University | Year appointed |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

14.3 Activities of department or academic appointee(s)

Describe the academic activities of the department or chief investigator(s), in terms of collaborating with other departments, supervising research students, managing research staff, other research activities in the university and/or institution.

|  |
| --- |
|  |



****15 Research Grant Support of Chief Investigators****

15.1 Completed grants (Last three years – all sources – all chief investigators)

Include in chronological order.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Year**  | **Id no.** | **Title of grant** | **Chief investigators** | **Amount funded**  | **Period of support** |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |

15.2 Currently held grants (all sources - all chief investigators – including grants awarded but not commenced)

Include in chronological order.

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Year**  | **Id no.** | **Title of grant** | **Chief investigators** | **Time commitment of each investigator (hrs/week and %)** | **Period of support** | **Amount funded** |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |

# 16 TRACK RECORD

# 16.1 Publications of chief investigators

Include here a list of publications for *each chief investigator* for the five years before the year of application and the year of application. Number the publications in chronological order. **Each chief investigator must nominate their best five publications using an asterisk (\*) and briefly add a statement of impact and their role in the project including the writing of the manuscript (no more than 6 lines per publication).** Only include publications that have been published or are in press (include the date of acceptance). *Do not* include abstracts.

**16.2 Diminished relative opportunity / career disruption**

If applicable, career circumstances for the principal investigator (chief investigator A) will be considered during the track record assessment by peer-reviewers and the Research Committee. The grant will be assessed in light of the applicant’s track record relative to their opportunity.

**16.3 Other items**

Include other research activities of the chief investigators for track record consideration (i.e. principal site investigator for a multi-centre trial; currently enrolled in research methods course) (refer to guide). Maximum of one page for all investigators combined.

17 ETHICS

**17.1 Research involving humans**  **YES / NO**

|  |  |  |  |
| --- | --- | --- | --- |
| 17.1.1 | Does this research involve humans? (If no, go to 17.2, if “yes” ensure you have commented in section 17.4) |  |  |
| 17.1.2 | Is the final ethics committee approval certificate for the initial project attached? (If yes, go to 17.1.4)  |  |  |
| 17.1.3 | If the final ethics approval certificate for the initial project is not attached, do you acknowledge that the certificate must be provided before the grant is made available? |  |  |
| 17.1.4 | Do you undertake to provide the college with ethics committee approval certificates for all projects that are supported by the grant? |  |  |
| 17.1.5 | Will you provide full copies of all ethics committee applications and correspondence if requested by the college? |  |  |
| 17.1.6 | Have you registered any trials with the appropriate authority? (e.g. NHMRC) |  |  |
| 17.1.7 | Is a copy of the registration of the trial attached? |  |  |
| 17.1.8 | If the trial registration is not attached, do you acknowledge that a copy of the registration must be provided before the grant is made available? |  |  |

**17.2 Research involving animals**

|  |  |  |  |
| --- | --- | --- | --- |
| 17.2.1 | Does this research involve animals? (If no, go to 17.3, if “yes” ensure you have commented in section 17.5) |  |  |
| 17.2.2 | Is the final ethics committee approval certificate for the initial project attached? (If yes, go to 17.2.4)  |  |  |
| 17.2.3 | If the final ethics approval certificate for the initial project is not attached, do you acknowledge that the certificate must be provided before the grant is made available? |  |  |
| 17.2.4 | Do you undertake to provide the college with ethics committee approval certificates for all projects that are supported by the grant? |  |  |
| 17.2.5 | Will you provide full copies of all ethics committee applications and correspondence if requested by the college? |  |  |

**17.3 Other clearances**

|  |  |  |  |
| --- | --- | --- | --- |
| 17.3.1 | Does this project involve organisms being genetically manipulated such that it falls under current GMAC guidelines? (If “no”, proceed to section 17.6) |  |  |
| 17.3.2 | Does this project involve the use of carcinogenic or highly toxic chemicals (“Guidelines of the National Occupational Health and Safety Commission”)? |  |  |
| 17.3.3 | Do any activities in this research proposal require a licence for the use of excess ART embryos under the *Research Involving Human Embryos Act 2002*? |  |  |
| 17.3.4 | Are all relevant signed statements of awareness of guidelines and final clearances in this section attached? |  |  |

**17.4 Ethical implications of the research on humans**

|  |
| --- |
|  |

**17.5 Ethical implications of the research on animals**

|  |
| --- |
|  |

**17.6 Conflicts of interest:** Please refer to the [ANZCA conflict of interest policy](https://www.anzca.edu.au/getattachment/5ad87a3a-8427-4f3f-9520-ba26696a1a43/Conflict-of-interest-policy) and declare all relevant conflicts of interest and explain how these will be managed.

|  |
| --- |
|  |

**18 Progress Report on ANZCA Grant(s)**

Please complete this progress report for each current ANZCA grant.Please also complete this progress report for ANZCA grants terminating in the year prior to this application.

|  |  |
| --- | --- |
| **Regkey** | **Scientific project title** |
|  |  |

**Chief Investigators:**

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Title** | **Given names** | **Surname** |
| **A** |  |  |  |
| **B** |  |  |  |
| **C** |  |  |  |
| **D** |  |  |  |

|  |  |
| --- | --- |
| **Administering institution** | **Period of grant support** |
|  |  |

**Progress report:** include publications arising from this grant

**19 CERTIFICATIONS**

**Signatures of chief investigators:**

In signing this page, you certify that all details given in this application are correct and you agree to carry out the research

in strict accordance with the current grant agreement terms and conditions and acknowledge that the research material contained herein and the associated assessment reports may be used for internal ANZCA quality assurance reviews and evaluations.

|  |  |  |
| --- | --- | --- |
|  | **Signature** | **Date** |
| **A** |  |  |
| **B** |  |  |
| **C** |  |  |
| **D** |  |  |

**Certification by Head of Department/Head of Research Committee:**

I certify that appropriate general facilities will be available to the applicant if successful, and that I am prepared to have the project carried out strictly in accordance with the current grant agreement terms and conditions. In the event of a grant being terminated due to the CIA leaving the institution before the expiry of the grant, I will notify

the college and return any unexpended grant balance to the college.

|  |  |  |  |
| --- | --- | --- | --- |
| **Title** | **Initials** | **Surname** | **Department** |
|  |  |  |  |
| Signature | Date |
|  |  |

**Certification by Head of administering institution** (Head of institution or nominee):

I certify that this request satisfies all the requirements of this institution, and that this institution has established administrative processes for assuring sound scientific practice in accordance with the NHMRC Australian code for

the responsible conduct of research.

|  |  |  |  |
| --- | --- | --- | --- |
| **Title** | **Initials** | **Surname** | **Appointment** |
|  |  |  |  |
| Department (if applicable) | Institution |
|  |  |
| Signature | Date |
|  |  |

**CHECK LIST FOR APPLICATIONS**

Applicants should ensure their application meets the following eligibility criteria for the Academic

Enhancement grant and all sections are completed:

|  |  |  |  |
| --- | --- | --- | --- |
|  | Yes | No | N/A |
| Ensure the Regkey number is entered in the top left hand corner of the application |  |  |  |
| Ensure all Chief Investigators are fellows of ANZCA and/or FPM |  |  |  |
| Ensure the research plan is no more than 6 pages, excluding references |  |  |  |
| Ensure the budget is in line with the maximum amount allowed |  |  |  |
| Human ethics clearance required |  |  |  |
| Animal ethics clearance required |  |  |  |
| DNA clearance required |  |  |  |
| Teratogen/carcinogen clearance required |  |  |  |
| Written equipment quotation (for items over $A5,000) |  |  |  |
| A complete electronic copy, including signature page of the application emailed to college |  |  |  |

**A COMPLETE APPLICATION AND SIGNATURE PAGE MUST BE RECEIVED AT THE COLLEGE**

**BY 5 PM AEDT ON 2 April, 2024.**

**LATE OR INCOMPLETE APPLICATIONS WILL NOT BE ACCEPTED.**