# THRF Group - Advancing Cancer Treatment - EOI v1.0
Form Preview

## Eligibility Checklist

* indicates a required field

Before beginning an EOI, please complete the initial eligibility check below. Further information about eligibility requirements can be found in the relevant round Guidelines.

**1.1 Which organisation will be the Administering Institution for this proposal?** *

**1.2 Is the Chief Investigator A (CIA) a staff member (salaried employee) of the Administering Institution above?** *

○ Yes ○ No

**1.3 Is the CIA on this application listed as the CIA on any other application(s) in this round?** *

○ Yes ○ No

**1.4 Are any of the CIs from this application (including CIA) named as a CI on more than two (2) applications in this round?** *

○ Yes ○ No

**1.5 Are any of the CIs from this application (including CIA) currently enrolled in a Higher Degree by Research (HDR)?** *

○ Yes ○ No

**1.6 Please indicate CIA's research qualifications** *

○ CIA currently holds a Higher Degree by Research (either a Masters by Research or a PhD) in line with Australian Qualifications Framework Levels 9 or 10, AND is within 15 years (or equivalent research-active time*) of conferral of the Higher Degree by Research.

○ CIA is claiming HDR equivalence, with maximum 15 years of research-activity, and will demonstrate an equivalent combination of relevant skills, training, and/or experience in the CIA biosketch uploaded with this proposal.

○ CIA has neither of the above.

For AQF levels, see www.aqf.edu.au/framework/aqf-levels

## Ineligibility

From your answers above, this proposal does not meet the eligibility requirements for this round. Please refer to the Guidelines for further information.

Your application is not eligible to proceed.

## Preliminary check passed

From the information provided above, you may proceed with completing an EOI.

Please note: This is not a guarantee of eligibility. Further checks will be carried out following submission and THRF Group reserves the right to exclude from further consideration any applications found to contravene scheme eligibility requirements.

**1.7 To access the EOI form, please check the box below to indicate your understanding of these conditions** *

○ I understand and wish to proceed with the EOI.

## Project Proposal

* indicates a required field

### 2.1 Project details

**2.1.1 Project Title** *

**2.1.2 Indicate the length of the project in number of months** *

Must be a whole number (no decimal place) and no more than 24.

### 2.2 Fields of Research (FoR)

Provide up to three **6-digit** ANZSRC 2020 Fields of Research (FoR) codes relevant to this application

**6-digit** FoR codes are available from the ABS ANZSRC 2020 website (refer Table 3 of Excel download - you may need to scroll down some way).

| 2.2.1 Six-digit Field of Research code | 2.2.2 Percentage % |
|---|---|
| Must be a whole number (no decimal place) and between 300100 and 530000. | Must be a whole number (no decimal place) and between 0 and 100. |
| | |
| | |
| | |

**2.2.3 Total FoR %** *

This number/amount is calculated.
Must equal 100

### 2.3 Description of proposed research

**Describe your proposed project as outlined in the sections below. When providing responses below, please note:**

- The **wording and weighting** of the relevant Assessment Criteria from the scheme Guidelines. Proposals will be assessed in relation to how well these criteria are addressed.
- The **meaningful** inclusion of **consumer engagement and the consumer voice** in developing the proposal and throughout the project must be clearly articulated, including:
    - Clear identification of the consumer(s) and/or consumer groups involved
    - Plans for ongoing consumer engagement with reference to the design, objectives, implementation and evaluation of the funded activity.
    - If the proposed activity has a focus on Aboriginal people, reference to how the principles of the South Australian Aboriginal Health Research Accord 2026-2036 have been addressed.
- The use of references in addressing the following questions is discretionary and should be kept to a minimum.

### 2.3.1 Unmet Need

Describe the unmet healthcare need that your project will address, its relevance to the round's objectives, and evidence of its significance to the field and to consumers.

*

Word count:
Must be no more than 300 words.

### 2.3.2 Project Outline

Provide an outline of your proposed project's approach to address the unmet need, including its innovation and feasibility.

Include a brief statement on how the proposed project will address the round's objective(s).

*

Word count:
Must be no more than 300 words.

### 2.3.3 Outcomes and impact

In this section, assuming successful completion of your proposed project, summarise:

- the expected **key outcome/finding** of your project (i.e. what should you have learnt?) *and*
- the **anticipated beneficial impacts** arising from the outcome/finding (i.e. what should be the benefits arising?) These may be in relation to the unmet need, patients/ consumers, the broader community, or any other relevant beneficial impact, *and*
- the **next steps needed** to realise and sustain the anticipated impacts. (i.e. how might the expected benefits be achieved and who should be involved?) Include reference to key "next users" where appropriate.

*

Word count:
Must be no more than 300 words.

## Project Team

* indicates a required field

**Please note:** It is the CIA's responsibility to ensure that all CIs are willing to participate, are eligible to apply, and have the appropriate mix and level of expertise for the proposed project prior to submission of the EOI.

As more fully described in the round Guidelines, changes to the composition of the CI team between this Stage 1 EOI and Stage 2 full application (if invited) will not be normally be allowed unless exceptional circumstances apply.

**Minimum Chief Investigator Project Team Requirement**At least one CI who is a salaried employee of an eligible Local Health Network listed at 3.4 in the scheme guidelinesandAt least one CI who is a salaried employee of an eligible Research Organisation listed at 3.4 in the scheme guidelines

### 3.1 Chief Investigator A (Project Leader)

**3.1.1 Chief Investigator A Name** *

Title | First Name | Last Name

**3.1.2 Chief Investigator A Position** *

**3.1.3 Chief Investigator A Primary Email** *

Must be an email address.

**3.1.4 Chief Investigator A Primary Phone Number** *

Must be an Australian phone number.

**3.1.5 Chief Investigator A - University affiliation(s)** *

☐ Adelaide University
☐ Flinders University
☐ Torrens University Australia
☐ Other:
☐ No university affiliation

**3.1.6 Chief Investigator A - Hospital / Health Network affiliation(s)** *

☐ CALHN (Central Adelaide Local Health Network) - Multiple sites
☐ CALHN - Hampstead Rehabilitation Centre
☐ CALHN - Royal Adelaide Hospital
☐ CALHN - The Queen Elizabeth Hospital
☐ CALHN - SA Pathology
☐ NALHN (Northern Adelaide Local Health Network) - Multiple sites
☐ NALHN - Lyell McEwin Hospital
☐ SALHN (Southern Adelaide Local Health Network) - Multiple sites
☐ SALHN - Flinders Medical Centre
☐ SALHN - Noarlunga Hospital
☐ WCHN (Women's and Children's Health Network) - Multiple sites
☐ WCHN - Women's and Children's Hospital
☐ Other:
☐ No hospital or network affiliation

**3.1.7 Chief Investigator A - Institute affiliation(s)** *

☐ Basil Hetzel Institute (BHI)
☐ Centre for Cancer Biology (CCB)
☐ Future Industries Institute
☐ SAHMRI (South Australia Health and Medical Research Institute)
☐ Other:
☐ No institute affiliation

**3.1.8 What FTE is the Chief Investigator A committing to this project? (e.g. full time = 1.0 FTE, 1 day/week = 0.2 FTE)** *

Minimum entry value is 0.1

**3.1.9 Upload biosketch of Chief Investigator A using the prescribed template (link to download provided below)** *

Attach a file:

Please name file 'Biosketch-CIA-CIsurname.pdf'. The Biosketch Template is available under 'Document Templates' >> 'For Applications' on The Hospital Research Foundation Group website.

**3.1.10 How many additional Chief Investigators will there be for the project?** *

○ 0 ○ 1 ○ 2 ○ 3

## 3.2 Chief Investigator B

Please note that should your application progress to a Stage 2 full application, a biosketch for this investigator will be required as part of that submission.

If this CI is contributing towards the **Minimum Chief Investigator Project Team Requirement,** the primary organisation indicated should reflect (i.e. match) the eligible Local Health Network/Research Organisation they are representing.

**3.2.1 CIB's name** *

**3.2.2 CIB's primary organisation (or consumer group, if applicable)** *
Organisation Name

## 3.3 Chief Investigator C

Please note that should your application progress to a Stage 2 full application, a biosketch for this investigator will be required as part of that submission.

If this CI is contributing towards the **Minimum Chief Investigator Project Team Requirement,** the primary organisation indicated should reflect (i.e. match) the eligible Local Health Network/Research Organisation they are representing.

**3.3.1 CIC's name** *

**3.3.2 CIC's primary organisation (or consumer group, if applicable)** *
Organisation Name

## 3.4 Chief Investigator D

Please note that should your application progress to a Stage 2 full application, a biosketch for this investigator will be required as part of that submission.

If this CI is contributing towards the **Minimum Chief Investigator Project Team Requirement,** the primary organisation indicated should reflect (i.e. match) the eligible Local Health Network/Research Organisation they are representing.

**3.4.1 CID's name** *

**3.4.2 CID's primary organisation (or consumer group, if applicable)** *
Organisation Name

## 3.5 Project roles and management

The description below must include reference to the named Chief Investigators, if applicable, and any personnel for whom salary support is sought. The roles of any other relevant collaborators, Associate Investigators, personnel, students and/or consumers should also be included.

**Outline the role and time commitment (in FTE) each member will contribute to the project, and how the overall team will be managed to successfully deliver the project.** *

Word count:
Must be no more than 300 words.

# Project Budget

* indicates a required field

## 4.1 Indicative project funding request

Indicate the anticipated level of funding to be requested from The Hospital Research Foundation for (i) salaries and (ii) direct research costs.

- Please use the relevant salary scale of the organisation through which the person is to be employed when calculating salary requests. **Do not** use NHMRC Personnel Support Packages (PSPs).
- Salary requests **must** factor in direct on-costs. Please see the round Guidelines for more information on allowable limits.

- If equipment will be requested as part of the direct research costs, please consult the round Guidelines to ensure unit cost is within allowable limits.

**4.1.1 Salaries** *

$

Must be a dollar amount.

**4.1.2 Direct research costs** *

$

Must be a dollar amount.

**4.1.3 Total**

This number/amount is calculated.

**4.1.4 Provide further information/comments on the budget above, including key expenditures. For ALL salaries requested, please provide the FTE, base level salary and on-cost calculation applied. Anticipated contributions from other sources can also be indicated here (if applicable).** *

Word count:

Must be no more than 300 words.

## Declaration & Endorsement

* indicates a required field

### Privacy notice

The Hospital Research Foundation Group (THRF Group) collects personal information in order to assess, verify and manage applications. Further information about how THRF Group collects and manages personal information is set out in THRF Group's Privacy Policy. By completing this application you agree to THRF Group collecting, using and disclosing your personal information for these purposes and in accordance with its Privacy Policy. If you provide personal information about other individuals in the application you agree to notify those individuals of THRF Group's Privacy Policy.

### 5.1 Chief Investigator A (Project Leader) declaration

As Project Leader

- I certify that to the best of my knowledge the statements made in this application are true.
- I have obtained the consent of all named participants to be included in this application.
- I understand the eligibility requirements of this competitive grant round as described in the Guidelines, and acknowledge THRF Group may rule an application ineligible if it breaches any such requirements.

- I agree to THRF Group collecting, using and disclosing personal information provided in this application in accordance with its Privacy Policy and have notified the other individuals in the application of THRF Group's Privacy Policy.

**5.1.1 Chief Investigator A's full name** *

**5.1.2 Date of submission** *

Must be a date.

**5.1.3 (Optional) Do you have any comments or feedback on the application process that you wish to share with us?**

Word count:
Must be no more than 100 words.

## 5.2 Administering Institution endorsement

To be considered complete at time of submission the EOI **must** include a complete and correctly signed Administering Institution Endorsement uploaded below.

***No exceptions or extensions for the purposes of obtaining this certification will be granted.***

Please note the following instructions:

- The prescribed EOI certification template must be used. Download template.
- ALL signatures are required on the uploaded certification form for your application to be accepted.
- Sign off by an authorised delegate on behalf of the Administering Institution can be arranged by contacting the Research Office at that institution.

**Upload the complete and signed Administering Institutional Endorsement (EOI) form. Please name file using the convention 'EoI-Endorsement-CIASurname.pdf'.** *
Attach a file:

Check your file is compliant with the instructions above before uploading, please.