



The Hospital Research
Foundation Group

TOGETHER. FIGHT.

Competitive Research Grant Round

Neurodegenerative Conditions: Advancing
Diagnosis & Treatment

Guidelines v1.0

Stage 1: Expression of Interest (EOI)

Stage 1 Open: Monday 3rd November 2025 at 12:00pm (ACDT)

Stage 1 Close: Wednesday 28th January 2026 at 4:00pm (ACDT)

Table of Contents

1. About The Hospital Research Foundation Group	3
2. About the Round	3
2.1 Round Background.....	3
2.2 Round Objectives	4
2.2.1 Research Approaches to Advancing Diagnosis or Treatment	4
2.3 Supporting Early and Mid-Career Researchers	5
2.4 Collaboration with Western Australia and the Australian Capital Territory.....	5
2.5 General Considerations.....	5
2.6 Round Exclusions.....	5
3. Requirements.....	6
3.1 Administering Institution	6
3.2 Eligibility Requirements for Chief Investigators	6
3.3 Collaborating Personnel / Organisations.....	7
3.4 Engagement with Consumers.....	8
3.5 Research Ethics and Research Governance	9
3.6 Incomplete, False or Misleading Information	9
4. Funding	9
4.1 Funding Amount	9
4.2 Salary Support.....	9
4.3 Direct Research Costs.....	10
5. Application Stages and Assessment.....	10
5.1 Stage 1: Expression of Interest (EOI)	10
5.2 Stage 2: Full Application (by invitation).....	10
5.3 Stage 3: Further Information / Interview.....	11
5.4 Funding Decision.....	11
5.5 Terms and Conditions for Funding.....	11
6. How to Apply	12
7. Round Timetable	12
APPENDIX A – Assessment Criteria	14

1. About The Hospital Research Foundation Group

The Hospital Research Foundation (THRF) Group exists to improve the health and wellbeing of our community. Our purpose is simple:

“Together, fight for better health and wellbeing for our community through life-changing medical research and improved healthcare.”

THRF Group is a profit-for-purpose organisation which raises funds through community donations, corporate support and proceeds from The Hospital Research Foundation Home Lottery program. These proceeds enable us to fund and facilitate medical research and patient care services across more than 60 areas of disease and illness, from birth to end of life.

THRF Group consists of 11 charities which work together to maximise health and wellbeing, and allow supporters to choose an area of healthcare that matters most to them. Through our Group structure, we are committed to delivering a progressive research and grants program that is sustainable, promotes collaboration and delivers impact for the community.

2. About the Round

2.1 Round Background

Neurodegenerative conditions comprise a broad range of conditions, primarily affecting the brain and nervous system, and generally lead to a progressive and accelerated decline in mental and/or physical functioning. Such conditions are a significant and growing health issue in Australia which can have substantial impacts on an individual’s health and quality of life, as well as for their family and carers.

The table below provides some key points on the prevalence and disease burden relating to some of the more common neurodegenerative conditions in Australia such as **dementia (particularly Alzheimer’s), Parkinson’s, motor neurone disease (MND), and multiple sclerosis (MS)**. Conditions such as these impose a significant and growing disease burden due to an ageing population and limited curative treatments.

Condition	Prevalence in Australia	Disease Burden	Sources
Dementia (incl. Alzheimer’s)	>400,000 people, projected to be 800,000+ by 2054	<ul style="list-style-type: none">• 2nd leading cause of death in Australia (1st among women)• 2nd highest total disease burden	Dementia Australia, Australian Institute of Health and Welfare (AIHW)
Parkinson’s	>150,000 people >18,000 new cases/year	<ul style="list-style-type: none">• High impact on function• Top 10 cause of disease burden in older Australians	AIHW
Multiple sclerosis	>33,000 people and increasing, especially among women	<ul style="list-style-type: none">• Typically affects young adults• Major impact on function during working years	MS Australia
Motor neurone disease	~2,000 people ~750 new cases/year	<ul style="list-style-type: none">• Rapid progression and loss of function• Average survival: 2–3 years	MND Australia

Conditions such as childhood dementia and Huntington’s disease, though less common, can nevertheless have profound impacts on affected families and communities. Unfortunately, the progressive nature of neurodegenerative conditions means that affected individuals will lose function

and capability over time, reducing their independence, wellbeing and quality of life, with a corresponding growth in need for more intensive care services.

Although neurodegenerative conditions comprise a broad range of diverse diseases, they share some commonality in factors relating to diagnosis and treatment as described below.

- **Diagnosis:** Neurodegenerative conditions are difficult to accurately diagnose in a timely manner, in part due to the often-subtle presentation of initial symptoms, as well as the commonality of those symptoms across a range of conditions. Earlier diagnosis, including the potential for diagnosis before clinical presentation of symptoms, would assist in providing better, more timely information about the specific condition, likely prognosis, and options for appropriate treatments.
- **Treatment:** Currently, neurodegenerative conditions are not curable, with the available therapies primarily aimed at managing symptoms, slowing disease progression, or addressing co-morbidities. Recent advances in treatments that can slow progression of conditions such as Parkinson’s and Alzheimer’s show promise, and the potential for leveraging insights from digitally-enabled technologies such as artificial intelligence provides hope, but more remains to be done.

2.2 Round Objectives

Considering the background to neurodegenerative conditions described above, the overall objective of this competitive research grant round is:

to improve health outcomes and quality of life for those affected by neurodegenerative conditions through evidence-based advances in diagnosis or treatment.

For this round, THRF Group invites proposals that aim to develop and test new or improved diagnostic and/or treatment approaches for neurodegenerative conditions. THRF Group will particularly welcome proposals leveraging digitally-enabled “precision medicine” technologies (e.g. artificial intelligence).

For the purposes of this round, the term “neurodegenerative conditions” refers to conditions involving the *progressive degeneration of nerve cells* (neurons) in the brain and/or other parts of the nervous system, and characterised by *ongoing decline* in cognitive abilities, motor skills, or other neurological functions. For the avoidance of doubt, neurological conditions that do not involve progressive degeneration of neurons (such as, *inter alia*, stroke, brain injury, brain cancer, or epilepsy) are not considered within scope for this round.

2.2.1 Research Approaches to Advancing Diagnosis or Treatment

For this round, proposals must identify which of the following **two (2) research project approaches** they will undertake in seeking to advance the diagnosis or treatment of the identified neurodegenerative condition.

<p>Project Approach #1 “New research”</p>	<p>Seeking to develop and evaluate <u>novel or emerging</u>:</p> <ul style="list-style-type: none"> • diagnostic methods or technologies; or • treatments or therapies.
<p>Project Approach #2 “Refinement research”</p>	<p>Seeking to research potential improvements to <u>existing</u>:</p> <ul style="list-style-type: none"> • diagnostic methods or technologies; or • treatments or therapies.

The terms “treatments” and “therapies” can often be used interchangeably, but in this context “treatments” may be considered as medical interventions aiming to be curative, in contrast to “therapies” which may be considered as interventions reducing symptoms/restoring function. Both are considered in scope for this funding opportunity and any reference to “treatment” in these guidelines should be considered to cover both.

Proposals will need to outline/explain the rationale for their proposed research approach in light of current evidence, and how the anticipated improvements in diagnosis and/or treatment will be evaluated as part of the project.

2.3 Supporting Early and Mid-Career Researchers

THRF Group has a strategic objective to assist in growing research capability and capacity, particularly with respect to emerging research leaders. As further described in Section 3.2 below, applications in this round must be led by an eligible Chief Investigator A (CIA) who is within 15 years (or equivalent) of conferral of their Higher Degree by Research (or equivalent). Applications will also need to indicate suitable mentoring and support arrangements for the CIA.

2.4 Collaboration with Western Australia and the Australian Capital Territory

As THRF Group’s coverage extends into Western Australia and the Australian Capital Territory, we will particularly welcome proposals involving collaborators from WA and/or the ACT.

While such collaboration is not a requirement, applicants may contact THRF Group via grants@hospitalresearch.org.au for assistance if seeking potential collaborators.

2.5 General Considerations

Proposals will describe the “next steps” whereby the anticipated outcomes from the research could be progressed and sustainably implemented to deliver beneficial health and wellbeing outcomes for the cohort affected, as well as the community more broadly.

THRF Group also encourages proposals incorporating:

- research teams comprising suitable personnel from different organisations, such as research organisations, local health networks, and/or suitable industry organisations;
- transdisciplinary research approaches combining ideas and techniques from different specialities/fields. Such approaches could involve clinicians from the relevant medical field, or personnel or technologies from “non-medical” disciplines such as engineering, or computer science, or other relevant domains;
- early career researchers, supported by meaningful mentorship arrangements.

2.6 Round Exclusions

Proposals considered out of scope for this round include research approaches that solely or predominantly focus on:

- characterisation and/or mechanistic aetiology of neurodegenerative conditions;
- biomarker discovery; or
- monitoring of disease progression.

In addition, proposals must not duplicate or substantially overlap with existing projects or pending proposals.

THRF Group reserves the right at its sole discretion to exclude from further consideration any applications breaching these exclusions.

3. Requirements

As an aid for applicants when reading these Guidelines, THRF Group has developed a set of general [FAQs available on our website](#). However, please note that in the event of inconsistency between these Guidelines and the FAQs, these Guidelines will prevail.

3.1 Administering Institution

Applications must be submitted via one of the following Administering Institutions:

- Adelaide University*
- Central Adelaide Local Health Network (CALHN) – includes SA Pathology
- Flinders University
- Northern Adelaide Local Health Network (NALHN)
- SA Regional Local Health Networks (RLHNs) / Rural Support Service (RSS)
- South Australian Health and Medical Research Institute (SAHMRI)
- Southern Adelaide Local Health Network (SALHN)
- Torrens University
- University of Adelaide*
- University of South Australia*
- Women’s and Children’s Health Network (WCHN)

**Appropriate current entity to be chosen at time of submission. Provision will be made for the change of Administering Institution to the new Adelaide University in 2026 as required.*

The Administering Institution (AI) is responsible for ensuring the provision of the general facilities and supporting resources necessary for the project’s conduct. If an application is approved for funding, THRF Group will enter into a funding agreement with the nominated AI detailing appropriate management and administration requirements for the approved project. The AI must also be able to commit and manage the time contribution of the CIA to the project.

3.2 Eligibility Requirements for Chief Investigators

The first-named investigator on an application – Chief Investigator A (CIA) – will be considered the Project Leader, who has the primary responsibility to run and report on the project (if approved). The CIA must be a salaried staff member of the nominated AI. A CIA with more than one formal, salaried appointment must only nominate one of the above organisations to be the AI for the purposes of this round.

For this round, the CIA must also:

- (i) hold a Higher Degree by Research (either a Masters by Research or a PhD) in line with [Australian Qualifications Framework Levels 9 or 10](#) from a recognised institution;

AND

- (ii) be within 15 years (or equivalent research-active time[#]) of conferral of the Higher Degree by Research.

OR

- (iii) If they do not hold a HDR, be able to demonstrate an equivalent combination of relevant research skills, training, and/or experience to points (i) and (ii) above, including the maximum 15 years of research-activity[#] (and aligning with the [NHMRC Statements of Expectations](#) for typical research experience). Evidence for all claims of equivalence is to be provided in the CIA biosketch.

Information on any relevant career equivalence, opportunity or disruption considerations provided in CI biosketches will be considered in line with the [NHMRC Relative to Opportunity Policy and Statements of Expectations](#).

For this round:

- An applicant may only submit a maximum of one (1) application as CIA.
- In addition to the CIA, up to a further three (3) Chief Investigators (*i.e.* CIB – CID) may be included on each application.
- CIs can be involved in no more than two (2) applications (including involvement as CIA).
- Mentoring arrangements to support the CIA as an early to mid-career researcher must be indicated in the submission, ideally with the identified mentor(s) being part of the project team.

THRF Group reserves the right at its sole discretion to exclude from further consideration any application(s) contravening the limits above.

All CIs must:

- be able to demonstrate professional career (and/or lived experience if involved in the project CI team as a consumer) experience relevant to the field of this round;
- provide a meaningful contribution and time commitment to the proposed project over its full duration;
- not be a currently enrolled HDR candidate; and
- have met their obligations regarding previous THRF Group-funded projects, including submission of satisfactory reporting as per the relevant funding agreement/s.

3.3 Collaborating Personnel / Organisations

Proposals incorporating collaboration within and across organisations, including with industry and other innovation sectors are encouraged, and such collaboration may include:

- research teams combining suitably experienced research and clinical personnel;
- transdisciplinary research approaches combining ideas and techniques from different fields and organisations. This could be via the involvement of personnel or technologies from engineering, computer science, or other suitable “non-medical” disciplines, and/or suitable industry organisations; and
- early career researchers, supported by meaningful mentorship arrangements.

In addition to the maximum of four (4) Chief Investigators that can be listed, other contributors to the proposed project can be indicated as Collaborators/Associate Investigators. These collaborating personnel may include consumers, mentors, as well as personnel contributing 'as needed' (e.g. analytical/technical expertise), or those providing an intermittent/low time commitment. Currently enrolled HDR candidates contributing to the project can only be listed as Collaborators/Associate Investigators.

Apart from the CIA, who must be a salaried employee of the Eligible AI, there is no specific employment restrictions on other project team members such as Chief Investigators B thru' D, or other collaborators. Such personnel may be self-employed or employed by the Eligible AI or other collaborating organisations such as:

- public and/or community health service organisations
- community groups
- non-government organisations and charities
- federal, state, or local government agencies
- professional organisations
- other research organisations.

However, projects must not involve any organisation that is part of an industry producing products or services that may contribute to poor physical health or mental wellbeing of the community.

Letters of support from other collaborating organisations are not required as part of the submission, but the Eligible AI must obtain (and retain) sufficient written agreement of all relevant personnel and organisations before submission. Cash co-contributions from the Eligible AI or collaborating organisations are not mandatory.

Contributors playing a minor role in the project and/or with an intermittent/low time commitment should be indicated as Collaborators/Associate Investigators. Currently enrolled HDR candidates contributing to the project should also be similarly listed. Collaborators/Associate Investigators will not be counted when considering application limits.

Researchers (i) located outside South Australia, and/or (ii) whose **only** appointment with the organisations listed under section 3.1 is by a non-salaried honorary, visiting or affiliate appointment, cannot be CIA, but may be listed as an additional Chief Investigator (CIB – CID) or included as a member of the broader project team.

3.4 *Engagement with Consumers*

The National Health and Medical Research Council (NHMRC) defines consumers as people who have lived experience of a health issue, including patients and potential patients, carers, and people who use health care services. Of particular relevance to this Program, consumers can also be people who represent the views and interests of a community or constituency.

To optimise the potential for successful implementation of the innovative approaches resulting from this Program, consumers should be clearly and meaningfully engaged and involved in the proposed program of research. Such engagement and involvement should incorporate:

- Demonstrable consultation with and input from consumers in the formulation of the proposal.
- Clear mechanisms to meaningfully involve consumers in the project throughout the delivery timeline, including defined feedback and advisory structures. This may include the involvement of consumers as part of the project team and/or as part of a formalised project advisory group.
- Budgetary allowance to support, implement and acknowledge consumer participation (e.g. honoraria and payments, additional time to support involvement activities, administration support, consultations, training and associated events).

Applications involving Aboriginal peoples must particularly ensure the following are taken into account when formulating the project and its proposed approach:

- [*NHMRC Ethical guidelines for research with Aboriginal and Torres Strait Islander peoples*](#);
- [*The AIATSIS Code of Ethics for Aboriginal and Torres Strait Islander Research*](#); and
- *the* [*South Australian Aboriginal Health Research Accord*](#).

Further guidance on consumer/community involvement in research can be found in the following resources:

- [Consumer and Community Involvement Program](#) website.
- [*NHMRC Statement on Consumer and Community Involvement in Health and Medical Research*](#).

It is recommended that applicants complete the free 30-minute [Consumer and Community Involvement and Grant Writing](#) online course.

It is encouraged that all personnel associated with the proposal complete the free online 30-minute [Consumer and Community Involvement in Health Research](#) course (or equivalent).

3.5 *Research Ethics and Research Governance*

Research must be carried out in accordance with *The Australian Code for the Responsible Conduct of Research*, NHMRC Approved Standards & Guidelines, and all relevant policies, codes and legislation. As applicable and in a timely manner, research ethics approvals must be obtained from the relevant ethics committees (human and/or animal), and research governance authorisations (also known as site specific assessment or access request review approvals) must be obtained from each relevant organisation involved in the activity or providing access to data, participants or tissue samples.

If a proposal is successful, in accordance with the funding agreement for the project and *The Australian Code for the Responsible Conduct of Research*, arrangements for the management of the project must be agreed in writing between all associated collaborating organisations before the project can commence.

3.6 *Incomplete, False or Misleading Information*

All information submitted to THRF Group (including EOIs, full applications and reports) must be complete, current and accurate at the time of submission, and free of false or misleading information.

Examples of false or misleading information include, but are not limited to, providing:

- dishonest statements regarding time commitments to the research for which support is being sought;
- incomplete or inaccurate facts regarding other sources of funding;
- inaccurate claims in publication records; or
- incomplete or misleading information of ethics and governance requirements or other factors that may impact the researcher's ability to commence the research program in a timely manner.

If THRF Group becomes aware of omissions or inclusion of misleading information in an application, it may choose to exclude an application from assessment, withdraw funding, and/or refer the matter to the AI.

4. Funding

4.1 *Funding Amount*

The maximum funding that can be requested is up to \$250,000 (total) over (up to) two (2) years.

Noting assessment criteria concerning cost-effectiveness and value for money, proposals requesting lower amounts and/or leveraging co-funding are welcome.

Funding can be requested to support salaries and direct research costs as further described below. A detailed budget will only be required if the applicant team is invited to submit a Stage 2: Full Application.

Funding cannot be requested to support organisational indirect costs, infrastructure levies, or administrative costs. Further exclusions are indicated below.

THRF Group reserves the right to vary the available funding in this round at its sole discretion.

4.2 *Salary Support*

Salary support may be requested for CIs and/or other personnel needed for the project. The need for any such salary support must be well-justified. For the avoidance of doubt, salary support may be requested for Collaborators/Associate Investigators, but such requests must be very well-justified.

Salary support requests should include the base salary and direct on-costs, such as leave accruals

and the superannuation guarantee contribution. Such on-costs are limited to a maximum 30% of the base salary request. Applicants must verify their AI's base salary scales and rate of on-costs before finalising budgets in the application form. Project staff are to be appointed at standard award conditions, commensurate with experience, as determined by the AI.

Due to the limited term of project funding, stipends for Higher Degree by Research students should not be included in proposal budget requests.

4.3 *Direct Research Costs*

Direct research costs are those non-salary costs directly related to the conduct of the project and may include research reagents, consumables, services, software, minor equipment (<\$10,000-unit cost), consumer engagement costs, and travel for the purposes of conducting the research program.

Conference attendance/travel, publication, open access fees, patenting and/or IP protection costs are not considered direct research costs and should not be included in proposal budget requests.

5. Application Stages and Assessment

This round will follow a three-stage process as outlined below. THRF Group reserves the right to modify or amend these stages at its sole discretion.

- Stage 1. Expression of Interest (EOI)
- Stage 2. Full Application (by invitation based on EOI assessment)
- Stage 3. Further Information / Interview

These stages are described in further detail below.

5.1 *Stage 1: Expression of Interest (EOI)*

Using THRF Group's online platform, applicants will submit a short EOI incorporating a two-page CIA [biosketch](#) and [AI endorsement](#) on the prescribed forms.

EOIs submitted by the due date will be reviewed for eligibility, before evaluation by assessors. Top-ranked EOIs will then be shortlisted for invitation to submit a full application.

If two (2) or more submitted applications are, in THRF Group's opinion, substantially similar in scope or project team composition, THRF Group reserves the right to progress the assessment of only one (1), some, all or none of the applications through the round. In the case that no eligible EOI is considered of sufficient merit to progress to Stage 2, THRF Group may close the round without awarding funding.

Further details on the assessment scoring system are provided in Appendix A. All assessment criteria will be considered in the context of the Round Objectives, and THRF Group's Purpose more broadly. Please note that assessors will follow the [NHMRC Relative to Opportunity Policy](#), and will be required to deal with applications and assessment matters confidentially.

It is the CIA's responsibility to ensure that the nominated AI certifies the EOI in the [specified format](#) as part of the submission.

5.2 *Stage 2: Full Application (by invitation)*

Shortlisted applicants will be invited to submit a full application in the specified format through THRF Group's SmartyGrants platform. Full applications must provide further detail on scientific merit, feasibility and budget considerations, and expand on how project outcomes can deliver beneficial impacts. Using the prescribed forms, full applications must also include [biosketches](#) for CIB–CID (as applicable) and [AI endorsement](#).

Full applications will normally be expected within approx. 4 weeks of the notification of shortlisting.

THRF Group expects applicants to provide all necessary information to make evaluation possible on the SmartyGrants full application form but reserves the right to request additional information if needed.

Changes to the composition of the CI team between Stage 1 and Stage 2 will not normally be accepted, unless exceptional circumstances apply, or if otherwise advised by THRF Group. Requests for changes to CI team composition must be provided by the AI for THRF Group's consideration at least 10 business days before the Stage 2 closing date.

Eligible full applications will be reviewed against the relevant assessment criteria. In the case that none of the invited submissions is deemed worthy of funding, THRF Group may close the round without awarding funding, or return to the EOI pool and issue further invitations. If THRF Group reasonably considers any applications to be similar or complementary to other applications received, THRF Group may request that the applicants consider some or greater cooperation between the researchers (where appropriate). There is no obligation imposed on applicants under this condition. Any cooperation that might arise from such a suggestion by THRF Group would be voluntary.

Lay language components of the invited submissions may be used to engage consumers in aspects of the decision-making process.

It is the CIA's responsibility to ensure that the nominated AI certifies the full application in the [specified format](#) as part of the submission.

5.3 Stage 3: Further Information / Interview

Before the final decision is made, THRF Group may request further information or detail from applicants and/or the AI. Shortlisted applicants may also be interviewed by a panel convened by THRF Group.

5.4 Funding Decision

The final funding decision will be made by THRF Group, informed by assessor reviews, and determined by funding availability. THRF Group reserves the right not to fund any application for any reason, including where the relevant project personnel and/or AI have not fulfilled their obligations under previous THRF Group funding agreement/s, including but not limited to reporting, financial acquittal, and acknowledgement requirements. THRF Group's funding decision will be final and no further negotiations will be entered into.

5.5 Terms and Conditions for Funding

If a project is selected for funding, THRF Group and the AI will enter into a formal funding agreement detailing funding terms and conditions. A provisional funding agreement template is available [here](#).

Unless otherwise agreed, the project must commence within six (6) months of receiving notification of the award, but not before the funding agreement is fully executed. The AI will be responsible for ensuring all relevant ethics approvals and collaborative agreements are in place to enable the project to proceed.

The funding agreement between THRF Group and the AI will include provisions that Chief Investigators must:

- provide regular reports on the progress of the research through SmartyGrants as requested. Progress will be monitored against agreed milestones, and evidence of outputs and outcomes will be required;
- report any unexpected delays or changes to the research plan to THRF Group in a timely manner;
- acknowledge THRF Group funding support in all presentations of the work;
- provide updates upon request to THRF Group Communications and Marketing teams;

- participate in media opportunities coordinated by THRF Group where necessary, including local radio and local and national media announcements. Relevant media advice and preparation will be available via THRF Group’s Communications team;
- seek in advance THRF Group’s approval regarding the content, timing and release of public announcements, media releases, and/or online information relating to the project;
- assist in future grant reviews if requested by THRF Group (where reasonably practicable); and
- if a first-time awardee of THRF Group funding and where reasonably practicable, attend one of THRF Group’s regular grantee information meetings within the first year of funding.

6. How to Apply

EOIs must be completed and submitted online through THRF Group’s SmartyGrants platform. Please note:

- **Only electronic submission through the SmartyGrants system will be accepted.**
- **Applicants must click on the “Submit” button when the application is finalised.**
- **Applicants will then receive a confirmation of application submission by email.**
- **If the email is not received (after checking junk/spam folders), applicants should assume that the submission has not occurred and re-attempt submission.**

Please also note:

- The SmartyGrants PDF download/preview may not reflect all required questions within the application form as some sections may be conditional. We strongly recommend working through the online form within the SmartyGrants system well before the deadline to ensure you understand all of the information that will be required to complete the submission.
- Unless otherwise specified in the application form, all uploaded files should be provided in PDF format. File names should include a short description of the item followed by the CIA’s family name, for example “Transcript_Smith.pdf”.
- Links to download the correct version of the biosketch and AI endorsement templates are provided within these guidelines and within the SmartyGrants form.
- Unless otherwise requested by THRF Group, information additional to that requested in the application form will not be considered for assessment.

Apply at:

<https://hospitalresearch.smartygrants.com.au/2026-CP-NCADT>

Stage 1: EOI Close Wednesday 28th January 2026 at 4:00pm (ACDT)

All queries should be directed to grants@hospitalresearch.org.au

Incomplete, late or incorrectly submitted applications will not be considered

7. Round Timetable

Stage 1 EOI Opens	Monday 3 rd November 2025 at 12:00pm (ACDT)
Stage 1 EOI Closes	Wednesday 28 th January 2026 at 4:00pm (ACDT)
Stage 2: Invitation to Full Application for shortlisted EOIs	Indicatively 4 weeks after Stage 1 closes <i>EOIs not shortlisted will be notified at this stage</i>

Stage 2: Full Applications Close	Indicatively 5 weeks after Invitation to Full Application
Stage 3 Interviews	Indicatively 4-6 weeks after Stage 2 closes
Final Outcomes	Indicatively 2 weeks after Stage 3 Interviews

Please note that THRF Group is unable to provide specific dates for stages noted as 'indicative' above.

APPENDIX A – Assessment Criteria

All Assessment Criteria will be considered in the context of the Round Objectives, and THRF Group's Purpose to: "Together, fight for better health and wellbeing for our community through life-changing medical research and improved healthcare".

Unmet Need (20%)

The proposal addresses an unmet need that is:		
Category	Band	Descriptor
5	Top 5%	<p>Critically important</p> <p>The proposal compellingly articulates the urgency/criticality of the unmet need and:</p> <ul style="list-style-type: none"> its significance to consumers; its alignment with the round objectives; & describes how if addressed and resolved, it would be extremely significant in improving clinical care and health outcomes.
4	Next 10%	<p>Highly important</p> <p>The proposal provides a very strong case for the importance of the unmet need and:</p> <ul style="list-style-type: none"> its strong relevance to consumers; its alignment with the round objectives; & describes how if addressed and resolved, it would significantly improve clinical care and/or health outcomes.
3	Next 15%	<p>Important</p> <p>The proposal provides a good case for the importance of the unmet need and:</p> <ul style="list-style-type: none"> its relevance to consumers; its alignment with the round objectives; & describes how, if addressed and resolved, it would improve clinical care and/or health outcomes.
2	Next 20%	<p>Somewhat important</p> <p>The proposal provides some justification for an unmet need in the field and:</p> <ul style="list-style-type: none"> its relevance to consumers; its alignment with the round objectives; & describes how, if addressed and resolved, it would somewhat improve clinical care and/or health outcomes.
1	Bottom 50%	<p>Not competitive</p>

Approach, Innovation and Feasibility (30%)

The project's approach to addressing the defined area of unmet need, relative to the field, is:		
Category	Band	Descriptor
5	Top 5%	<p>Outstanding</p> <p>The project's approach:</p> <ul style="list-style-type: none"> convincingly addresses the defined unmet need; is highly innovative, bringing together ideas, methodologies and technologies in ground-breaking new ways; clearly and meaningfully engages consumers across all project elements; is extremely cost-effective and of high value for money; & will almost certainly achieve its stated aims.
4	Next 10%	<p>Very good</p> <p>The project's approach:</p> <ul style="list-style-type: none"> clearly addresses the defined unmet need; displays very good methodological and/or technological innovation; meaningfully engages consumers very well in key project elements; shows high cost-effectiveness or value for money; & is highly likely to achieve its stated aims.

3	Next 15%	<p>Good</p> <p>The project's approach:</p> <ul style="list-style-type: none"> addresses the defined unmet need; displays sound methodological and/or technological innovation; engages consumers in key project elements; shows good cost-effectiveness or value for money; & is more likely than not to achieve most stated aims.
2	Next 20%	<p>Reasonable</p> <p>The project's approach:</p> <ul style="list-style-type: none"> addresses the defined unmet need to some degree; displays elements of innovation; reasonably engages consumers in some project elements; is reasonably cost-effective; & should achieve some stated aims.
1	Bottom 50%	Not competitive

Impact (30%)

<i>The case for the project's ability to advance the field and deliver its stated outcomes, and the credibility of its pathway for translation to positive patient/healthcare impacts, are:</i>		
Category	Band	Descriptor
5	Top 5%	<p>Outstanding</p> <p>The project will almost certainly:</p> <ul style="list-style-type: none"> strongly advance the field (e.g. extremely substantial shift in the current paradigm or highly significant breakthrough); deliver outstanding, critically relevant outcomes; & the project has a highly credible and clearly articulated future translation pathway to sustainably deliver strongly positive patient/healthcare impacts.
4	Next 10%	<p>Very compelling</p> <p>The project is likely to:</p> <ul style="list-style-type: none"> markedly advance the field (e.g. substantial shift in the current paradigm or significant breakthrough); deliver excellent, strongly relevant outcomes; & the project has a well-described future translation pathway to sustainably deliver positive patient/healthcare impacts.
3	Next 15%	<p>Compelling</p> <p>The project has good potential to:</p> <ul style="list-style-type: none"> measurably advance the field (e.g. move the current paradigm or deliver an important breakthrough); deliver good, relevant outcomes; & the project has outlined future translation steps which could lead to positive, longer-term patient/healthcare impacts.
2	Next 20%	<p>Somewhat compelling</p> <p>The project has some potential to:</p> <ul style="list-style-type: none"> add to the field (e.g. expand the current paradigm or add important new knowledge); deliver outcomes of some value and relevance; & the project has identified some of the steps to take towards positive patient/healthcare impacts beyond the funding period.
1	Bottom 50%	Not competitive

Project Team (20%)

Relative to opportunity, the demonstrated quality and relevance of the skills, experience and capability of the CIA and team to deliver the project is:		
Category	Band	Descriptor
5	Top 5%	<p>Outstanding</p> <p>Relative to opportunity, there is no doubt the CIA and team have the combined capacity and capabilities to execute the project and deliver outcomes, with:</p> <ul style="list-style-type: none"> • clearly demonstrated access to all necessary resources, infrastructure and technologies; & • an outstanding mix of expertise and experience.
4	Next 10%	<p>Very good</p> <p>Relative to opportunity, there is very high confidence the CIA and team have the combined capacity and capabilities to execute the project and deliver outcomes, with:</p> <ul style="list-style-type: none"> • very good access to necessary resources, infrastructure and technologies; & • a very good mix of expertise and experience.
3	Next 15%	<p>Good</p> <p>Relative to opportunity, there is good confidence the CIA and team have the combined capacity and capabilities to execute the project and deliver outcomes, with:</p> <ul style="list-style-type: none"> • good access to most supporting resources, infrastructure and technologies; & • a good mix of expertise and experience.
2	Next 20%	<p>Reasonable</p> <p>Relative to opportunity, there is reasonable confidence the CIA and team have the combined capacity and capabilities to execute the project and deliver outcomes, with:</p> <ul style="list-style-type: none"> • reasonable access to resources, infrastructure and technologies; & • a reasonable mix of expertise and experience.
1	Bottom 50%	<p>Not competitive</p>