Consumers in Research

RBWH Research Services

Startup Grant

# Consumers in Research Startup Grant Application Form

## Applicant details

|  |  |
| --- | --- |
| **Lead applicant** |  |
| **Position** |  |
| **Contact phone number** |  |
| **Email** |  |
| **Eligibility criteria met** | RBWH staff member (minimum of 0.2 FTE) |
| RBWH consumer representative |

## Project details

|  |  |
| --- | --- |
| **Project title** |  |
| **Project type** | Research study |
| Quality improvement study at RBWH |
| **Partner organisations (in addition to RBWH)** |  |

## Co-investigators

|  |  |
| --- | --- |
| **Consumer investigator/s** |  |
| **Other investigator/s** |  |

## Project summary

|  |
| --- |
| **Please provide a summary of the proposed project, including where the project will be conducted and the anticipated benefit to RBWH patients, consumers or staff.** (Maximum 100 words) |
|  |

## Funding details

|  |
| --- |
| **What will the Consumers in Research Startup Grant be used for?** (Maximum 100 words) |
|  |

|  |
| --- |
| **Which funding opportunities or grants do you intend to apply for to support this research project? If you don’t intend to apply for grant funding, please specify how consumer involvement will be funded after the study design phase.** (Maximum 100 words) |
|  |

### **Certification of Head/s of Department or Service Line** (complete for the main department/s or service line/s involved in the project at RBWH)

I am supportive of this application and am prepared to have the project carried out in my Department/Service Line.

|  |  |
| --- | --- |
| **Name** |  |
| **Position** |  |
| **Signature** |  |
| **Date** |  |

## Certification by Applicant

I understand that incomplete applications will not be accepted, and all decisions are binding and no correspondence will be entered into after a final outcome has been made by RBWH Research Services.

I agree to abide by the Metro North Health “Partnering with consumers – reimbursement and payment” Procedure for consumer reimbursement and to complete a Project Status Report at 12 months if successful for a Consumers in Research Startup Grant.

|  |  |  |
| --- | --- | --- |
| **Name** | **Signature** | **Date** |
|  |  |  |

**Submit completed application form to**: [RBWH\_Grants@health.qld.gov.au](mailto:RBWH_Grants@health.qld.gov.au)