Instructions for applicants

Completing this application form

Before completing this form, you should read the guidelines.

Applications received by the due date will be competitively and confidentially reviewed for scientific merit by at least three members of the independent WCH Foundation Research Grants Committee, who may seek external expert review where required. Selected applicants may be invited to an interview with a panel convened by the WCH Foundation.

Further information

For further information, please contact the WCH Foundation by <a href="mailto:emailto:

Closing date

This form must be submitted by 5pm (ACDT) on Friday October 18, 2024.

Late submissions will NOT be accepted.

Privacy information

The information on this form will be used only for the purpose of assessing your application, except where otherwise stated. The WCH Foundation will not disclose personal information collected without consent, except where authorised or required by law. In assessing your application, the information may be shared with members of the WCH Foundation Research Grants committee, the WCHN, state and/or local government agencies, organisations and individuals, including those you identify in the application, to substantiate any claims or statements that you make, to verify the capacity of your organisation to manage the research grant funds and for general comments on the viability of your proposed project. Please see our privacy policy for further information.

Eligibility

* indicates a required field

This section of the application form is designed to help you, and us, understand if you are eligible for the Malcolm Douglas Grant Award. Please answer each question below in relation to the proposed application before proceeding.

Morquio	Syndrome, othe	er mucopolysac	carch into the cause of, or treatments for, charidoses, or other genetic disorders sosomal storage disorders group? * No
			citizen, New Zealand citizen or do you have time of submitting this application? * No
	applied for a Ma		Grant Award as project lead, or have you Grant Award as project lead in this current
○ Yes			○ No
	proposed projection in stitution?	t primarily be	undertaken in South Australia, at a South
Yes	in institution?		○ No
Your res	sponses indica	ate that you	are not eligible
	ore of your respon Frant Award.	ses above indica	te that you are not eligible for the Malcolm
Please cor	ntact the WCH Foo	undation by <u>ema</u>	il or on (08) 8464 7900 for any queries.
Contac	t details		
* indicates	s a required field		
Applica	nt (project lea	ıd) details	
Applican Title	t name * First Name	Last Name	
Applican Address	t primary addre	SS	
Applican Address	t postal address	5	

Applicant primary phone number *

Must be an Australian ph	one number.		
Applicant alternativ	e phone number		
Must be an Australian ph	one number.		
Applicant email add	ress *		
Must be an email addres Application outcome will	s. be sent to this email addı	ress.	
Applicant website			
Must be a URL.			
Administering Instit	ution *		
_			
Department, School	, College and/or Reso	earch Institute	
Applicant position *			
Academic qualificati	ons *		
Enter official abbreviation	ns of degrees conferred.		
Year of conferral of	highest qualification	*	
Administering Ins	titution contact de	etails	
Please enter the detail Research Office/Secre	s of the relevant Admir tariat representative).	nistering Institution con	tact person (i.e.
Administering Instit	ution contact persor	*	
First Name	Last Name	•	
Address Address			

Email *
Must be an email address.
Phone number
Must be an Australian phone number.
Upload completed Administering Institution endorsement form. Download here
*
Attach a file:
A maximum of 1 file may be attached.
Project information
* indicates a required field
Project type
Indicate which type of activity you are seeking funding support for:
PhDPostdoctoral Fellowship
Research Project
If you propose to lead and undertake a Research Project which will include financial support for a PhD candidate or Postdoctoral Fellow, please select 'Research Project'.
DhD condidate or Doctdoctoral Fallow information
PhD candidate or Postdoctoral Fellow information
Upload a brief CV (five pages MAXIMUM), your most current academic transcript, and a letter of support from your primary supervisor.
In your CV, include (where relevant):
 Career summary, with current employment/affiliations (including details of career disruption)
2.Education and training
3.Track record to date (including the most relevant papers, grants and projects) 4.Other relevant experience (e.g. clinical)
5.Leadership, supervision and mentoring
Upload a brief CV, academic transcript and supervisor letter of support here (as
three spearate documents) * Attach a file:

A maximum of 3 files may be attached.

Chief Investigators

Provide details of the Chief Investigators on the project, including yourself as applicant/project lead.

Career stage categories are as follows:

- PhD Candidate: currently enrolled at any stage of their PhD (including those awaiting conferral)
- Postdoctoral Researcher: <3 years since conferral of PhD, or equivalent research experience.
- Early-Career Researcher: 3 to 5 years since conferral of PhD, or equivalent research experience.
- Mid-Career Researcher: >5 to 10 years since conferral of PhD, or equivalent research experience.
- Senior Researcher: >10 years since conferral of PhD, or equivalent research experience.

Upload a brief CV (five pages MAXIMUM) for each Chief Investigator. Include details of career disruption, and in the case of investigators who do not hold PhD qualifications, provide details of expertise/experience relevant to the proposed project. Include, where relevant:

- 1.Career summary, with current employment/affiliations;
- 2.Education and training;
- 3. Contribution to the field;
- 4. Supervision and mentoring;
- 5.Examples of research impact, including the most relevant papers, grants and projects to the current application.

Chief Investigator name	Career stage	Contribution to the project & time commitment	Brief CV	
		Must be no more than 200 words.		
Title First Las Name Nar	I			

Associate Investigators

Provide details of the Associate Investigators on the project leadership team, including a brief summary of relevant experience/expertise.

name		3	Relevant experience/ expertise, and contribution to the project	
				Must be no more than 300 words.
Title	First Name	Last Name		

Participating Institutions / Organisations

Please list any institution(s) and/or organisation(s), Australian and/or international, with which you would collaborate for the proposed project. Upload a letter of support from each participating institution / organisation, including details of the voluntary or in-kind contributions where relevant.

Institution / Organisation	Describe reason(s) for collaboration	Letter of support
	Must be no more than 150 words.	
Project details		
* indicates a required field		
Project summary		
Project title: *		
Provide a name for your project/p	program/initiative. Your title should	be short but descriptive.
	he proposed project, includi	
	pected outcomes. This may your application is successfu	
by the Well Foundation in	your application is successive	411
Word count:		
Must be no more than 300 words		
Background and signification	cance	
Provide a hackground or intro	duction to the problem, hypothe	ases aims and phiestives
	the work . Where relevant, inclu	
	uded (numbered or author-date	
bottom of this page).	es can be included in a supporti	ing document (upload at the
*		
Word count:		
Must be no more than 700 words		

Project plan

Provide details regarding the project plan. Sections may include the following, where relevant (note that this list is not exhaustive):

- study design;
- sample and recruitment;
- data collection:
- · methological framework;
- intervention or experiments;
- outcome measures;
- data analysis plan, including details regarding data management and storage;
- consumer engagement strategy;
- translation plan.

A timeline and supporting tables/figures may be included in the supporting document (upload at the bottom of this page).

*		
Word count:		
Must be no more than 1500 words.		

Supporting document

Upload a single, supporting document, containing the following:

- a timeline with key milestones;
- any relevant tables and/or figures (numbered and referred to in the text sections above);
- a reference list.

NOTE: this file should support the text provided in the sections above, and may NOT include any additional text.

Attach a file: A maximum of 1 file may be attached.

Budget

Budget details

Indicate the proposed use of the Malcolm Douglas Grant Award, listing each budget item and the yearly cost (e.g. PhD stipend on one row, maintenance funds on another). Provide justification where relevant (e.g. for salaries, include the role requirements, how it aligns with research aims, fraction and level/increment).

Ensure funding requests fit within the following guidelines:

- PhD scholarship stipend and maintenance, up to \$50,000 per annum full-time for a maximum of 3.5 years.
- Postdoctoral Fellowship, up to \$125,000 per annum for 1.0 FTE for a maximum of 2

• Research Project costs, including salaries and Direct Research Costs which are integral to undertaking the activity, up to \$250,000 over a maximum of 3 years.

Budget item description and justification (where relevant)	Yr 1	Yr 2	Yr 3	Yr 4
	\$	\$	\$	\$
Must be no more	Must be a dollar			
than 150 words.	amount.	amount.	amount.	amount.

Total Malcolm Douglas Grant Award funding request

This number/amount is calculated.

Voluntary and in-kind contributions

Where relevant, describe voluntary (cash contributions / co-funding) and in-kind (e.g. research salaries, overheads, lab space, consumables) contributions, including the type of contribution, source and the yearly amount to be contributed.

Contribution type	Contribution details	Contribution value	
		\$	
	Must be no more than 150 words.	Must be a dollar amount.	

Applicant declaration

* indicates a required field

I/We:

- have read and understand this application form, the Malcolm Douglas Grant Award guidelines and the privacy policy,
- will immediately inform the WCH Foundation of any changes in the circumstances outlined in this pplication form, and
- understand that submitting this form does not constitute a commitment of funding.

Enter y	our name and	the date to indic	ate agreement with the above statements: $f *$
Title	First Name	Last Name	

Date *	
Must be a date.	
Application ID	
This field is read only.	