EOI Application Procedure

Applicants should refer to the Raine Priming Grant Conditions to ensure they meet the eligibility requirements before commencing this application.

Applications close: Tuesday 1 March 2022 at 1.00 pm (AWST).

Submitted applications cannot be amended after the closing date/time. Applications that are submitted without all requested signatures on the EOI Certification Form will not be considered.

Shortlisted applicants will be notified on 6 April 2022 to submit a full application.

In order to provide a draft or final PDF version of your application to your supervisor or mentor for their consideration, click the 'Download PDF' button located at the top of the last page of the application form.

Queries regarding the application form/process may be directed to the Raine Management Office (+61 8 9386 9880 or raine@rainefoundation.org.au).

Project Title and Abstract

* indicates a required field

Project Title

Short descriptive title *			
Please limit to no more than 100 characters			

Abstract

The Abstract will be sent to potential reviewers for initial consideration and should include an adequate summary of the research project. References are not required in this section.

*
Word count:

Must be no more than 500 words.

Applicant Details

* indicates a required field

Please refer to Clause 3. of the <u>Raine Priming Grant Conditions</u> to ensure that you meet all eligibility requirements before proceeding with this application.

If you have any questions in relation to eligibility, please contact the Raine Management Office at raine@rainefoundation.org.au.

Name *	Title	First Name	Last Name	
Institution *				
Institution *				
Research Discipline *	□ Child Other	Health □ Menta	l Health	
	discipline i ranks appli Assessmer	f "Other". Please no icants based on exc	n one. Please enter rote, the Raine Foundatellence (please see ditions), and does note in the complete.	ation Clause 4:
Telephone Number *				
Email Address *				
Current appointment held, including year of appointment *				
Head of School/ Centre/ Institution *	Title, First	Name, Surname		
Head of School/ Centre/ Institution Email *				
ORCID iD				
Please include your ORCID iD (if y link ORCID iD)	ou don't h	ave an ORCID iD	please register via	a the following
Citizenship Status				

Are you an Australian Citizen, Australian Permanent Resident, or New Zealand Citizen with a Special Category Visa? *
Please upload evidence of your Australian Permanent Residency status or Special Category Visa, if applicable.
Upload the file in PDF format and label: 'ApplicationNumber_ApplicantSurname_Visa'.
Attach a file:
File upload should not exceed 5 MB
Will you be based in Western Australia for the term of the grant? If your answer is no, you are ineligible to apply. *
Will you be employed by or hold an adjunct or honorary title with a Western Australian University (but will not be employed by another University outside of Western Australia) for the term of the grant? If your answer is no, you are ineligible to apply. *
Will you be based in Western Australia at the time of application and for the term of the grant? If your answer is no, you are ineligible to apply. *
Will you be employed by or hold an adjunct or honorary title with a Western Australian University (but will not be employed by another University outside of Western Australia) at the time of application and for the term of the grant? If your answer is no, you are ineligible to apply. *
Please upload evidence of employment or adjunct status with a Western Australian University
NB. This is relevant to the time of application. If your application is successful, you will then need to show further evidence of an employment contract or adjunct status, that covers the term of the grant, before funding is distributed.
Upload the file in PDF format and label: 'ApplicationNumber_ApplicantSurname_Adjunct'.
*
Attach a file:
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Academic Qualifications
Have you completed a PhD degree? *
Date of award of PhD degree
Please use the date of the letter advising that your PhD was passed.
Have you completed a University medical, allied health, or nursing degree? *
Date of award of University undergraduate medical, allied health, or nursing degree
Please use the date of the letter advising that your University undergraduate degree was passed.
Date you achieved 3 years FTE research experience
Please include postgraduate research training/degrees as research experience (if applicable). This date will be used as a "PhD pass date" equivalent.
Track Record
* indicates a required field
Research Experience
Please outline in dot points your research history, commencing with the most recent and including any research training (including PhD). For each position held, please include: • Institution • Position Title • Inclusive Dates and FTE

Career Disruption

Applicants are invited to provide a summary of any career disruption that may have affected research productivity during the seven year eligibility period.

"Career disruption" includes pregnancy, major illness/injury, carer responsibilities including parental leave, and clinician training. This must involve a continuous absence from work for 90 days or more or return to work on a part-time basis. Career disruption does not include "Relative to opportunity" inclusions as listed in Clause 2. (e) of the <u>Raine Priming Grant</u> Conditions.

For each event, please include:

- · Reason for career disruption
- Impact of career disruption
- Dates of absence or return to part-time work and FTE

Please calculate the total accumulated working days of career disruption

eg. up to 240 working days per year (based on 48 working weeks and 4 weeks annual leave).

Relative to Opportunity

Applicants are invited to provide a summary of any relative to opportunity considerations that may have affected research productivity during the seven year eligibility period.

"Relative to opportunity" includes availability of resources; clinical, administrative, or teaching workload; relocation of the applicant or research lab/clinical setting; periods of unemployment; typical performance in the field; and employment in other sectors (e.g. industry). COVID-19 related disruptions will also be considered. Relative to opportunity is considered during the assessment process, but not for eligibility.

For each event, please include:

- Circumstances
- Impact
- Inclusive dates

Research funding relevant to the Applicant

Please list successful funding where the applicant is named as an investigator. Please include current and previously held research funding, including grants, fellowships, awards, prizes, and industry contracts.

For each program, please include:

•	Name of first-named Investigator
•	Funding source
•	Period of support

• Amount awarded - please list salary and research funding separately

Amount awarded - please list salary and research funding separately
NB. Clause 3.(d). of the Eligibility Conditions - "Applicants shall not, at the time of award or in the past, be first-named Investigator on any successful local, national or international research grants, awards, or prizes with an overall combined value of \$200,000 or more. This includes industry research contracts and Research Support Packages that accompany Fellowships, but does not include funding that has been awarded to support the applicant's salary."
Published Research Papers
Please list research papers published in the last seven years (e.g. 2015 - present), taking into consideration career disruption (if applicable). Please use <u>Vancouver referencing style</u> and include all authors (i.e. don't use et al).
*
Leadership
Provide details of the applicant's previous experience in leadership activities. This could include original contributions to research, Chief Investigator positions on other research projects, supervision of students and staff, mentoring, awards, committee representation, and community/stakeholder engagement.
*
Must be no more than 250 words.

Research Impact

Refer to Clause 2.(h). of the *Conditions* for a definition of "Research Impact".

Please provide details of research impact that the applicant has contributed to to-date. Please include the type(s) of research impact and provide details of the reach, significance, contribution of the research program, and the contribution of the applicant.

*		
Must be no more than 250 words.		
Applicant Curriculum Vita	е	
	pages ; additional pages will not be read with 1.5 line spacing, and margins no less	
Upload your current CV in PDF for	rmat and label: 'ApplicationNumber_Appl	icantSurname_CV'.
* Attach a file:		
File upload should not exceed 5 MB		
Project Details		
* indicates a required field		
Associate Investigator 1		
Associate Investigators (Als) are sproposed research project.	senior researchers who are directly involv	ved in the
Please include details of Al numb - 4).	er 1 (if applicable). Applicants may includ	de up to four (i.e. 0
Name		
	Title, First Name, Middle Initial(s), Surname	
Institution		
Discipline		
Email Address		
Email Address		
Average working days per month to be devoted		
to the project		
Associate Investigator 2		

Please include details of AI number 4).	er 2 (if applicable). Applicants may include up	to four (i.e. 0
Name		
	Title, First Name, Middle Initial(s), Surname	
Institution		
Discipline		
Email Address		
Average working days per month to be devoted to the project		
Associate Investigator 3		
Please include details of Al number 4).	er 3 (if applicable). Applicants may include up	to four (i.e. 0
Name		
	Title, First Name, Middle Initial(s), Surname	
Institution		
Discipline		
Email Address		
Average working days per month to be devoted to the project		
Associate Investigator 4		
Please include details of AI number 4).	er 4 (if applicable). Applicants may include up	to four (i.e. 0
Name		
	Title, First Name, Middle Initial(s), Surname	
Institution		

Discipline		
Email Address		
Average working days per month to be devoted to the project		
Associate Investigator(s)	Curriculum Vitae	
	pages for each AI; additional pages will be d 10 point, with 1.5 line spacing, and margins no	
Upload CV's in PDF format and lal	bel: 'ApplicationNumber_ApplicantSurname_Al	CV'.
Attach a file:		
File uploads should not exceed 5 MB	total	
Mentor		
	rho can advise the applicant on matters relating conduct, and the development of grant applications.	
	tory. The Mentor is required to review and cer not required. The Mentor may also be an Asso	
Name *	Title, First Name, Surname	
Institution *		
Email Address *		
EOI Research Proposal		

The EOI research proposal should explain the following:

- The rationale of the proposed research and how this supports the project objectives and specific aims.
- How the **methodology and experimental design** support the project aims.
- Significance and potential impact in relation to the proposed research area.
- How the project is **innovative** (i.e., how the project may lead to new paradigms, challenges current paradigm, develops or introduces novel concepts, methodologies, technologies, interventions, or other uniquely creative qualities).

The EOI research proposal should be no more than two pages, which applies to text and non-text elements (e.g., figures, tables, graphs, photographs, diagrams). Do not include URLs that provide additional information to expand on the research proposal. One additional page may be included for references (i.e., references are excluded from the two page research proposal page limit).

Minimum acceptable font size is 10 point, with 1.5 line spacing, and margins no less than 2 cm. Cited references should be formatted using the <u>Vancouver referencing style</u>. Please display page numbers.

Upload the file in PDF format and label: 'ApplicationNumber_ApplicantSurname_RP'.

Please note that applicants invited to submit a full application following the EOI outcomes, will be requested to submit a full research proposal of maximum ten pages.

Attach a file:
File upload should not exceed 5 MB
Applicant role and contribution to the research project
Describe your role within the project, including your specific responsibilities and contribution towards research design, project activities and outcomes. A significant contribution to the project at a leadership level should be demonstrated.
*
Word count: Must be no more than 250 words.
Research funding relevant to the project
Please list successful funding related to this project. Please include current and previously held funding, including research grants, fellowships, awards, prizes, and industry contracts For each program, please include:
 Funding source Period of support Amount awarded

Budget

Please specify the total amount requested for salaries and/or research costs (Please refer to Clause 6. of the <u>Raine Priming Grant Conditions</u> for Funding details). Total budget should not exceed \$250,000.

Please note that applicants invited to submit a full application following the EOI outcomes will be requested to submit a full itemised budget.

\$ Must be a dollar amount. Research Costs * Total *

\$ Total *

\$ Total *

This number/amount is calculated.

Nomination of Independent Reviewers

* indicates a required field

Reviewer Nomination

Please nominate **at least two** potential reviewers who are national/international leaders in the proposed research field, and not located in Western Australia.

If you have previously applied to the Raine Foundation, please do not nominate the same reviewers as in your prior application.

Click 'Add More' to include more reviewers. Shortlisted applications will be assessed by two (or more) independent reviewers and feedback provided anonymously to the applicant for rebuttal.

Conflicts of Interest - Please ensure nominated reviewers have no current or previous substantive professional or private contact or collaboration with the Applicant, Associate Investigators, and Mentor. In addition, the applicant and expert reviewer will have not participated in collaborative research nor coauthored publications, along with Associated-Investigator(s) or Mentor within the last 6 years.

Please note that alternative reviewers (other than those nominated) may be appointed for the assessment of applications via the process outlined in the <u>Appointment of Reviewers</u> <u>Procedure</u>. Potential reviewers are informed that the Raine Medical Research Foundation has a non-disclosure policy.

Name *		
	Title, First Name, Middle Initial(s), Surr	name
Institution *		
F!! *		
Email *		
	Must be an email address.	
Website		
	Must be a URL.	

Name *						
	Title, First Name, Middle Initial(s), Surname					
Institution *						
Email *						
	Must be an email address.					
Website						
	Must be a URL.					
Reviewers not to be approached						
Please email the names of any reviewers not to be approached to assess the application (<u>raine@rainefoundation.org.au</u>). This information will only be available to the Raine Management Office and must be provided by the application closing date and time.						
Thematic Areas						
Please provide three key words/sentences relevant to the project field, to assist in identifying specialist reviewers for the application.						
Thematic area 1 *						
Thematic area 2 *						
Thematic area 3 *						
mematic area 5						
References relevant to the research field						
Please provide a list of publications relevant to the research field, using <u>Vancouver</u> <u>referencing style</u> . Please include all authors (i.e. don't use et al) . These should not be your own publications or those of your research team. This list will be used to assist the Raine Management Office in identifying specialist reviewers for the application.						
*						

Certifications

* indicates a required field

In order to provide a draft or final PDF version of your application to the listed Associate Investigators and Mentor for their consideration, click the 'Download' button located at the bottom of the last page of the application form.

Please download the EOI Certification Form from the <u>Raine Foundation website</u>. The completed form (with all signatures) must be submitted in the online application by the closing date and time. **Applications that are submitted without all signatures on the EOI Certification Form will not be considered.**

Upload the signed form in PDF format and label: 'ApplicationNumber_ApplicantSurname_Certification'.

*
Attach a file:
File upload should not exceed 5 MB total

Review, Feedback and Submit

* indicates a required field

Privacy Notice

In compliance with the *Information Privacy Act 2009* (the Act) personal information on this form may be stored in Raine Medical Research Foundation records database and may also be used for statistical research, information provision and evaluation of services. Your application may be provided to the financial institution which handles Raine Medical Research Foundation financial transactions and may be disclosed to partner organisation representatives for purposes related to this application and/or monitoring compliance with the Act. Except in these circumstances, information will only be disclosed to third parties with your consent unless otherwise required or authorised by law.

Checklist

Prior to submitting this application, applicants are asked to please review their application and check that they have:

Included proof of Australian Permanent Residency status or Special Category Visa (if applicable)

Included the Curriculum Vitae of the Applicant * \bigcirc

Included the Curriculum Vitae of each Associate Investigator (if applicable)

Appointed a Mentor who has reviewed the application *

Uploaded an EOI Research Proposal *

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Obtained all sigı ○	natures requ	uired for the EOI C	ertification Form	*	
Feedback					
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Please indicate ○ Very easy	how you fou ○ Easy	nd the online appl	ication process O Difficult	Very difficult	
Please suggest any improvements and/or additions to the application process/ form that may be helpful					