



Nurses Board of Victoria Legacy Limited
Grants and Fellowships
MAJOR GRANTS APPLICATION AND GUIDELINE FORM 2019
Applications close at 4pm Friday 21st September 2018

It is preferred that applications be typed, however hand written applications will be accepted. Completed forms must be printed, signed and forwarded electronically or in hard copy to:

NBVLL Secretariat
PO Box 327
WENDOUREE VIC 3355
loro@ncable.net.au

Applications postmarked on or before the closing date will be accepted. It is recommended that you keep a copy of your application until you are notified that it has been received by the NBVLL Secretariat. Notification of receipt will be sent via email.

Please indicate the type of grant you are applying for: If you require any assistance in completing this application form, please call 1800 559 136

<input type="checkbox"/> MONA MENZIES POSTDOCTORAL RESEARCH GRANT	<input type="checkbox"/> ELLA LOWE GRANT
<input type="checkbox"/> MAJOR RESEARCH GRANT	<input type="checkbox"/> ROSEMARY KELLEY RESEARCH FELLOWSHIP

A PERSONNEL DETAILS

Chief Investigator/Project Lead A Please note that this person will be considered the contact person for the grant and will be understood to be acting for, and in concurrence with, all chief investigators.

Title:	Given Name:	Surname:
Postal Address:		
Suburb:	State:	Postcode:
BH Tel:	Mobile:	
Email address:		
NMBA Registration ID Number:		

Project Team Members

B	Title:	Given Name:	Surname:
C	Title:	Given Name:	Surname:
D	Title:	Given Name:	Surname:

In signing this section, you certify that all details given in this application are true and correct at the time of applying

Signature of Chief Investigator

Signature A		Date	
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Signatures of Project Team members

Signature B		Date	
Signature C		Date	
Signature D		Date	

Certification by Head of Department or School

I certify that appropriate general facilities will be available to the applicant if successful. I am prepared to have the project carried out in accordance with the Nurses Board of Victoria Legacy Limited conditions.

Title	Given Name	Surname	
Department			
Signature		Date	

Certification by Head of the Administering Institution/Organisation for grant funds

I certify that this request satisfies all the requirements of this institution, and that this institution has established administrative processes for assuring sound ethical practice in relation to disbursement of the grant funds.

Title	Given Name	Surname	
Appointment			
Institution			
ABN			
Signature		Date	

Certification by Ethics Committee

Please select either (a) or (b) and sign. This certification is the responsibility of the applicant.

- (a) I certify that the application has been referred to the relevant Ethics Committee(s), the report(s) of which is/are included with this application.
- (b) I certify that the application will be referred to the relevant Ethics Committee(s), the report(s) of which will be forwarded to the NBVLL Officer.

Signature		Date	
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Chief Investigator/Project Lead details

A	Title	Given Name	Surname	
	Current Appointment		Direct Phone No.	
	Current Work Address			
	Email			
	Most recent academic qualification e.g. PhD			Year
	Conferring Institution			
	Percentage of working time to be devoted to:			
	This project %		All other research projects %	
	Should investigator expect to be absent during the Project Grant period complete the following:			
	Period of absence		Reason	
Signature			Date	

Project Team member details

B	Title	Given Name	Surname	
	Current Appointment		Direct Phone No.	
	Current Work Contact Address			
	Email			
	Most recent academic qualification e.g. PhD			Year
	Conferring Institution			
	Percentage of working time to be devoted to:			
	This project %		All other research projects %	
	Should investigator expect to be absent during the Project Grant period complete the following:			
	Period of absence		Reason	
Signature			Date	

Project Team member details

C	Title	Given Name	Surname	
	Current Appointment		Direct Phone No.	
	Current Work Contact Address			
	Email			
	Most recent academic qualification e.g. PhD			Year
	Conferring Institution			
	Percentage of working time to be devoted to:			
	This project %		All other research projects %	
	Should investigator expect to be absent during the Project Grant period complete the following:			
	Period of absence		Reason	
Signature			Date	

Project Team member details

D	Title	Given Name	Surname	
	Current Appointment		Direct Phone No.	
	Current Work Contact Address			
	Email			
	Most recent academic qualification e.g. PhD			Year
	Conferring Institution			
	Percentage of working time to be devoted to:			
	This project %		All other research projects %	
	Should investigator expect to be absent during the Project Grant period complete the following:			
	Period of absence		Reason	
Signature			Date	

B RESEARCH/PROJECT PROPOSAL

1. Project title (maximum 25 words)

2a. Plain language statement (To be provided in 100 words or less)

2b. Keywords (Please provide up to five nursing area keywords related to your application. Suggestions include – aged care, clinical, child and adolescent health, community health, family care, Indigenous health, mental health, midwifery, primary health care or other).

1.

2.

3.

4.

5.

3. Institution where project will be carried out (if more than one, indicate the primary institution)

4. Administering institution (full name and address required)

5. Has any other funding been sought for this activity? Yes No

If **yes**, please detail the funding source (name and address of each agency) and the amount requested.

6. Have you or members of the team previously been awarded a Nurses Board of Victoria Legacy Limited grant or fellowship? Yes No

If **yes** please state year, name of grant or fellowship, and activity title.

7. Project/Research Plan Outline

The project should be completely described on this and the following page. Do NOT exceed the two pages provided, if more than two pages are used the application will not be considered. The font must not be smaller than 10pt. Complete this section using the following headings:

- a) Background and need for the project including its significance to the Nurses Board of Victoria Legacy Limited.
- b) Aims and/or hypothesis.
- c) Timeline for major activities.

7. Project/Research Plan Outline *continued*

C BUDGET

For any items that are GST applicable, please quote GST inclusive amounts.

		Cost for First year	Cost for following year (if appropriate)	Total Cost
A	Personnel			
B	Equipment (this should not exceed \$500) and materials			
C	Data Processing			
D	Travel			
E	Stationery, duplicating, printing, postage etc.			
F	Accommodation, laboratory facilities, etc.			
G	Administrative costs of Institution			
H	Miscellaneous			
	TOTAL	\$	\$	\$

D JUSTIFICATION OF BUDGET ITEMS

The information provided must be sufficient to enable proper assessment of your application.

E RELEVANT REFERENCES TO THE WORK OF OTHER EXPERTS

No more than one page of references should be provided. These must include a **brief synopsis of content**.

Relevant

F REFERENCE TO YOUR WORK IN THE FIELD IN SUPPORT OF THIS APPLICATION
E.g. publications, previous research and clinical practice. Refer to other members of the research team if applicable. No more than one page should be provided.

G HOW DID YOU HEAR ABOUT NBVLL GRANTS AND FELLOWSHIPS?

Website

- NBVLL website
- Australian College of Nursing
- Department of Health
- Facebook
- Google

Publication/Newspaper

- ANF Journal
- Nursing Review
- Geelong Advertiser

Other

- Direct Email
- Manager
- Colleague/Friend
- Workplace
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TERMS and CONDITIONS

Original receipts will only be accepted. NBVLL grants and fellowships are only for the named recipient. Alcoholic beverages, or incidentals otherwise claimed via salary sacrifice will not be reimbursed. The NBVLL Board of Directors reserves the right to seek clarification for costs incurred and may request additional information from the recipient. Successful recipients are required to be a reviewer for NBVLL grants and fellowship applications in the calendar year following completion of their grant or fellowship.

CHECKLIST FOR COMPLETION OF APPLICATION

Before submitting your application, please ensure that you have:

- Completed all relevant sections of the application form
- Included evidence that you meet the eligibility criteria. This may include a current practicing certificate or proof of employment.
- Included original signatures from all chief investigators and certifying parties
- Read and understood terms and conditions of the NBVLL grants and fellowships

