

**APPLICATION FORM FOR AUCKLAND ACADEMIC HEALTH ALLIANCE COLLABORATION FUND**

Please read Auckland Academic Health Alliance Collaborative Fund application guidelines before preparing your application. Please complete each section according to the instructions provided – the italicised instructions in each response box can be deleted. Do not exceed the specified page limits and do not use text fonts lower than 10pt, single spacing. Please submit your application with your current CV utilising[New Zealand MSI Curriculum Vitae Template](http://www.genesisoncology.org.nz/Downloads/Assets/Download/2675/1/NZ%20MSI%20Standard%20CV%20Template.doc)by **Tuesday**,**6 June 2017.**

**Please note your application needs to be uploaded to the Research Funding Module (RFM) by University of Auckland PI by 6 June 2017. All ADHB approvals/ signatures under the Section 3 need to be obtained first before your proposal is uploaded to the RFM.**

**SECTION 1: PROJECT DETAILS**

1. Principal Investigators’ contact details

|  |
| --- |
| **PI Auckland District Health Board** |
| ADHB Employee Number: |  | Address for Correspondence |
| Surname |  |  |
| First Name |  |
| Title |  |
| Department |  |
| Telephone No. |  |
| Email |  | Postcode |  |
| **PI University of Auckland** |
| Surname |  | Address for Correspondence |
| First Name |  |  |
| Title |  |
| Department  |  |
| Telephone No. |  |
| Email |  | Postcode |  |

1. Application Type (*choose one*)

|  |  |
| --- | --- |
|  | Maximum $50,000 |
|  | Maximum $100,000 |

1. Total Grant Amount Requested (excluding GST)

|  |
| --- |
| $ |

1. Full Project Title

|  |
| --- |
|  |

1. Short Title

|  |
| --- |
| *Maximum 30 characters (including spaces)* |

1. Co-Investigators

|  |  |
| --- | --- |
| Surname |  |
| First Name |  |
| Title |  |
| Affiliation (*delete whichever don’t apply*) | UoA ADHB Both |
| Department  |  |
|  |  |
| Surname |  |
| First Name |  |
| Title |  |
| Affiliation (*delete whichever don’t apply*) | UoA ADHB Both |
| Department  |  |
|  |  |
| Surname |  |
| First Name |  |
| Title |  |
| Affiliation (*delete whichever don’t apply*) | UoA ADHB Both |
| Department  |  |

1. Research location

|  |
| --- |
| *Where will the procedures described in this application be undertaken? If patients are to be recruited via ADHB describe from which ADHB service areas.* |

1. Summary of Proposed Research

|  |
| --- |
| *Describe in up to* ***250 words*** *the nature of your proposed research in plain English for an educated lay audience.* *This should be a clear, stand-alone summary of the context, objectives, methods and likely benefits of the project.* |

1. Project Duration

|  |  |  |  |
| --- | --- | --- | --- |
| (Earliest) Start date |  | Project duration (in months) |  |
| (Latest) End date |  |

 **SECTION 2: RESEARCH PROPOSAL (Max 3 pages in total for the items 10, 11 and 12)**

1. Summary of Proposed Research

|  |
| --- |
| *Summarise in plain English your research project under the following headings:* * *Background and Rationale for Research*
* *Aims*
* *Design and Methods*
* *Research Impact*
 |

1. Responsiveness to Māori

|  |
| --- |
| *Describe how this research will be responsive to the health needs, cultural values and aspirations of Māori (consider principles of He Korowai Oranga – Partnership, Participation, Protection, and He Ara Tika Guidelines). Describe the potential of the research to reduce health inequalities for Māori. Describe what consultation with Māori has taken place or is planned.* |

1. Contribution to Auckland Academic Health Alliance Collaboration Fund goals

|  |
| --- |
| *Novel or recent collaborations will be given priority over existing collaborations. Please describe how this research addresses the following:* * *The significance of and opportunities for the collaboration*
* *Potential to develop translational research opportunity*
* *Potential for the project to build research capability in the long-term*
* *Potential for becoming self-sustaining via external research funding*
 |

1. References

|  |
| --- |
| *List all references referred to in point 10 above.* ***Bold*** *investigators’ names in own references* |

1. Proposed Timeline

|  |
| --- |
| *Detail the timeline for delivery of your research,* *including all aspects of the project delivery from commencement, through data collection and analysis. The timeline should concur with the project start and end dates and be of sufficient duration to ensure that your proposed research is feasible.*  |

1. ADHB Resource Implications

|  |
| --- |
| * Describe the ADHB resource implications, such as:
	+ *ADHB staff time,*
	+ *usage of ADHB clinic space, facilities, equipment or consumables, and*
	+ *impact**on access to healthcare service for non-study patients.*
* What resource use is standard care and what is extra for the purpose of the research?
 |

1. Research Budget

|  |
| --- |
| *All costs to Auckland District Health Board and the University of Auckland for procedures, staff, equipment and consumables to conduct this research must be fully covered by the study budget. Itemise and justify all costs for your research in this section. Please don’t break down the dollar amounts, by institution.**Please see the budget template. After you finalise your budget please print it in pdf and upload it on to the Research Funding Module together with your application.*  |

1. Pending applications

|  |
| --- |
| *If you have pending applications relating to this work, please list them here:* |

Other Approvals

Ethical Approval

Please ensure you allow sufficient time to obtain any necessary approvals prior to the funding start date if ethical approval is required for this research. No funding will be accessible until full approval is in place. Applicants will be expected to abide by the conditions of the ethical approval (e.g. submission of progress reports annually by the due date) or relinquish the funding.

|  |  |  |  |
| --- | --- | --- | --- |
| Approval Information  | Animal Subjects | Human Participants | Biological Safety |
|  | Yes | No | Yes | No | Yes | No |
| Is approval required? |[ ] [ ] [ ] [ ] [ ] [ ]
| Has approval been sought? |[ ] [ ] [ ] [ ] [ ] [ ]
| Has approval been obtained? |[ ] [ ] [ ] [ ] [ ] [ ]

ADHB Institutional (Locality) Approval

|  |  |
| --- | --- |
| Approval Information  | ADHB Institutional (Locality) |
|  | Yes | No |
| Is approval required? |[ ] [ ]
| Has approval been sought? |[ ] [ ]
| Has approval been obtained? |[ ] [ ]

No funding will be accessible until full ADHB locality approvals are in place. When you submit your application it will automatically be allocated an ADHB study number. If this application is successful and requires ADHB locality approval process, you will be advised of the process when you receive the outcome letter. If you would like further information on the process, you can visit the [ADHB Research Office website](http://www.adhb.govt.nz/researchoffice/ADHB%20Research_Process.htm)

|  |  |
| --- | --- |
| **ADHB PI** | *I confirm I will ensure all conditions of ADHB institutional approval will be abided by throughout the term of this project and any reporting that shall be required by ADHB will be provided as per the terms of the request* |
| **Date** | **Sign** |

**SECTION 3: SIGNATURES**

**PRINCIPAL INVESTIGATORS**

I confirm the information provided in connection with this proposal is complete and accurate, and I accept all terms, conditions and notices contained in the guide and notices regarding use of funds if successful.

|  |
| --- |
| **Principal Investigator from ADHB** |
| **Name:** |  | **Signature:** |
| **Date** |  |
| **Principal Investigator from University of Auckland** |
| **Name:** |  | **Signature:** |
| **Date** |  |

**SERVICE CLINICAL DIRECTOR (ADHB)**

I confirm that the study design and methodology are sound, the resources adequately identified and accounted for, the investigators are capable of undertaking the research, the proposed timeline is feasible and the research participants identified for this study are not over researched.

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

**DIRECTOR (ADHB)**

I confirm that the project has been clinically evaluated and approved by the Service Clinical Director and is compatible with ADHB policy and all resources are adequately identified and accounted for.

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

**FMHS AUTHORISATION**

Principal Investigator employed by the University of Auckland then will create a proposal in the [Research Funding Module (RFM)](https://www.staff.auckland.ac.nz/en/research/funding-and-ethics/applying-for-research-funding.html), following completion of all ADHB approvals. Applications will be approved by the Faculty in the RFM. Applicants may track sign off and submission progress through the RFM. Please note that this is a single process.