

SERTA Partnership Engagement Application form

Guidelines

Please review the [Guidelines](#) before commencing this application.

Please have the [Institutional Letter of Support](#) completed for upload into this application.

Enquiries: GCSERTA@health.qld.gov.au or 5687 0663

GENERAL CRITERIA:

- 1.** As this grant is to help GCHHS engage with another organisation as a Partner on an NHMRC, ARC, or similar grant application, all eligibility criteria of the relevant granting body must be met.
- 2.** Applicants will not be awarded more than one Partnership Engagement Grant per year.
- 3.** Currently funding is capped at \$50,000 per application however, the amount awarded is dependent on the requirements requested of our organisation.
- 4.** At least one Principal Investigator (PI) or Associate Investigator (AI) must hold a continuing appointment at GCHHS (permanent appointment or be temporarily employed at GCHHS for at least the duration of the project should it be funded). This includes applicants with a conjoint appointment with a university.
- 5.** At least one PI or AI from GCHHS must be an experienced researcher with a strong track record of having previously led multiple research projects to completion.
- 6.** Including an emerging researcher as an Associate Investigator (AI) on a Partner Engagement Grant is encouraged as it builds research capacity at GCHHS. If emerging researchers are included, they should be supported by a nominated mentor listed on the grant.
- 7.** The applicant must ensure that the one-off payment by GCHHS (in the year funding for the partnership project award begins) is consistent with the rules of the partnership scheme to which the application is to be made.
- 8.** The partnership must be administered by an Australian-based organisation (NHMRC/ARC Administering institution if applying for one of the major grants) and the bulk of the proposed project must be performed in Australia.
- 9.** A portion of the proposed research activity must take place within GCHHS.

SERTA Partnership Engagement Grant

Form Preview

Details of Partner Scheme

* indicates a required field

Details about the Grant Scheme

Please provide details of the external research grant scheme for which you intend to apply, and where GCHHS will be a partner.

Name of funding scheme *

e.g. Partnership Grant

Status of this funding application *

- ☐ Not yet submitted
☐ Submitted
☐ Successful

If more funding has been applied for, click Add More

Name of funding organisation

E.g. NHMRC, ARC

Duration of funding (years)

Date application due/submitted *

e.g. December 2021

Expected funding commencement date (if successful) *

e.g. March 2022

Total funding requested *

Must be a dollar amount.

Applicant Details

* indicates a required field

Lead GCHHS Applicant Details *

Title

First Name

Last Name

Employment Status *

Position: *

GCH Payroll ID *

6 digits

Department *

Full Time Equivalent *

Must be a number.

Employed time per fortnight e.g. 0.2

Division *

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Form Preview

If applicable, please provide details of academic partner university appointments *

If N/A please complete with N/A

What is your professional discipline? *

☐ Administration

☐ Allied Health

☐ Operational

☐ Medical

☐ Professional

☐ Other:

☐ Nursing

Paystream e.g. NG PO AO

End of Contract date

*

Must be a date.

Contact Details

Applicant's Phone Number: *

Applicant's Primary Email: *

Provide the most frequently accessed email address.

Applicant's role in this Project *

e.g. PI, AI, RA

Research Experience

Applicant's experience *

☐ Emerging researcher (led 0-5 projects)

☐ Mid-career researcher (led 6 to 10 projects)

☐ Experienced researcher (led over 10 projects)

☐ Advanced, experienced researcher (Career researcher)

For record purposes only

GCHHS Research Team Members

Title	Full Name	Department or Research Group	GCHHS Employment status	Investigator type	Research Experience

SERTA Partnership Engagement Grant

Form Preview

e.g. Dr		e.g. Nutrition Research Group	FTE, Duration e.g. .08 permanent	AI, PI, RA etc	Emerging (led 0-5 projects) / Mid Career (led 6-10 projects) / Experienced (led over 10 projects) / Advanced (Career researcher)
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External Research Team Members

Title	Full Name	Institution	Investigator Type
e.g. Professor		e.g. Griffith University	AI, PI, RA etc

Project Details

* indicates a required field

Project Title: *

Must be no more than 25 words.

Accurately and concisely describe the nature of the project.

Project synopsis and potential outcomes: Briefly describe the project, including its aims, methodologies, expected outcomes, translation to practice, and duration *

Word count:

Must be no more than 500 words.

Relevance of the project to GCHHS: How will this project align with the strategic objectives of GCHHS and contribute to research capacity and culture? *

Word count:

Must be no more than 300 words.

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Nature of the contribution of GCHHS as a Partner in this project: Please outline how the GCHHS research team will contribute to the proposed project, including use of resources, in-kind support, expertise, and other financial support. *

Word count:

Must be no more than 500 words.

Human Research Ethics Committee Details: Please indicate the status of ethical approval, including the committee to which this project will be submitted (note all research projects must be approved by an NHMRC certified HREC) *

Must be no more than 200 words.

Include the HREC Ref if already obtained

Please attach a project protocol or plan *

Attach a file:

Budget Details - GCHHS Contribution

* indicates a required field

No Cost & In-Kind Costs

If applicable, list the 'Expected No Cost Elements' *

Word count:

Must be no more than 100 words.

Enter NA if not applicable.

If applicable, list the 'Expected In-Kind Costs' *

Word count:

Must be no more than 100 words.

Enter NA if not applicable.

List Budget items that are to be funded from this application

In-Kind and No Cost items are to be omitted from this table.

Expenditure	\$
	\$
	\$
	\$
	\$
	\$
	\$
	\$
	\$
	\$

Budget Totals

SERTA Partnership Engagement Grant

Form Preview

Total Expenditure Amount

\$

This number/amount is calculated.

What is the total budgeted cost (dollars) of your project?

Authorisation

Before submitting this application please upload the signed Institutional Letter of Support for your project.

Enquiries: GCSERTA@health.qld.gov.au or 5687 0663

Upload signed Institutional Letter of Support

Attach a file: