



**2023**

**APERF**

**RESEARCH**

**GRANT**

**APPLICATION**

Updated July 2023

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**Web:** <https://aperf.foundation/>

**Please note**

1. You must read and strictly adhere to the *Guidelines for Research Grant Applications* (available from <https://aperf.foundation/>), otherwise your application will not be considered.
2. Reports must be typed and submitted in PDF format by email ( [aperf@podiatry.org.au](mailto:aperf@podiatry.org.au) ) – handwritten reports will not be accepted. Do not alter the formatting of this form (e.g. fonts or spacing) while filling it in.
3. This application must be submitted by no later than midnight 31 October 2023.
4. If applicants are successful, institutional ethics clearance (if relevant) must be provided prior to the payment of grant funds.

**1. Project summary details**

**Chief investigators name**

Title	First name	Last (family) name

**Project title (please provide a brief description of no more than 25 words in length)**

**Project summary (please provide a summary of no more than 100 words in clear, concise terms suitable for inclusion in publications – the summary should be intelligible to the lay reader and outline the significance of the project)**

**Funding Category: please place a tick in the appropriate box to indicate the funding category/amount you wish to apply for (please note you can only select ONE category per application)**

- Category A: funding amount up to \$30,000 (study duration of up to 2 years)
- Category B: funding amount up to \$15,000 (study duration of up to 1 year)
- Category C: funding amount up to \$10,000 (study duration of up to 1 year). Please note this category is **ONLY** for studies that seek to promote excellence in podiatry education. If selecting this category your application **MUST** adhere to the criteria outlined in the Guidelines for APERF Research Grant Applications on pages 5-6.

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## 2. Details of investigators

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### **Chief investigator (Investigator A)**

**Name**

Title	First name	Last (family) name

**Affiliated institution** (cheque will be made payable to this body)

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**Contact details**

Postal address	
E-mail address	
Office phone no.	
Mobile phone no.	

### **Investigator B**

**Name**

Title	First name	Last (family) name

**Affiliated institution**

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**Contact details**

Postal address	
E-mail address	
Office phone no.	
Mobile phone no.	

### **Investigator C**

**Name**

Title	First name	Last (family) name

**Affiliated institution**

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**Contact details**

Postal address	
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E-mail address	
Office phone no.	
Mobile phone no.	

**Investigator D**

**Name**

Title	First name	Last (family) name

**Affiliated institution**

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**Contact details**

Postal address	
E-mail address	
Office phone no.	
Mobile phone no.	

**Investigator E**

**Name**

Title	First name	Last (family) name

**Affiliated institution**

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**Contact details**

Postal address	
E-mail address	
Office phone no.	
Mobile phone no.	

\*If there are less than five investigators, please delete unused investigators from above. If there are more than five investigators, please copy a blank investigator from above and paste to create more investigators.

**Curriculum vitae for investigators**

Please attach **a brief** curriculum vitae for all members of the project team (no more than one A-4 page in length per investigator). Include academic qualifications, previous research activities (focusing on projects that demonstrate expertise in the area to be investigated), significant publications, grants, supervision of research personnel, clinical and any other relevant experience.

### 3. Project team profile

For each applicant in the project team, please indicate their role in the project, the amount of time they are able to devote to it and the skills relevant to the conduct of the project.

Investigator name	Time (hours per week)	Skills
A.		
B.		
C.		
D.		
E.		

### 4. Previous APERF grants awarded to the investigators

Please list below details of previous successful APERF grant applications.

Year	Name of recipient	Project name	Date final report submitted

\*If the investigators have received more than three APERF grants, please add rows in the table above.

### 5. Research officer

The research officer (e.g. university research grants officer) will be the contact person for all correspondence from APERF, including the certification of expenditure and progress reports.

#### Name of research officer

Title	First name	Last (family) name

#### Affiliated institution

#### Contact address

#### Other contact details

E-mail address	
Office phone no.	
Mobile phone no.	

If the primary investigator is nominated for this role, please check this box

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## 6. Details of the project proposal

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Please provide details of your project below (no more than two A-4 pages in length). Do not submit this section in a separate document – it must be included in the one document using this template, otherwise it will not be considered. Organise the information for your project under the following headings:

- (i) Background (including a brief review of the literature to support the rationale)**
  
- (ii) Aims (clearly itemise the aims)**
  
- (iii) Methods**
  
- (iv) Ethical issues (please note ethics clearance requirements for APERF grants)**
  
- (v) Timeline (please use a Gantt chart if your timeline is more than a few items)**
  
- (vi) Expected outcomes and impact of the project**

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## 7. Budget details

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Please provide a detailed description, rationale and amount required for each applicable category below. All budget items must be inclusive of costs associated with the Goods and Services Tax (GST). Items that would normally be covered by a person's workplace (e.g. laptop computers), conferences and travel (excluding travel required for the purposes of data collection) are not normally covered.

- (i) Capital Costs**
  
- (ii) Human Resources**
  
- (iii) Consumables**
  
- (iv) Travel**
  
- (v) Other direct costs**

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**Other financial support**

Is this project being supported by another grant or award?

No

Yes

If yes, provide details below.

**Budget proposal summary**

For administration purposes, please provide a 'budget proposal summary' similar to the example (in grey) below. Please delete the example and this text once you have completed your budget summary proposal.

Example (please delete this example once this section is complete)

	Project establishment	Data collection	Data analysis	Project write-up	Total
Date required	1 <sup>st</sup> March	30 <sup>th</sup> April	29 <sup>th</sup> September	1 <sup>st</sup> October	
1. Capital costs	\$2,450.00				\$2,450.00
2. Human resources		\$450.00			\$450.00
3. Consumables		\$250.00	135.00		\$385.00
4. Travel					
5. Other direct costs					
<b>TOTAL</b>	\$2,450.00	\$700.00	\$135.00		<b>\$3258.00</b>

**Budget proposal summary (applicant to complete)**

	Project establishment	Data collection	Data analysis	Project write-up	Total
Date required					
1. Capital costs					
2. Human resources					
3. Consumables					
4. Travel					
5. Other direct costs					
<b>TOTAL</b>					

## 8. Ethics approval

**Do you have approval from an institutional ethics review committee (e.g. university or health service ethics review committee)?** (Please check the appropriate boxes)

(a) No  Yes

If 'No', please indicate why. If pending, please indicate when you are likely to learn of the outcome.

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If 'Yes', please provide a copy of the committee's approval letter in PDF format as an attachment.

\*Please note: if your application is successful, money will not be released until you have obtained ethics clearance (and have forwarded the approval letter to APERF) or the Trustees of APERF are satisfied that you do not require ethics approval.

## 9. Evidence of institutional support

In accepting a grant, the institution is required to:

- Provide the facilities and services necessary for the efficient conduct of the research
- Meet the normal overhead expenses including maintenance costs on equipment purchased with APERF research funds

### Supervisor's support

This must be signed by the relevant supervisor/administrator at the nominated institution.

I have read this proposal and concur with the outlined support from the institution.

I fully support this project

#### **Name**

<b>Title</b>	First name	Last (family) name

#### **Position**

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#### **Signature**

<b>Signature</b>	<b>Date</b>



## 10. Certification by investigators

We have read the APERF 'Guidelines for Research Grant Applications' and agree to adhere to the terms outlined within.

We certify to the best of my knowledge that:

- (i) all of the details on this application form are true and complete;
- (ii) if successful, we will accept the conditions of the grant relating to the Australian Podiatry Education and Research Foundation (APERF);
- (iii) I understand and agree that all statutory requirements must be met before payment of the proposed grant can be made;
- (iv) all persons listed in this application have agreed to take part in the proposed research.

### Chief investigator (Investigator A)

Name	Signature	Date

### Investigator B

Name	Signature	Date

### Investigator C

Name	Signature	Date

### Investigator D

Name	Signature	Date

### Investigator E

Name	Signature	Date

If there are less than five investigators, please delete unused investigators from above. If there are more than five investigators, please copy a blank investigator from above and paste to create more investigators.

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## Final checklist

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The chief investigator must take responsibility for the following.

I have (please check boxes):

1. Completed all documentation
2. Strictly adhered to the relevant guidelines for this application
3. Obtained the signature of the institution supervisor
4. Obtained all investigators' signatures
5. Attached all relevant supporting documentation