****

**2020 CSANZ-Boehringer Ingelheim   
Heart Failure Research Innovation Grant**

*Exclusively supported by an unrestricted research grant from Boehringer Ingelheim*

**Application Form**

|  |  |
| --- | --- |
| **Applicant Name** |  |
| **Project Title** |  |

1. **APPLICANT DETAILS**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Title** |  | **Name** |  | | | | |
| Current  Position |  | | | | Commencement Date | |  |
| Institution |  | | | | | | |
| Postal Address |  | | | | | | |
| Telephone |  | | | Mobile | |  | |
| Email |  | | | | | | |

|  |  |  |
| --- | --- | --- |
| **Most Recent and Highest Academic Qualifications** | | |
| **Year** | **Degree** | **Conferring Institution** |
|  |  |  |
|  |  |  |
|  |  |  |

1. **RESEARCH PROJECT DETAILS**

|  |  |
| --- | --- |
| **Project Title** |  |
| **Institution** *if different from above* |  |

A project proposal of no more than 1,500 words must accompany your application and comprise the following:

1. Short background
2. Study design
3. Methods
4. Milestones/timeline
5. Budget
6. **SUPERVISOR (current or proposed)**

|  |  |  |  |
| --- | --- | --- | --- |
| **Surname** |  | | |
| **First Name** |  | **Title** |  |
| Qualifications |  | | |
| Institution |  | Department |  |
| Telephone |  | Mobile (optional) |  |
| Email |  | | |

1. **FUNDING SOURCES**

Isthis application under review by any other funding body? If YES, please provide details.

|  |  |
| --- | --- |
| **Funding Body** | **Details of Application**  (include award category & reference number if known) |
|  |  |

1. **CLEARANCE REQUIREMENTS**

Research funded by the CSANZ shall be conducted in accordance with the *NHMRC Australian Code for the Responsible Conduct of Research* *(2018) / New Zealand National Ethics Advisory Committee guidelines for intervention and observation studies*. Clearances for research that involve any of the following shall be obtained from the appropriate Ethics Committee and/or Biosafety Committee and submitted to the CSANZ.

|  |  |  |
| --- | --- | --- |
|  |  | **YES / NO** |
| **5.1** | Does this project involve experiments on human subjects? |  |
| **If** **YES**, is Human Ethics Review Committee **approval attached**? |  |
| **5.2**  **2 (b)** | Does this project involve experiments on animals? |  |
| **If** **YES**, is Animal Ethics Review Committee **approval attached**? |  |
| **5.3** | Does this project involve genetic manipulation of organisms or the use of radioactive/carcinogenic / toxic chemicals? |  |
| **If** **YES**, is Institutional Bio-safety Committee **approval attached**? |  |

1. **DECLARATION**

**(a) Applicant**

I certify that all details given in the application are correct and I agree to carry out the project in accordance with the Grant Conditions and in accordance with the principles of the *NHMRC Australian Code for the Responsible Conduct of Research* *(2018) / New Zealand National Ethics Advisory Committee guidelines for intervention and observation studies*.

By signing, I confirm that I have complied with all instructions in the application form and understand that failure to do so may result in the withdrawal of the application from the review process.

|  |  |  |  |
| --- | --- | --- | --- |
| Full Name |  | | |
| Signature |  | Date | \_\_\_/\_\_\_/20 |

#### (b) Supervisor

I certify that all details given in the application are correct and I agree to carry out the project in accordance with the Grant Conditions and in accordance with the principles of the *NHMRC Australian Code for the Responsible Conduct of Research* *(2018) / New Zealand National Ethics Advisory Committee guidelines for intervention and observation studies*.

|  |  |  |  |
| --- | --- | --- | --- |
| Full Name |  | | |
| Signature |  | Date | \_\_\_/\_\_\_/20 |

###### (c) Head of Department

I certify that appropriate facilities will be available to the applicant if successful and I will ensure that the project will be carried out in accordance with the Grant Conditions.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Title** |  | **Full Name** |  | |
| **Position** |  | | | |
| **Department** |  | **Institution** |  | |
| Signature |  | | Date | \_\_\_/\_\_\_/20 |

CHECKLIST

Before submitting, check that your application includes:

completed application form

2 page CV

list of publications in last six years

letter of support from supervisor

clearance documents declared at item 6

1,500 word (maximum) Research Project Outline

Applications can be scanned and emailed to: [info@csanz.edu.au](mailto:info@csanz.edu.au)

Or by post to:

CSANZ  
Suite 4, Level 12

189 Kent Street

SYDNEY NSW 2000

AUSTRALIA

**Closing date for applications**

**Monday, 15 June, 2020**