**Instructions**

Please read the instructions before continuing

* This document is a form. Specific areas within the document can be edited. These areas are known as form fields.
* This form can be completed electronically using Microsoft Word for Windows or Macintosh.
* Form fields are indicated by a       . You may type in a form field.
* Use the mouse or Tab button to move from one form field to the next.
* You should save the document locally as required.
* Although in some sections the space available appears limited, use as much space as you need. The section will expand to fit automatically up to the maximum character limit.
* When completed the document should be emailed to the Diabetes Australia Research Program research@diabetesaustralia.com.au
* Confirmation emails will be sent by return email.

**Applications must reach the Diabetes Australia Research Program by midnight (Australian Capital Territory) Friday, 25 June 2021.**

**Grant Application** **2022**

|  |
| --- |
| Grant Type |
| You are applying for (Choose one only of the following options)[ ]  General Grant[ ]  Millennium Award – Type 1 Diabetes[ ]  Millennium Award – Type 2 Diabetes |
| Please answer all questions before moving to the next section |

|  |
| --- |
| Project Information |
| Project Title (250 character limit)      |
| Project Aim (Concisely describe the main aim of the project – 500 character limit)      |
| Expected Duration of the Project (Note: General Grants are for a maximum duration of 1 year and Millennium Awards are for a maximum duration of 2 years)      |
| Main Focus (Choose **one only** of the following options)

|  |  |  |  |
| --- | --- | --- | --- |
| [ ]  | Type 1 diabetes | [ ]  | Type 2 diabetes |
| [ ]  | Diabetes in pregnancy (GDM or pre-existing) | [ ]  | Pre diabetes  |

 |
| Type of Research (Choose **one only** of the following options)

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| [ ]  | Basic science  | [ ]  | Clinical research | [ ]  | Translational research |

 |
| Population (Choose **one only** of the following options)

|  |  |  |  |
| --- | --- | --- | --- |
| [ ]  | Children | [ ]  | Older people |
| [ ]  | Youth | [ ]  | Indigenous |
| [ ]  | Adult | [ ]  | Culturally and linguistically diverse |

 |
| Classification (Choose **one only** of the following options)

|  |  |  |  |
| --- | --- | --- | --- |
| [ ]  | Self-management/education | [ ]  | Islet biology  |
| [ ]  | Psychological/behavioural research; and mental health and diabetes | [ ]  | Health care systems research |
| [ ]  | Glycaemic management | [ ]  | Epidemiology |
| [ ]  | Complications - Vision/eye health | [ ]  | Insulin resistance/obesity |
| [ ]  | Complications - Kidney health | [ ]  | Exercise/nutrition |
| [ ]  | Complications - Nerve health |  |  |
| [ ]  | Complications - Cardiovascular health |
| [ ]  | Complications - Foot problems and amputations |
| [ ]  | Complications - Other |  |  |

 |
| Does this project require ethics approval? (Note: successful applications requiring ethics approval will need to provide proof that approval has been granted before any funding will be provided)

|  |  |  |  |
| --- | --- | --- | --- |
| [ ]  | Yes | [ ]  | No |

 |
| Please answer all questions before moving to the next section |

|  |
| --- |
| Other Grant or Funding Currently Held |
| Give details of grants or other support currently received by the Responsible Investigator and/or Participants from, or approved by, other bodies for this or related work. Indicate title, granting body, duration and amount of support for each year.       |
| Please answer all questions before moving to the next section |

|  |
| --- |
| Previous Grants From Diabetes Australia Research |
| If the Responsible Investigator has received a previous grant from Diabetes Australia Research, please provide details of the outcomes (e.g. publications, other success in obtaining competitive funding) as well as the grant type and year of funding.       |
| Please answer all questions before moving to the next section |

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| --- |
| Relationship Of The Study To The Problems Of Human Diabetes |
| Describe in non-technical terms the significance of the study for human diabetes      |
| Please answer all questions before moving to the next section |

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| --- |
| Details Of The Proposed Project |
| Details of the proposed project will need to be provided as a separate Portable Document Format (PDF) file. Please note that the maximum page length for details of the proposed project is four pages (excluding references) for the General Grants and nine pages (excluding references) for the Millennium Awards. In addition, the following requirements should be met:* Font: Times New Roman at least 12pt
* Line spacing: at least Single
* Margins: at least 2 cm; and
* Any graphs, tables or pictures should be clear and legible.

Include:1. An introductory summary of your previous work, and of the relevant work of others, which leads to the proposed project
2. Detail the specific aims and potential significance of the project (you may need to use several paragraphs for this section). If hypotheses are to be tested, they should be clearly stated
3. A research plan, giving details of experimental design and methods to be used
4. Up to 12 references for General Grants and up to 20 references for Millennium Awards

Please tick the checkbox below once you have completed the details of the proposed project as a separate PDF. |

|  |
| --- |
| [ ]  Details of the proposed project completed as a separate PDF |
| Please answer all questions before moving to the next section |

|  |
| --- |
| Proposed Budget Requested ($) |
| 1. **Personnel** (indicate base salary and additional leave loading, payroll and other costs as required by employing body)
 | $       |
| 1. **Equipment** (Note: applications that include equipment costing over $5,000 will be ineligible)
 | $       |
| 1. **Travel** (field expenses etc. Note: applications that include conference travel will be ineligible)
 | $       |
| 1. **Consumables and Other Expenses** (itemise these expenses in the Budget Justification section below e.g. animals, printing and stationery, computing, radiochemical, etc.)
 | $       |
| **Total Requested**  | $       |
| Please answer all questions before moving to the next section |

|  |
| --- |
| Budget Justification |
| Please explain all proposed expenditure. If salaries are sought for specific known personnel, include details of qualifications and experience. Insufficient justification and details will disadvantage the assessment of this application.      |
| Please answer all questions before moving to the next section |

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| NOTE: The Diabetes Australia Research Program does not fund any administrative or indirect charges by institutions. |

|  |
| --- |
| Contact For Administration Of Grant |
| Title      | First Name      | Surname      |
| Mailing Address      |
| Suburb      | State      | Postcode      |
| Country      |
| Telephone No. (Work)      | Mobile No.      |
| Email Address      |
| Please answer all questions before moving to the next section |

|  |
| --- |
| Responsible Investigator |
| Title      | First Name      | Surname      |
| Mailing Address      |
| Suburb      | State      | Postcode      |
| Country      |
| Telephone No. (Work)      | Mobile No.      |
| Email Address      |
| Academic and Professional Qualifications      |
| Date of Attainment of PhD if applicable      |
| Current Appointment Held      |
| Administering Institution (Name of institution that will administer the grant/award)      |
| Actual Institution if applicable (If the proposed research will not be undertaken at the above Administering Institution, then please provide the name of the Centre/Institution where the research will actually be conducted)      |
| Average days per month devoted to this project      | Average days per month devoted to all other projects      |
| Please answer all questions before moving to the next section |

|  |
| --- |
| Publications |
| **Responsible Investigator**Provide a numbered list of articles published in books and refereed journals over the past five years. Indicate with an asterisk (\*) the five most relevant articles to the proposed project.     **Other**Independent of the above, provide details of 3 articles published in books and/or peer reviewed journals by other authors over the past five years with significant relevance to this project. Please do not provide abstracts, work in preparation or copies of publications.       |

|  |
| --- |
| Area Of Expertise |
| To facilitate the allocation of applications for review please select one classification from the Type of Research section below and up to three from the Expertise Classification section below that best describes your expertise. |
| Type of Research (Choose **one only** of the following options)

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| [ ]  | Basic science  | [ ]  | Clinical research | [ ]  | Translational research |

 |
| Expertise Classification (Choose **up to three** of the following options)

|  |  |  |  |
| --- | --- | --- | --- |
| [ ]  | Gestational diabetes | [ ]  | Type 1 diabetes |
| [ ]  | Paediatric | [ ]  | Indigenous |
| [ ]  | Self-management/education | [ ]  | Islet biology  |
| [ ]  | Psychological/behavioural research | [ ]  | Health care systems research |
| [ ]  | Glycaemic management | [ ]  | Epidemiology |
| [ ]  | Exercise/nutrition | [ ]  | Insulin resistance/obesity |
| [ ]  | Vision/eye health | [ ]  | Kidney health |
| [ ]  | Nerve health | [ ]  | Cardiovascular health |
| [ ]  | Foot disease and wound healing |  |  |

Other (if not listed)      |
| Please answer all questions before moving to the next section |

|  |
| --- |
| Other Participants |
| Are there any other participants?[ ]  Yes [ ]  No (Skip this section) |
| ***Participant 1*** |
| Title      | First Name      | Surname      |
| Mailing Address      |
| Suburb      | State      | Postcode      |
| Country      |
| Telephone No. (Work)      | Mobile No.      |
| Email Address      |
| Academic and Professional Qualifications      |
| Involvement in days per month      |
| Area Of Expertise |
| To facilitate the allocation of applications for review please select one classification from the Type of Research section below and up to three from the Expertise Classification section below that best describes your expertise. |
| Type of Research (Choose **one only** of the following options)

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| [ ]  | Basic science  | [ ]  | Clinical research | [ ]  | Translational research |

 |
| Expertise Classification (Choose **up to three** of the following options)

|  |  |  |  |
| --- | --- | --- | --- |
| [ ]  | Gestational diabetes | [ ]  | Type 1 diabetes |
| [ ]  | Paediatric | [ ]  | Indigenous |
| [ ]  | Self-management/education | [ ]  | Islet biology  |
| [ ]  | Psychological/behavioural research | [ ]  | Health care systems research |
| [ ]  | Glycaemic management | [ ]  | Epidemiology |
| [ ]  | Exercise/nutrition | [ ]  | Insulin resistance/obesity |
| [ ]  | Vision/eye health | [ ]  | Kidney health |
| [ ]  | Nerve health | [ ]  | Cardiovascular health |
| [ ]  | Foot disease and wound healing |  |  |

Other (if not listed)      |

|  |
| --- |
| ***Participant 2*** |
| Title      | First Name      | Surname      |
| Mailing Address      |
| Suburb      | State      | Postcode      |
| Country      |
| Telephone No. (Work)      | Mobile No.      |
| Email Address      |
| Academic and Professional Qualifications      |
| Involvement in days per month      |
| Area Of Expertise |
| To facilitate the allocation of applications for review please select one classification from the Type of Research section below and up to three from the Expertise Classification section below that best describes your expertise. |
| Type of Research (Choose **one only** of the following options)

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| [ ]  | Basic science  | [ ]  | Clinical research | [ ]  | Translational research |

 |
| Expertise Classification (Choose **up to three** of the following options)

|  |  |  |  |
| --- | --- | --- | --- |
| [ ]  | Gestational diabetes | [ ]  | Type 1 diabetes |
| [ ]  | Paediatric | [ ]  | Indigenous |
| [ ]  | Self-management/education | [ ]  | Islet biology  |
| [ ]  | Psychological/behavioural research | [ ]  | Health care systems research |
| [ ]  | Glycaemic management | [ ]  | Epidemiology |
| [ ]  | Exercise/nutrition | [ ]  | Insulin resistance/obesity |
| [ ]  | Vision/eye health | [ ]  | Kidney health |
| [ ]  | Nerve health | [ ]  | Cardiovascular health |
| [ ]  | Foot disease and wound healing |  |  |

Other (if not listed)      |

|  |
| --- |
| ***Participant 3*** |
| Title      | First Name      | Surname      |
| Mailing Address      |
| Suburb      | State      | Postcode      |
| Country      |
| Telephone No. (Work)      | Mobile No.      |
| Email Address      |
| Academic and Professional Qualifications      |
| Involvement in days per month      |
| Area Of Expertise |
| To facilitate the allocation of applications for review please select one classification from the Type of Research section below and up to three from the Expertise Classification section below that best describes your expertise. |
| Type of Research (Choose **one only** of the following options)

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| [ ]  | Basic science  | [ ]  | Clinical research | [ ]  | Translational research |

 |
| Expertise Classification (Choose **up to three** of the following options)

|  |  |  |  |
| --- | --- | --- | --- |
| [ ]  | Gestational diabetes | [ ]  | Type 1 diabetes |
| [ ]  | Paediatric | [ ]  | Indigenous |
| [ ]  | Self-management/education | [ ]  | Islet biology  |
| [ ]  | Psychological/behavioural research | [ ]  | Health care systems research |
| [ ]  | Glycaemic management | [ ]  | Epidemiology |
| [ ]  | Exercise/nutrition | [ ]  | Insulin resistance/obesity |
| [ ]  | Vision/eye health | [ ]  | Kidney health |
| [ ]  | Nerve health | [ ]  | Cardiovascular health |
| [ ]  | Foot disease and wound healing |  |  |

Other (if not listed)      |

|  |
| --- |
| ***Participant 4*** |
| Title      | First Name      | Surname |
| Mailing Address      |
| Suburb      | State      | Postcode      |
| Country      |
| Telephone No. (Work)      | Mobile No.      |
| Email Address      |
| Academic and Professional Qualifications      |
| Involvement in days per month      |
| Area Of Expertise |
| To facilitate the allocation of applications for review please select one classification from the Type of Research section below and up to three from the Expertise Classification section below that best describes your expertise. |
| Type of Research (Choose **one only** of the following options)

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| [ ]  | Basic science  | [ ]  | Clinical research | [ ]  | Translational research |

 |
| Expertise Classification (Choose **up to three** of the following options)

|  |  |  |  |
| --- | --- | --- | --- |
| [ ]  | Gestational diabetes | [ ]  | Type 1 diabetes |
| [ ]  | Paediatric | [ ]  | Indigenous |
| [ ]  | Self-management/education | [ ]  | Islet biology  |
| [ ]  | Psychological/behavioural research | [ ]  | Health care systems research |
| [ ]  | Glycaemic management | [ ]  | Epidemiology |
| [ ]  | Exercise/nutrition | [ ]  | Insulin resistance/obesity |
| [ ]  | Vision/eye health | [ ]  | Kidney health |
| [ ]  | Nerve health | [ ]  | Cardiovascular health |
| [ ]  | Foot disease and wound healing |  |  |

Other (if not listed)      |

|  |
| --- |
| **Participant 5** |
| Title      | First Name      | Surname      |
| Mailing Address      |
| Suburb      | State      | Postcode      |
| Country      |
| Telephone No. (Work)      | Mobile No.      |
| Email Address      |
| Academic and Professional Qualifications      |
| Involvement in days per months      |
| Area Of Expertise |
| To facilitate the allocation of applications for review please select one classification from the Type of Research section below and up to three from the Expertise Classification section below that best describes your expertise. |
| Type of Research (Choose **one only** of the following options)

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| [ ]  | Basic science  | [ ]  | Clinical research | [ ]  | Translational research |

 |
| Expertise Classification (Choose **up to three** of the following options)

|  |  |  |  |
| --- | --- | --- | --- |
| [ ]  | Gestational diabetes | [ ]  | Type 1 diabetes |
| [ ]  | Paediatric | [ ]  | Indigenous |
| [ ]  | Self-management/education | [ ]  | Islet biology  |
| [ ]  | Psychological/behavioural research | [ ]  | Health care systems research |
| [ ]  | Glycaemic management | [ ]  | Epidemiology |
| [ ]  | Exercise/nutrition | [ ]  | Insulin resistance/obesity |
| [ ]  | Vision/eye health | [ ]  | Kidney health |
| [ ]  | Nerve health | [ ]  | Cardiovascular health |
| [ ]  | Foot disease and wound healing |  |  |

Other (if not listed)      |
| Please answer all questions before moving to the next section |

|  |
| --- |
| NOTE: Diabetes Australia Research will require a certification form to be completed if successful. |

### Agreement

I,     , of (institution)       agree to the terms and conditions as set out in the 2022 Diabetes Australia Research Program Guidelines. I understand that in submitting this application I acknowledge my obligation to participate in the Diabetes Australia Research Program peer review process and I have advised all named Participants of their obligation; specifically, as part of the peer review process, they may be required to review up to three other applications.

Please note agreement to the terms and conditions as set out in the Diabetes Australia Research Program Guidelines is a requirement for your application to be considered.

##### Save this document prior to emailing

#### Send via Email to research@diabetesaustralia.com.au