**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, 12 May 2023.**

**Grant Application** **2024**

|  |
| --- |
| 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[ ]  Charles Campbell Coghlan OAM Emerging Researcher Award  |

|  |
| --- |
| 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. Millennium and Coghlan 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 |
| [ ]  | Adults | [ ]  | 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 - including use of technologies | [ ]  | Epidemiology |
| [ ]  | Complications - Vision/eye | [ ]  | Insulin resistance/obesity |
| [ ]  | Complications - Kidney | [ ]  | Exercise/nutrition |
| [ ]  | Complications - Nerve |  |  |
| [ ]  | Complications - Cardiovascular |
| [ ]  | 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 |

 |

|  |
| --- |
| 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.       |

|  |
| --- |
| 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.       |

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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      |

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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 and Coghlan 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 and Coghlan Awards
 |

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| 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**  | $       |

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| 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.      |

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

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| Contact For Administration Of Grant |
| Title      | First Name      | Surname      |
| Mailing Address      |
| Suburb      | State      | Postcode      |
| Country      |
| Telephone No. (Work)      | Mobile No.      |
| Email Address      |

|  |
| --- |
| 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 or equivalent (if applicable)       |
| Career Disruption(Please include the details of any career disruption that you wish to be taken into consideration. This is especially important when applying for a Coghlan Award).       |
| 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      |

|  |
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| 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.       |

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| Track Record Statement (Coghlan Award Only) |
| Only applicants applying for a Coghlan Award are required to demonstrate past achievements as well as their potential to become an emerging leader in diabetes through a track record statement. This statement should be no more than 2 pages and include information not listed elsewhere in the application. For guidance on what to consider in preparing this statement, please refer to the Program Guidelines, section “Charles Campbell Coghlan OAM Emerging Researcher Award: Review Process”.The track record statement will need to be provided as a separate Portable Document Format (PDF) file. The maximum page length is two pages and 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.
 |

|  |
| --- |
| Area Of Expertise (Responsible Investigator) |
| 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)      |

|  |
| --- |
| 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)      |

|  |
| --- |
| 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 2024 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