**Application Summary**

1. Please read the eligibility criteria and guidelines on the ANZBMS website before completing this form.
2. <https://www.anzbms.org.au/award-anzbms-bone-health-foundation-grant.asp>

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| 1. **Name of Principal Investigator (Applicant)** |  |
| 1. **Applicant Email:** |  |
| 1. **Research Project Title** |  |
| 1. **Funding requested** 2. (Up to a maximum value of $25,000 excluding GST) | |  |  | | --- | --- | | 1. $ |  | |
| 1. **Administering Institution** 2. **(Note: Contact person must not be the Applicant)** | |  |  | | --- | --- | | 1. **Contact person (RAO):** |  | | 1. **Name of institution:** |  | | 1. **Postal address for contact person:** |  | | 1. **Email of contact person:** |  | | 1. **ABN of institution:** |  | |

2. **1. Project Summary**
3. **1.1 Project Summary**
4. In no more than **200 words**, outline in **lay terms** the research question, methodology and significance of the project to bone health and the general community.

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1. \_/200 words
2. **1.2 Relevance to bone health**
3. In no more than **200 words**, outline the project’s relevance to bone health.

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1. \_/200 words
2. **1.4 Have you, or any other investigators applied for or received funding for this project, or elements of this project, elsewhere?**
3. Yes  No
4. *If yes, please provide detail on the amount of funding requested or received and the expected or actual date of this outcome.*

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1. **1.5 Was a larger form of this project submitted to a National or International funding body?**
2. Yes  No
3. *If yes, please provide detail on the submission/s made below, and attach a copy of the most recent application, with evidence of its assessment.*

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1. **1.6 Have all ethical approvals for this project been obtained/applied for?**
2. ***(Successful applications will be subject to the formal ethical approval letter(s) being provided to BHF prior to commencement of project).***
3. Yes  No  N/A

**2. Applicant Details and Research Team**

**2.1 Please append your biosketch (3 pages maximum, 11 point Arial font)** including funding obtained, publications accepted, and relevant highlights of conference presentations during the past five years (corrected for career disruptions).

Biosketch attached?

Yes  No

**2.2 Have you been a financial member of ANZBMS for at least one year?**

Yes  No

**2.3 Date at which you obtained your first post-graduate research, or medical qualification.**

If you are uncertain of which is relevant, list all relevant qualification.

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**2.4 Have you experienced career disruptions since being awarded the above qualification/s?**

Yes  No

1. *If yes, please provide a career disruption statement and calculations of time lost due to disruptions (e.g. pregnancy, major illness/injury, parent or carer responsibilities). This will be used to assess mid-career eligibility for the scheme. For further information, please see NHMRC relative to opportunity policy.*

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1. \_/200 words

**2.5 Relative to Opportunity statement**

1. *Please provide a statement including any circumstances that have impacted your career progression (e.g. clinical, administrative or teaching workload, calamities). For further information, please see NHMRC relative to opportunity policy.*

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1. \_/200 words
2. **3. Research Proposal**
3. *Please append your proposal,* ***maximum 3 pages in length in 11 point Arial, including references***. *Detail the background and preliminary data of the larger project, and provide specific detail on the hypothesis, aims and methodology for a single year research project to support the progress of that larger project.*

*Within your 3 pages, state how this Grant-in-Aid will help the progress of the larger project and how it will improve competitiveness for the next funding round (250 words maximum), and include a brief statement with evidence that the project directly relates to the core objectives of the ANZBMS and BHF (100 words maximum).*

**4. Project Timeline & Project Budget Justification**

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| 1. **4.1 Project Timeline (must be less than one year)** 2. Please provide brief justification for project timeline with respect to the funding period of 12 months including final report submissions to ANZBMS. |
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| **4.2 Project Budget**  Enter details of the proposed research budget for each component, including:   * The item type (e.g. Personnel, equipment, travel related to data collection, consumables) * The name/description of the item * The total value of the item requested  1. ***Please note:*** *A maximum of $25,000 can be requested for resources, sample maintenance, consumables and equipment, partial salary support of support personnel, inclusive, as required for the project. Funding cannot be used for infrastructure / institutional fees / overheads / PhD stipends.* 2. *(Please add a new line for each item requested.)* | 1. **Amount requested** 2. **(Do not include GST)** |
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|  | 1. **Total:** |

1. **6. Certifications**
2. **Certification by Principal Investigator (Applicant)**
3. I certify that to the best of my knowledge the details provided in this full application form and in any supporting documentation are true and complete.
4. I certify that this project is focussed on bone and mineral research and is not currently funded by a major funding body, nor by industry-sector funding.
5. I certify that this project will be located, and funds will be managed, within a University, Hospital, or Registered Research Institution based in Australia or New Zealand.
6. I certify that I reside in Australia or New Zealand, and are an Australian or New Zealand citizen, have resident status, or have the appropriate visa to work in Australia or New Zealand for the entire duration of the funding period.
7. I agree that, should I be successful, I will support philanthropic activities of the Bone Health Foundation during the grant tenure and for 12 months following.

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| 1. Name of Applicant (please print) | 1. Signature of Applicant | 1. Date |
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1. **Certification by the Head of Department in the administering institution / research body**
2. I certify that:

* I am prepared to have the project carried out in my institution under the circumstances set out by the applicant/s;
* To the best of my knowledge all details on this application form are true and complete;
* The amount of time which the investigator will be devoting to the project is appropriate to their existing workload;
* This institution supports this application and if successful it will provide basic infrastructure for the project;
* The project can be accommodated within the general facilities in this institution and that sufficient working and office space is available for any involved staff/students.

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| 1. Name of Head of Department 2. (please print) | 1. Signature of Head of Department | 1. Date |
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1. Submit this application through the RAO of your administering institution, by email to Ivone Johnson, ANZBMS Executive Officer: [ijohnson@anzbms.org.au](mailto:ijohnson@anzbms.org.au)

Application deadline is 5pm Australian Eastern Daylight Time, March 12, 2022.