

Prostate Cancer Foundation of New Zealand Research Grant Application Form



SECTION 1 – Summary and background

Named researcher(s) *(First researcher will be the contact and termed the principal researcher)*

Expand tables as necessary by pressing enter at the end of a row outside of the table.

	Title	First Name	Initial	Surname
1				
2				
3				
4				

Host institution	
Research location	

Research Title

Research descriptor (maximum 100 words)

Total cost of research application	\$	(Note: Enter the total figure from the Section 4 budget sheet)
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Proposed commencement date (dd/mm/yy)	
Proposed completion date (dd/mm/yy)	
Proposed term of research (mm)	

Contact Details

Principal Researcher			
Department			
University/Organisation			
PO Box/Street number			
Suburb			
City			
Telephone		Mobile	
Fax			
Email			

1 These grants were made possible by the generous donations made to our Blue September campaign



Researcher 2			
Department University/Organisation PO Box/Street number Suburb City			
Telephone		Mobile	
Fax			
Email			

Researcher 3			
Department University/Organisation PO Box/Street number Suburb City			
Telephone		Mobile	
Fax			
Email			

Researcher 4			
Department University/Organisation PO Box/Street number Suburb City			
Telephone		Mobile	
Fax			
Email			

Copy table and paste if necessary

Abstract of Research

(Please complete below)

Media Summary of Research (100 words maximum) – Explain the project, and its significance to male specific cancer, in language understandable to the public as a press release.

(Please complete below)

Summary of research proposal for Board Members (plain English please, and restrict to two pages)

- 1. Principal researcher**
- 2. Short title of the project**
- 3. What is your hypothesis?**
- 4. What is the aim of the research?**
- 5. What is the significance of the research?**
- 6. What contribution will the research make to the field of male specific cancers?**
- 7. How do you propose to carry out the research?**
- 8. Who will be involved in the research (name and % of time)?**
- 9. Where will the research be carried out?**
- 10. What are the costs of the proposed research (salaries, equipment, materials, etc.)**
- 11. Are other funding bodies being approached to support this research project?**
- 12. Explain why this research is not funded by your organisation.**

SECTION 2 – Listing of Previous / Current Contracts (if any)

Outline of current and previous support from all agencies (past 6 years):

Funding Agency	
Title of Research	
Named Investigators	
Start date and duration	
Total Value	
Nature of support (limit 1 sentence)	

Funding Agency	
Title of Research	
Named Investigators	
Start date and duration	
Total Value	
Nature of support (limit 1 sentence)	

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Title of Research	
Named Investigators	
Start date and duration	
Total Value	
Nature of support (limit 1 sentence)	

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Named Investigators	
Start date and duration	
Total Value	
Nature of support (limit 1 sentence)	

Copy table and paste as necessary.

SECTION 3 – Description of proposed research (12 page maximum, including references)

Objectives

(Please complete below)

Research Design and Methods

(Please complete below)

Timeline

(Please complete below)

Scientific and Clinical Significance to Male Specific Cancer Research

(Please complete below)

Dissemination of Results

(Please complete below)

References

(Please complete below)

Please outline any justifications or explanations you would like to add regarding your proposed budget

(Please complete below)

SECTION 5 – Biographical Sketches

(Must be completed by all named researchers – copy and paste as necessary. Please include bibliography section immediately after the biographical section for each applicant)

Expand tables as necessary by pressing enter at the end of a row outside of the table.

Title First name Initial(s) Surname

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Date of birth (dd/mm/yy)

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Gender

Female	Male
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Present Position & Current employer (if relevant)

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FTE (%) proposed research

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FTE (%) on all other research contracts

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If a named researcher intends to be absent for a period of longer than one month during the contract duration, please state the reason:

Period of absence	Reason

Degrees, Diplomas	University	Field	Year conferred

Honours, prizes, scholarships, etc	Year awarded

Relevant academic and research experience	From year	To year

Signed:

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Date:

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Name:

Number of publications – if any (exclude abstracts, proceedings or letters):

Important publications (list a maximum of 10):

(Please complete below)

List of publications from previous five years

(Please complete below)

Other forms of research dissemination (1 page maximum)

(Please complete below)

SECTION 6 – Disclosure Statement:

List below any other sources of funding you have made or plan to make application to and the dollar value of the funds you are seeking from each of those sources.

Potential funding source	\$ value of funds applied for	Date of expected notification regarding this funding application

Sign the appropriate declaration:

The sources above are those this research group has applied to, or plan to make funding application to for this initiative:

Principal researcher

Name:	Signed:	Date:
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Or

This research group is not making application to any other funding sources for this initiative:

Fellowship applicant

Name:	Signed:	Date:
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SECTION 7 – Any additional comments with regard to any aspect of this application:

(Please complete below)

SECTION 8 – Applicant referee nominations

(Do not copy. Send with original signed copy of application only).

Principal researcher

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Research title

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Nominated referees:

Referee 1 Name	
Title and organisation	
Full contact address	
Telephone	
Fax	
Email	
Area(s) of Expertise	
Relationship to applicant(s)	

Referee 2 Name	
Title and organisation	
Full contact address	
Telephone	
Fax	
Email	
Area(s) of Expertise	
Relationship to applicant(s)	

Referee 3 Name	
Title and organisation	
Full contact address	
Telephone	
Fax	
Email	
Area(s) of Expertise	
Relationship to applicant(s)	

SECTION 9 – Confidentiality

(Do not copy. Send with original signed copy of application only).

Named principal researcher

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Research Title

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Privacy Provisions

The information requested in this proposal will be used for the purpose of assessing this proposal. Some information will be used in a non-identifiable form for the Foundation's statistical purposes. The Foundation will undertake to store all proposals in a secure place, and to destroy declined proposals after due process to preserve confidentiality.

For public interest purposes, the Foundation reserves the right to release the applicant's name, host institution, contact details, contract title and funding awarded for successful applicants.

Named principal researcher

Name:	Signed:	Date:
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SECTION 10 – Reporting agreement

(Do not copy. Send with original signed copy of application only).

All recipients of a Foundation research grant will provide regular progress reports to the Board (six-monthly).

Named principal researcher

Name:	Signed:	Date:
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SECTION 11 – Intellectual Property (IP)

(Do not copy. Send with original signed copy of application only).

As a general rule the Foundation does not intend to seek to obtain intellectual property rights in respect of research being funded by the Board. However exceptions **may** arise:

1. When research could lead to a discovery, which might be licensed or sold to others for use in the diagnosis or treatment male specific cancers.
2. Where it is appropriate for the Board to insist on intellectual property rights (whether partial or in full) either
 - i. to prevent the possibility of other persons obtaining a license or patent which might prevent further work being carried out in the area or
 - ii. Where objectives could be of commercial value and it is appropriate for beneficiaries of the Foundation's funds to share in the fruits of what is, in that context, venture capital.

Therefore, if the research described in this application is likely to generate software, tests, apparatus or medications (or applications thereof) for use in the diagnosis or treatment of male specific cancer please detail below. If the proposed research does have IP potential, and is funded by this Foundation, the Foundation **may** wish to negotiate to secure appropriate rights.

Otherwise please sign the declaration stating that your research is unlikely to generate patentable outcomes.

Please provide details of expected outcomes with IP potential (if applicable) here:

The undersigned understand that if this proposal is funded, the Foundation may wish to enter into a contract with the applicant and/or host institution to secure intellectual property rights associated with outcomes of the research.

Named principal researcher

Name:	Signed:	Date:
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Head of School, Faculty, Hospital or Organisation

Name:	Title
Signed:	Date:

OR

The undersigned declare that, to the best of their knowledge, the studies described in this application will not result in patentable outcomes.

Named principal researcher

Name:	Signed:	Date:
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Head of School, Faculty, Hospital or Organisation

Name:	Title
Signed:	Date:

SECTION 12 – Ethical and Regulatory Agreement

(Do not copy. Send with original signed copy of application only).

Named principal researcher

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Research Title

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The applicant must read the 'Guidelines on Ethics in Health Research', available from the HRC website

(http://www.hrc.govt.nz/root/Ethics/Ethics%20Overview/HRC_Guidelines_on_Ethics_in_Health_Research.html) and agree to abide by the principles outlined in it. The undersigned also agrees to provide written evidence before any research procedures commence, that **in any study involving animal or human subjects, animal or human materials or personal information, a properly constituted accredited Ethics committee has examined and agreed to the ethics of the proposal outlined in this proposal.** If minor changes in the research design or procedures have been required for ethical reasons, the Foundation must be informed of them. The undersigned also undertakes to ensure that all regulatory consents are gained before research commences.

To be completed by the undersigned:

I have read the 'Guidelines on Ethics in Health Research', and ethical approval is required and evidence of Ethics committee approval is attached	Signed, principal researcher
I have read the 'Guidelines on Ethics in Health Research', and ethical approval is not required. The rationale for this view is as follows:	Signed principal researcher

Principal researcher

Name:	Signed:	Date:
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Head of School, Faculty, Hospital or Organisation

Name:	Title
Signed:	Date:

SECTION 13 – Administrative Agreement

(Do not copy. Send with original application only).

All applications for Foundation grants must include an undertaking to abide by the following administrative agreement:

- (a) It is understood and agreed that any grant received as a result of this application is subject to the conditions of the Foundation. Grant funds will not be expended for any other purpose than described in this application.
- (b) The host institution agrees and undertakes to bear all risks and claims connected with any operation covered by this application and to indemnify and hold harmless the Foundation against any and all liability suits, actions, demands, damages, costs or fees on account of death, injuries to persons or property, or any other losses resulting from or connected with any act or omission performed in the course of the research.
- (c) The host institution agrees and undertakes to support for the duration of any grant the work described in this application by making available accommodation, basic facilities for research and the services necessary for its fulfilment.
- (d) The Head of Department agrees to accept this research within his/her department if a grant is made by the Foundation and is aware that he/she may provide a confidential assessment of the research and its implications in the department if desired.

We the undersigned have read the administrative agreement above and undertake to abide by the conditions of this agreement in respect of any grant made by the Foundation as a result of the present application.

NOTE: Only one fully signed copy of this page is required by the council, this form must be returned to the Foundation with original copy of the contract proposal. Applications which do not have a fully completed administrative agreement will not be processed.

Named principal researcher

Name:	Signed:	Date:
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Head of Department, School, Hospital or Organisation

Name:	Title
Signed:	Date:

SECTION 14 – Reminders

(Do not copy. Send with original application only).

Applications are required by 1 December 2011. Late applications will not be considered

Be sure you have used the correct font size (at least 10 point) and have not exceeded page limits, since doing so may result in your proposal being returned and not considered in this funding round.	
Check the ethics section for signatures and attachments.	
Check that all other relevant signatures have been obtained (e.g. Administrative Agreement, etc).	
Check to be sure you have included the confidential pages your original application ONLY, and NOT in the copies submitted with the original.	
Be sure that your ORIGINAL copy is PAPER-CLIPPED together, and that your 5 PHOTOCOPIES are individually STAPLED. Send to: Post to: Chief Executive Officer Prostate Cancer Foundation of NZ PO Box 11006 Musselburgh Dunedin 9049	
Send electronic copy (in PDF) of the application to: info@prostate.org.nz	