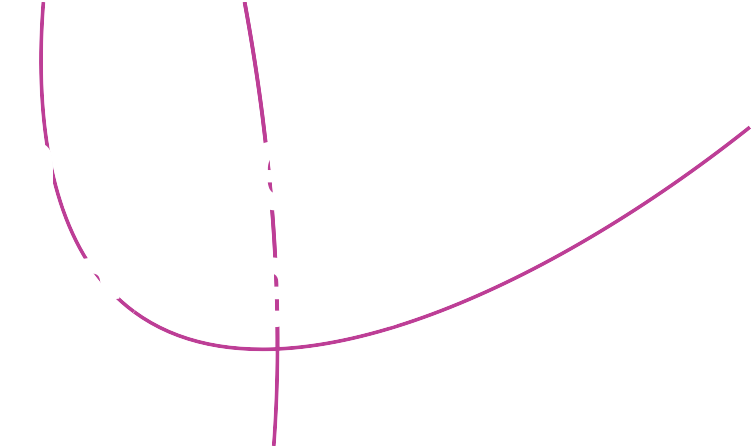
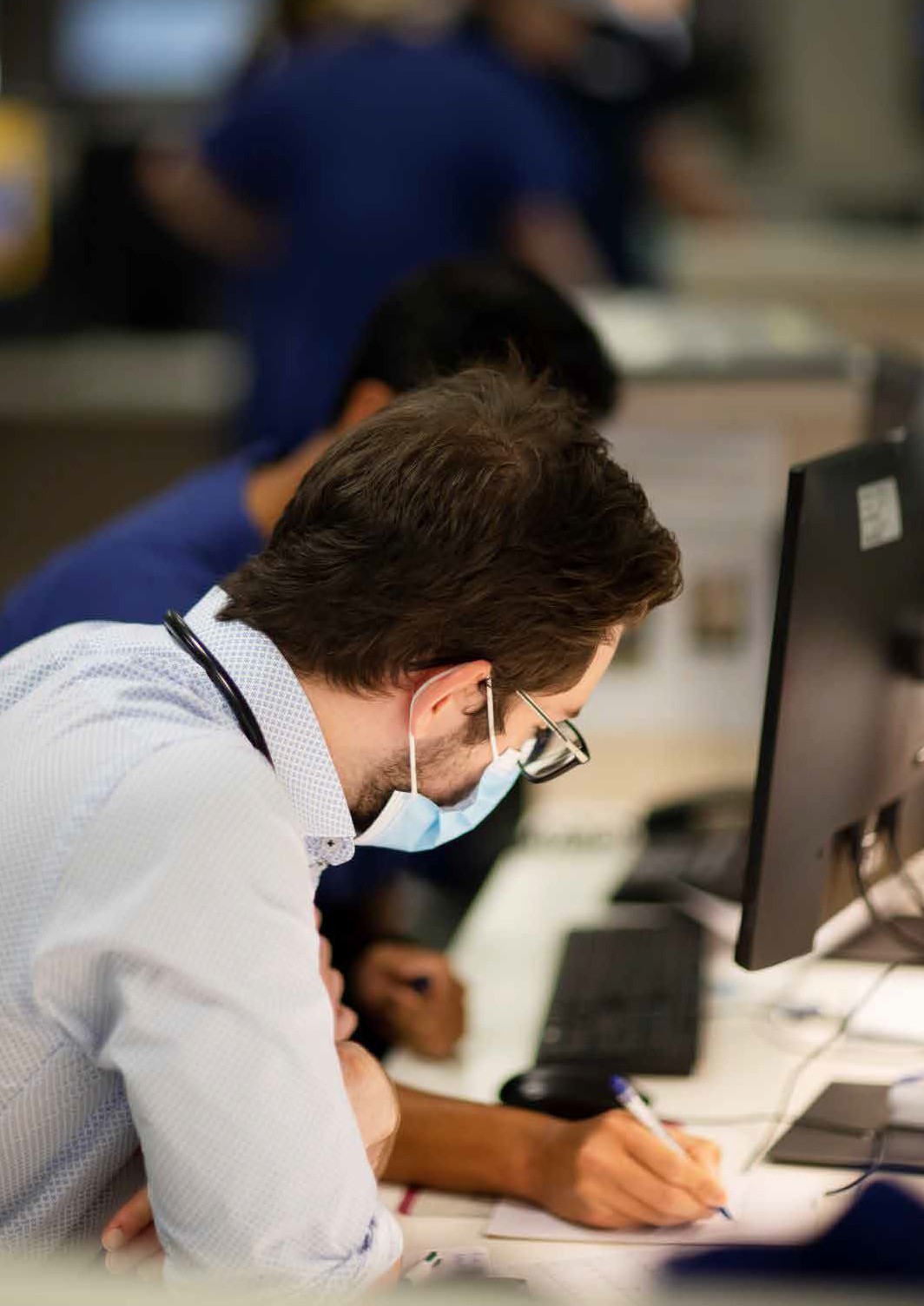
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**Research Grant**

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# BankVic Research Grant 2023

# EOI CLOSES: 8 October 2023

**New and existing research project grants**

The Western Health Foundation is proud to announce a $20,000 Research Grant, sponsored by our generous corporate partner BankVic.

This grant can be used to develop a feasibility study or support completion of existing Western Health research initiatives

in new models of care, health service delivery, innovation or quality improvement.

Both new and currently underway projects are eligible to apply

## Eligibility Criteria

1. Funding is open to all Western Health based researchers who are employees of Western Health.
2. Applications will be considered from all health-related disciplines: allied health professionals, nurses, medical practitioners and scientists
3. Any projects involving external collaborators must identify WH as a key research partner and WH researcher(s) as either a principal co-co-investigator or chief investigator.
4. WH must have at minimum joint ownership of study results and in the project intellectual property

## Timelines

**Application Process**

Application forms for this Expression of Interest are available here, on the Western Health Chronic Disease Alliance website [Bank Vic Grant](https://whcda.wh.org.au/researchers-students-grants-and-fellowships/).

1. Late Applications will not be accepted
2. Applications must be typewritten in 11 point font
3. Submit one electronic word copy & scanned signature page [to:](mailto:research@wh.org.au)

email: [whsgrants@wh.org.au](mailto:whsgrants@wh.org.au)

Subject: Bank Vic Research Grant EOI ‒ [Your Name]

* **Expression of Interest (EOI) closes:**
  + **Successful applicant announced:**

**8 Oct 23 11:59PM**

**20 Oct 23**

Do not remove any surplus pages



**Selection process**

The expert review panel will nominate the final grant recipient. Funding will be awarded to the highest scoring application as determined by a set of defined scoring criteria.

The review process is as follows:

1. Detailed shortlisted applications received
2. Grant Review Panel assess and rank applications
3. Highest scoring application is awarded funds
4. Recipient announced on October 20 Research Week Closing Ceremony

**All applicants should make themselves available to attend the Research Week Closing Ceremony on Friday 20th of October 12:30- 2:30pm at the WCHRE SH Auditorium to receive the award in person if successful.**

**Conditions**

* Provide a progress update six monthly
* Acknowledge the grantor in any publications, posters, presentations that result from this funding
* Assist with a project synopsis for the Western Health website, research reports, etc.
* Agree to Western Health Foundation Terms and Conditions at the end of this application

## Applicant details

|  |  |
| --- | --- |
| Name of applicant (including title) and Dept/organisation: | Enter text. |
| Telephone: | Enter text. |
| Email: | Enter text. |

## Project funding details

|  |  |
| --- | --- |
| Full Project title: | Insert Project Title |
| Project Duration | Choose an item. |
| WH Department/Discipline | Choose an item. |
| Funding amount requested | **Enter amount** |
| Budget Allocation: What will the funds be used for | Enter text. |
| Research collaborators:  **Please include name and institution** | Enter text. |
| Intellectual Property: Does the project have any IP and who will own it | Enter text. |

## Project Summary

Please provide a brief summary of your proposed project, aims, milestones, expected outcomes and significance (max. 1pg).

|  |  |
| --- | --- |
| Project Aims | Enter text. |
| Project Milestones | Enter text. |
| Expected Outcomes and Significance | Enter text. |

|  |  |
| --- | --- |
| **Certification by relevant Head of Department:**  I certify that appropriate general facilities will be available to the applicant if successful and that I am prepared to have the project carried strictly in accordance with the current Western Health Research Grant requirements.  Name (Use block letters) | |
| Title First Name Surname | Department |
| Signature | Date |

|  |  |
| --- | --- |
| **Certification by relevant Head of Division: (Only required if HoD is part of the Research Team)**  I certify that appropriate general facilities will be available to the applicant if successful and that I am prepared to have the project carried strictly in accordance with the current Western Health Research Grant requirements.  Name (Use block letters) | |
| Title First Name Surname | Division |
| Signature | Date |

**WESTERN HEALTH FOUNDATION TERMS AND CONDITIONS**

1. WHF will not reimburse above the amount approved in this application

* If you identify that your project may exceed your original projections you must contact your allocated WHF project manager to seek further written approval

2. Any costs above the designated amount or that are deemed by WHF to be outside the scope detailed and approved in this application will not be included in a fund reimbursement.

3. WHF reserves the right to refuse funding of any project prior to written approval

4. The project lead completing this application does so in good faith and with the understanding that the completion of this funded project is for the betterment of WH staff, patients, facilities or knowledge

5. The project lead agrees to provide some form of impact testimonial either during or at the completion of the project.

* Examples of this are: photos, statements, quotes, statistics, formal reports

6. The project lead consents to all testimonials being used by WHF in both digital and print marketing

7. The project lead will advise their WHF project manager if they are to relinquish their role as project lead

* In this case the newly appointed project lead accepts all terms and conditions previously accepted by their predecessor

8. The project lead agrees to submit all required evidence to the foundation within the timelines set

* Your file path and tracking document will be sent to upon approval of your application, along with a WHF project manager to provide assistance if required

9. The project leader will ensure WHF branding and/or acknowledgment is included in all opportunities relating to the funded project

## Contact:

Bill Karanatsios, Research Program Director ‒ Office for Research

Telephone: 03 8395 8073 Email: [bill.karanatsios@wh.org.au](mailto:bill.karanatsios@wh.org.au)