**2025 NeuroSurgical Research Foundation**

For Office Use Only:

**General Research Grant Application Form**

**IMPORTANT NOTES:**

* No retrospective funding will be considered.
* All projects must be directly related to clinical neurosurgery. (If in doubt contact NRF office with a short summary for initial review by 1st May 2025)
* General grants closing date 1st June
* Formatting – CIA and AI description character limits must be complied with.

- Project Details Max 4 pages Font specification must be followed.

Please complete all sections.

***Section 1: Project Outline***

1. **Project Title**

*The scientific title will be used to identify the project during the application process and should accurately describe the project. The title should be brief, precise and informative to persons outside your field.*

1. **Simplified Title of Project**

*The simplified title will be used in media releases and in advertising the research grants. The simplified title should be easily understood by the general public while still conveying the general nature of the project.*

1. **Key Words** *Provide up to 6 key words to describe the project.*
2. **Lay Summary – maximum 100 words**

*Please provide a summary in lay terms about the general problem on which you are working.*

1. **Total funding amount requested**

|  |
| --- |
|  |

1. **Chief Investigators (CIs) –** **Up to Max 10 CIs can be listed**

*The Chief Investigator is the person who takes responsibility for the completion and lodgment of the application and if successful for lodging with the NeuroSurgical Research Foundation the progress/completion report.*

**6.1 Chief Investigator A (CIA) - Personal Details**

|  |  |
| --- | --- |
| **Title** |  |
| **Name** |  |
| **Qualifications** |  |
| **Position currently held** |  |
| **Main Institutional affiliation** |  |
| **Department/Unit** |  |
| **Address** |  |
| **Email address** |  |
| **Work Telephone** |  |
| **Mobile** |  |
| **Specialisation**  Please check all that apply | ◻ Neurosurgeon ◻ Trainee Neurosurgeon  ◻ Neurologist ◻ Trainee Neurologist  ◻ Research scientist  ◻ Honours student ◻ Masters student ◻ PhD student    ◻ Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(*please specify)* |
| **Source of salary support in 2024** |  |
| **Time commitment** (days/month) |  |

**6.1.1** **Contribution to the project (maximum 500 characters including spaces).**

*Provide a short description of the CI’s specific contribution to the project.*

Click or tap here to enter text.

**6.1.2** **Chief Investigator A (CIA) Skills, capability and contribution statement – maximum 2000 characters (including spaces).** *Provide a short description of specific skills and expertise relevant to project.*

**6.2 Chief Investigator B (CIB) - Personal Details**

|  |  |
| --- | --- |
| **Title** |  |
| **Name** |  |
| **Qualifications** |  |
| **Position currently held** |  |
| **Main Institutional affiliation** |  |
| **Department/Unit** |  |
| **Address** |  |
| **Email address** |  |
| **Work Telephone** |  |
| **Mobile** |  |
| **Specialisation**  Please check all that apply | ◻ Neurosurgeon ◻ Trainee Neurosurgeon  ◻ Neurologist ◻ Trainee Neurologist  ◻ Research Scientist  ◻ Honours student ◻ Masters student ◻ PhD student    ◻ Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(*please specify)* |
| **Source of salary/scholarship support in 2024** |  |
| **Time commitment** (days/month) |  |

**6.2.1** **Contribution to the project (maximum 500 characters including spaces).**

*Provide a short description of the CI’s specific contribution to the project.*

**6.2.2** **Chief Investigator B (CIB) - Skills, capability and contribution statement** – maximum 2000 characters (including spaces). *Provide a short description of specific skills and expertise relevant to project.*

**6.3 Chief Investigator C (CIC) - Personal Details**

|  |  |
| --- | --- |
| **Title** |  |
| **Name** |  |
| **Qualifications** |  |
| **Position currently held** |  |
| **Main Institutional affiliation** |  |
| **Department/Unit** |  |
| **Address** |  |
| **Email address** |  |
| **Work Telephone** |  |
| **Mobile** |  |
| **Specialisation**  Please check all that apply | ◻ Neurosurgeon ◻ Trainee Neurosurgeon  ◻ Neurologist ◻ Trainee Neurologist  ◻ Research Scientist  ◻ Honours student ◻ Masters student ◻ PhD student  ◻ Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(*please specify)* |
| **Source of salary/scholarship support in 2024** |  |
| **Time commitment** (days/month) |  |

**6.3.1** **Contribution to the project (maximum 500 characters including spaces).**

*Provide a short description of the CI’s specific contribution to the project.*

**6.3.2** **Chief Investigator C (CIC) - Skills, capability and contribution statement** – maximum 2000 characters (including spaces). *Include skills and expertise relevant to project.*

1. **Associate Investigators Up to Max 10 AIs can be listed**

**7.1 Personal Details of Associate Investigator A (AIA)**

|  |  |
| --- | --- |
| **Title** |  |
| **Name** |  |
| **Qualifications** |  |
| **Position currently held** |  |
| **Main Institutional affiliation** |  |
| **Department/Unit** |  |
| **Address** |  |
| **Email address** |  |
| **Work Telephone** |  |
| **Mobile** |  |
| **Specialisation**  Please check all that apply | ◻ Neurosurgeon ◻ Trainee Neurosurgeon  ◻ Neurologist ◻ Trainee Neurologist  ◻ Research Scientist  ◻ Honours student ◻ Masters student ◻ PhD student  ◻ Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(*please specify)* |
| **Source of salary/scholarship support in 2024** |  |
| **Time commitment** (days/month) |  |

**7.1.1** **Contribution to the project (maximum 500 characters including spaces).**

*Provide a short description of the AI’s specific contribution to the project.*

**7.1.2 Associate Investigator (AIA)** **Capability statement – maximum 2000 characters (including spaces).** *Include skills and expertise relevant to project.*

**7.2** **Personal Details of Associate Investigator B (AIB)**

|  |  |
| --- | --- |
| **Title** |  |
| **Name** |  |
| **Qualifications** |  |
| **Position currently held** |  |
| **Main Institutional affiliation** |  |
| **Department/Unit** |  |
| **Address** |  |
| **Email address** |  |
| **Work Telephone** |  |
| **Mobile** |  |
| **Specialisation**  Please check all that apply | ◻ Neurosurgeon ◻ Trainee Neurosurgeon  ◻ Neurologist ◻ Trainee Neurologist  ◻ Research Scientist  ◻ Honours student ◻ Masters student ◻ PhD student  ◻ Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(*please specify)* |
| **Source of salary/scholarship support in 2024** |  |
| **Time commitment** (days/month) |  |

**7.2.1** **Contribution to the project (maximum 500 characters including spaces).**

*Provide a short description of the AI’s specific contribution to the project.*

**7.2.2 Associate Investigator (AIB)** **Skills, capability and contribution statement** – maximum 2000 characters (including spaces). *Include skills and expertise relevant to project.*

**8.** **Previous NeuroSurgical Research Foundation Research Gifts**

Have any of the listed investigators received a research gift from the NeuroSurgical Research Foundation in the past 5 years?

* NO **Please go to question 9.**
* YES Please itemise each research gift below including: year funded, project title and names of all CI/AI team members.

**9. Ethical Review**

*Please indicate where ethical review and approval has been obtained or will be sought for the studied outlined in this proposal. Please note that ethical clearance must be obtained before the start of the research donation funded project.*

**Section 2: Research Support**

**10. Current and pending research support**

*Please list all current and pending research support.*

**Chief Investigator A**

|  |  |  |  |
| --- | --- | --- | --- |
| **Source of support** | **Title of project** | **Time**  (days/month) | **Funding amount $** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

**Chief Investigator B**

|  |  |  |  |
| --- | --- | --- | --- |
| **Source of support** | **Title of project** | **Time**  (days/month) | **Funding amount $** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

**Chief Investigator C**

|  |  |  |  |
| --- | --- | --- | --- |
| **Source of support** | **Title of project** | **Time**  (days/month) | **Funding amount $** |
|  |  |  |  |
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**Section 3: Project Detail – maximum 4 pages**

**Type Front Arial Must be used. Font Size 12 Must be used**

**11. Project**

*The project outline must be phrased in language that is comprehensible to someone unqualified in your discipline.  It should explain what is proposed and how it is to be done within the four A4 pages stipulated. Items 9 and 10 (above) are not included in the page count.*

**11.1 Background**

*Describe the:*

* *Scope of the problem, key statistics*
* *Relevant background information in order to understand the project rationale*
* *Significance of the project – why this project, why now?*
* *Key objectives of the project*
* *Any other relevant information*
* *Figures are encouraged.*

**11.2 Aims and Hypotheses**

* *Clearly describe the overarching aims of your project.*
* *Include individual aims and hypotheses.*

**11.3 Research Plan**

*Outline the research plan in detail, including as appropriate:*

* *Detailed description of the experimental design, including experimental groups, sample sizes. The use of a figure is encouraged to clearly communicate this information.*
* *Animal studies need to include the experimental model to be used, including animal species (age/sex/weight).*
* *Methodology to be used, including justification of technique selection.*
* *Statistical analysis plan.*

**11.4 Outcomes and Significance**  
  
*Briefly describe the:*

* *Importance of the problem to be researched*
* *Expected outcome of the research plan; and*
* *potential significance of the research.*
* *For pre-clinical projects, describe how this project will add to the body of knowledge in the field.*

**12.**  **References -** Maximum 1 page.

Author, date format.

**13. Budget**

*Not included in the page count.*

Research gifts may be up to $50,000 per project.

**13.1 Itemised Budget**

Please provide a detailed budget for your project.

Add additional lines as needed.

|  |  |
| --- | --- |
| **Detailed Budget Items** | **$ Amount Requested** |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
| **Total** |  |

**Section 4: Certification**

**14.1 Certification**

|  |
| --- |
| ◻ I/we certify that all the details on this form area correct and complete |
| ◻ I/we understand and agree that:   * Research which involves human and/or animal experimentation must be carried out in accordance with the guidelines laid down in the NHMRC codes of practice. * Research which involves the use of recombinant nuclei acid constructed in vitro from sources which do not ordinarily recombine genetic information must be carried out in accordance with the guidelines laid down by the Recombinant DNA Monitoring Committee. * Research which involves the use of ionizing radiation must have the risks involved assessed by a recognized Ethics, Safety or Biosafety Committee and personnel must be trained and hold a current licence, as appropriate. * A certificate of compliance with appropriate guidelines must be received from a recognized Ethics, Safety or Biosafety Committee before payment or any proposed research donation can be made. |

I authorize ………………………………………………. (insert name) to sign all subsequence documentation relating to this application on my behalf.

**14.2 Signatures of Chief Investigators**

|  |  |  |
| --- | --- | --- |
| Chief Investigator A Name | Signature | Date |
|  |  |  |
| Chief Investigator B Name | Signature | Date |
|  |  |  |
| Chief Investigator C Name | Signature | Date |
|  |  |  |

**14.3**  **Certification by Head of Department/School of CIA**

I certify that appropriate general facilities will be available in my Department/School to the applicant if successful and that the project will be carried out strictly in accordance with NHMRC Ethical and Scientific guidelines. Sufficient working and office space is available for any proposed additional staff. I am prepared to have the project carried out in my Department/School in accordance with the application.

|  |  |  |
| --- | --- | --- |
| Head of Department/School Name | Signature | Date |
|  |  |  |

Please save the completed application form as a PDF document using the following file naming convention:

CIA Name\_NRF 2025.pdf

**Please submit the completed application by 5pm 1St June 2025 to:**

NeuroSurgical Research Foundation

Email: [ginta.orchard@nrf.com.au](mailto:ginta.orchard@nrf.com.au)

**Please note: Late applications will not be accepted. Applications that do not adhere to the eligibility requirements or formatting guidelines will not be considered.**