



APPLICATION FORM

RANZCR Research Grant – Radiation Oncology

The purpose of the RANZCR Research Grant is to provide funding for innovative projects that have the potential to lead to the discovery of new ideas and to the advancement of knowledge. The grants are primarily directed towards facilitating the career advancement of investigators who may not have previously received external funding. Grants are available between AU\$5,000-AU\$25,000.

Please refer to the RANZCR Research Grant Guidelines for further information.

Before submitting your application, please ensure the following:

- ☐ You have read the Terms & Conditions for the RANZCR Grants and Fellowships.
- ☐ You have attached evidence of ethics approval, if applicable (**Section 7**).
- ☐ You have signed this application form (**Section 8a**).
- ☐ The Head of Department has signed this application form (**Section 8b**).
- ☐ You have attached a letter of approval from the Head of Department.
- ☐ Your project supervisor has signed this application form if applicable (**Section 8c**).
- ☐ You have attached your **current** curriculum vitae (CV) – **no more than 3 pages**.
- ☐ You have read and completed all sections.

Applications must not be handwritten.

SUBMITTING YOUR APPLICATION

All nominations must be submitted by email to gaps@ranzcr.edu.au by COB, **Monday 12 June 2023**.

Supporting documentation should be submitted as a single PDF document.

If you have any questions or would like any further information regarding this grant please contact Dr Lisa Milner, Project Officer, Research, Grants, Awards and Prizes, on +61 2 9268 9746 or gaps@ranzcr.edu.au

After submitting your application, please be aware of the following information and requirements:

- An email will be sent to you confirming that your application has been received.
- The review process may take 4-6 months.

Applications would be strengthened by:

- *a clear hypothesis (or hypotheses)*
- *justification of sample size*
- *clear exposition of methods*
- *a defined plan for data analysis*
- *a demonstration of expertise and validation regarding the methods to be adopted.*

Criteria used to judge the project proposals include:

- Intrinsic scientific merit and innovation
- Clarity of aims and objectives
- Soundness of hypotheses
- Appropriateness of study method and design
- Feasibility
- Measurable outcomes
- Relevance of study to radiation oncology
- Track record of the investigator **relative to opportunity**
- Track records of co-investigators
- Evidence that research engages with cancer consumers, if applicable
- Evidence of being enrolled in a relevant research higher degree
- Other factors which fulfil the aim of the grant to facilitate the career advancement of investigators who may not have previously received external funding (see guidelines for more details)



RANZCR Research Grant – Radiation Oncology Application Form

SECTION 1: ELIBILITY

Are you:

A Fellow of the College?

☐ Less than five years post-Fellowship

☐ Five or more years post-Fellowship

A trainee of the College?

What year of training are you in?

☐ Year 1

☐ Year 2

☐ Year 3

☐ Year 4

☐ Year 5

If you are a trainee, do you have a mentor?

☐ Yes

☐ No

An Educational Affiliate of the College? ☐

Are you the Principal Investigator for this project?

☐ Yes

☐ No (if no, you are not eligible for this grant)

Please indicate the area of research your project falls under (select all that apply).

☐ Basic Research

☐ Clinical Research

☐ Translational Research

☐ Health Services Research

☐ Educational Research

☐ Health Economics Research

Are you currently enrolled in a program seeking a higher degree?

☐ Yes

☐ No

What is your gender?

☐ Female

☐ Male

☐ Other

☐ Prefer not to say

Do you identify as Aboriginal, Torres Strait Islander, or Māori?

☐ Yes

☐ No

☐ Prefer not to say

Do you identify as a member of any other underserved population defined as communities or groups which face additional barriers or lack of representation in Radiation Oncology and can include Aboriginal, Torres Strait Islander, and Māori communities, disability, or other populations not specifically listed?

☐ Yes

☐ No

☐ Prefer not to say

If yes, which population: _____ ☐ Prefer not to say



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Section 2: Details of Applicant/s

Section 2a: Applicant Details

Member ID _____

Title _____ Surname _____ First Name _____

Position Title _____

Institution/Organisation _____

Department/Unit _____

Email _____ Phone _____

Role of Applicant _____

Section 2b: Additional Applicant Details (if required)

Title _____ Surname _____ First Name _____

Position Title _____

Institution/Organisation _____

Department/Unit _____

Email _____ Phone _____

Role of Applicant _____

Section 2c Additional Applicant Details (if required)

Title _____ Surname _____ First Name _____

Position Title _____

Institution/Organisation _____

Department/Unit _____

Email _____ Phone _____

Role of Applicant _____

Section 2d: Mentor/Supervisor Details (required if applicant is a trainee)

Title _____ Surname _____ First Name _____

Position Title _____

Institution/Organisation _____

Department/Unit _____

Email _____ Phone _____



Section 3: Research Project Details

Section 3a: Title of Project

Section 3b: Synopsis (maximum 200 words)

Section 3c: Hypothesis(es) (maximum 200 words)

Section 3d: Scientific aims of the research project (maximum 200 words)

What is it that you hope to learn?

Section 3e: Career development aims (maximum 200 words)

What skills do you hope to develop as a result of completing this research project?



Section 4: Research plan (maximum of four pages)

Section 4a: Background and significance

Please outline the background behind the research project, including previous research studies.

Section 4b: Method

Please outline the method which is to be used in the research project including study protocol, patient population, inclusion/exclusion criteria and statistical analysis.



Section 4c: Significance of research

What will you learn from this research?

How will this learning or these new skills further your development as a professional in your area of expertise?

Have you or your co-investigators sought feedback and advice from cancer consumer(s), if applicable, to ensure their research proposal will benefit cancer patients?

☐ Yes

☐ No

Please explain/provide details:

If this research will form part of a Research Higher Degree e.g. PhD, have you provided appropriate evidence?

☐ Yes

☐ No

Section 4d: Timeline

Please list the timeline and milestones of all aspects of your research project, including start date (month and year), deadlines for goals such as patient accrual, data analysis, report writing and projected completion date (month and year).

For applicants who have no protected time for research, please explain how this project might be feasible and compatible with your current work.



Section 4e: References

Please list references related to your research project.

Section 4f: Co-investigators

Please list:

- *the role of each co-investigator and time involved*
- *a short summary of the track record of each co-investigator and skills they will contribute to the project (maximum two pages)*



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Section 5: Budget

Section 5a: Budget

Below is a budget template. Please adjust this template to suit your needs if required or submit a budget as a separate attachment.

Item	Unit Price	# of Units Required	Amount
TOTAL			

- RANZCR Research Grants will not fund:
 - a) Transport / travel
 - b) Food
 - c) Conference costs
 - d) Salary support for the principal/other investigators' time
 - e) The principal/other investigators' time
 - f) Resources that would be routinely funded by the institution, independently of the research project, including software/hardware
 - g) Projects with existing funding where the application is to provide contingency funding in the event that existing funding is discontinued.
- RANZCR Research Grants will support funding for Research Assistants, medical students (whose skills are required for the research project) and statistical advisors. If funding is required for imaging, the grant will only support up to 50% of MBS-rate imaging costs.

Section 5b: Budget justification

Please provide justification of the budget and prioritisation of funding on specific aspects of the budget such as staff, equipment, data analysis costs. Each budget item should be justified in detail.

Section 5c: Other funding received or applied for related to this project



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Please provide the details and amounts of any other funding that has been received or applied for in relation to the project. Please note that the presence of other sources of funding are not considered to be detrimental to the outcome of this application.

Section 5d: Amount of funding required for each year of the project

For projects longer than one year, please provide the amount of funding required for each year of the project. The total amount of funding should equal the total funding listed in **Section 5a**.

If your project is estimated to take longer than five years, please adjust the below table to include the additional years.

Year	Calendar Year	Amount of Funding Required
Year 1		
Year 2		
Year 3		
Year 4		
Year 5		

Section 6: Publications of applicant

Track record relative to opportunity. Please list the publications on which you are the first or other author during the past five years.

Section 7: Ethics Committee Approval



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If ethics approval has been received, please attach the letter from the ethics committee. If not, please advise the date of submission to the ethics committee and anticipated date of approval. Please note that for research projects involving humans or animals, funding will not be released without ethics approval.

Section 8: Signatures

Section 8a: Signature of Applicant

Signature _____ Date _____

Section 8b: Signature of Head of Department

Please note:

- Applications from trainees should be assessed by a mentor before submission to the College. The mentor should give guidance in respect of the preparation and presentation of the research plan and budget.
- An approval letter from the Head of Department regarding the research project should be attached to this application. Where relevant, the letter should include the fact that approval is given for the department to support the project by providing funding or in-kind support for imaging given that the grant will only cover imaging costs at 50% of the MBS-rate.

Signature of Head of Department _____

Name _____ Date _____

Section 8c: Signature of Project Supervisor (if applicable)

Please note approval from the Project Supervisor must be indicated below.

Signature of Project Supervisor _____

Name _____ Date _____