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| **TRANSLATIONAL****RESEARCH GRANTS****EXPRESSION OF INTEREST FORM**September 2023 |



**Please answer only the questions asked; adhere to all word count restrictions; and read the “Translational Research Grants Application Guidelines” that is provided on the HCF Research Foundation website. Successful EOIs will make a compelling case for their proposed project citing an evidence-based intervention for adoption that will demonstrably address an area of significant need.**

**Please note that information entered in this form is not considered part of the final application and will be considered ‘subject to change’.**

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| project summary | Please fill in below per allocated word count. |

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| **Project Title** (max 20 words) |
|  |
| **Abstract** (max 250 words) |
|  |

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| Project Information |  |
| Briefly describe the need for the proposed intervention (max 200 words) Include references for data and evidence of need. |
|  |
| Briefly describe the proposed intervention to be implemented (max 200 words) Include references for the evidence base of the intervention. |
|  |
| Briefly describe the anticipated outcomes from successfully implementing the intervention (max 200 words) For e.g., what would be the media headline and key outcomes  |
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| --- | --- |
| Project team |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| PROJECT LEAD |  |  |  |  |
| Title |  | First Name |  | Surname |
|  |  |   |  |  |
| Institution/Organisation |  | Department |  | Current position  |
|  |  |   |  |  |
| Contact Phone Number |  | Email Address |  |  |
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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Who are the likely co-investigators and key stakeholders? (add rows as needed)

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| --- | --- |
| Name | Role in Project |
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| ADMINISTRATIve detail  |  |

ADMINISTERING INSTITUTION

|  |  |  |
| --- | --- | --- |
| Institution Name |  | Research Office Contact Person |
|   |  |  |

Other details

|  |  |  |
| --- | --- | --- |
| Indicative budget range |  | Likely project duration |
|   |  |  |

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| PRIVACY  | . |

**By completing and submitting this form you confirm that:**

1. you agree to the HCF Research Foundation collecting the information in this form and use it to assist in considering your Application;
2. you have the consent to provide the information of other persons referred to in this form (**Other Persons**) to the HCF Research Foundation;
3. HCF may also use and disclose the personal information in this form to other parties, including HCF and its other subsidiaries, for the purposes of assessing your Application and conducting the activities of the HCF Research Foundation and I have made the Other Persons aware of this.

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| DECLARATION | . |

* I acknowledge that all the information contained within this application supplied by me is complete and accurate.
* I will contact the HCF Research Foundation if any information contained within this application changes or is incorrect.
* If the full application is funded, I will ensure the described research will be carried out in accordance with good scientific practice as per relevant Australian and international regulations.
* My Institution authorises and approves the submission of this EOI.
* I confirm that I have read and understand this declaration

|  |  |  |
| --- | --- | --- |
| Signature |  | Name (please print) |
|   |  |   |

Institution/Organisation

|  |  |
| --- | --- |
|  |  |
| Date |
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| **The Trustee for the HCF Research Foundation** ABN 40 577 146 605403 George Street, Sydney, NSW 2000GPO Box 4242, Sydney NSW 2001  |  **OFFICE USE ONLY**

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| Project ID |  |  |
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| Send your fully completed form as a single PDF to HCF Research Foundation  |

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|  | EMAIL UShcffoundation@hcf.com.au  |

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