CVD Elite Application
Form Preview

About the grant

* indicates a required field

Instructions for Applicants

Applications for Cardiovascular Elite Postdoctoral Researcher Grants **must be submitted by host organisations** on behalf of a nominated Elite Researcher.

Applications will not be accepted directly from researchers. Each host organisation may only submit two nominations per financial year.

Please read the Grant Guidelines before starting your application, then:

1. Save frequently using the “Save Progress” button to avoid losing work. The system will automatically time out after 20 minutes and unsaved work will be lost.
2. You may begin entering information in any section/page of the application form, it does not have to be completed in chronological order.
3. To move through the application form, use the ‘Form Navigation’ box on the right-hand side of the screen. You can also use the 'next page' or 'previous page' buttons at the top or bottom of each page.
4. Before your final application is submitted, ensure all mandatory fields are completed, word limits adhered to, and you have uploaded the research protocol and signed declaration form.
5. To submit your application, go to the 'Review and Submit' page of the application form and click the ‘Submit’ button located at the top of the page.
6. You will receive an email confirmation of your submission to the email you used to register your account.

If you do not receive a confirmation email, please check your spam and junk email folders in the first instance. If you do not receive a confirmation email, you should presume that your submission has NOT been submitted and click the ‘submit’ button again.

Document requirements

Please attach the following documents in the relevant sections

- A track record for the elite researcher
- Two referee reports
- Research Program Protocol
- Statement of support signed by the host organisation’s chief executive
- Partner statements of support if required
- Signed declarations

Application Number

This field is read only.

Program Details

Grant Program Name

This field is read only.
The program this submission is in.

Grant Round Name

This field is read only.
The round this submission is in.

Opening Date

This field is read only.
The opening date for the round.

Closing Date

This field is read only.
The closing date for the round.

Disclaimer

The Applicant acknowledges and agrees that:

- submission of this application does not guarantee funding will be granted for any project, and NSW Health expressly reserves its right to accept or reject this application at its discretion;
- they must bear the costs of preparing and submitting this application and NSW Health does not accept any liability for such costs, whether or not this application is ultimately accepted or rejected; and
- they have read the grant guidelines for the grant program and has fully informed itself of the relevant requirements.

Use of Information

By submitting this application form, the Applicant acknowledges and agrees that:

- if this application is successful, the relevant details of the project will be made public, including details such as the names of the organisation (Applicant) and any partnering organisation (state government agency or non-government organisation), project title, project description, location, anticipated time for completion and amount awarded;
- NSW Health will use reasonable endeavours to ensure that any information received in or in respect of this application which is clearly marked ‘Commercial-in-confidence’ or ‘Confidential’ is treated as confidential, however, such documents will remain subject to the Government Information (Public Access) Act 2009 (NSW) (GIPA Act); and
- in some circumstances NSW Health may release information contained in this application form and other relevant information in relation to this application in response to a request lodged under the GIPA Act or otherwise as required or permitted by law.

Privacy Notice

By submitting this Application form, the Applicant acknowledges and agrees that:

- NSW Health is required to comply with the Privacy and Personal Information Protection Act 1998 (NSW) (the Privacy Act) and that any personal information (as defined by the Privacy Act) collected by NSW Health in relation to the program will be handled in accordance with the Privacy Act and its privacy policy (available at: https://www.dpc.nsw.gov.au/privacy);
- the information it provides to NSW Health in connection with this application will be collected and stored on a database and will only be used for the purposes for which it was collected (including, where necessary, being disclosed to expert reviewers in connection with the assessment of the merits of an application) or as otherwise permitted by the Privacy Act;
- it has taken steps to ensure that any person whose personal information (as defined by the Privacy Act) is included in this application has consented to the fact that NSW Health and other Government agencies may be supplied with that personal information, and has been made aware of the purposes for which it has been collected and may be used.

Eligibility Confirmation

I certify that:

1. I have read the Guidelines and this application complies with the requirements outlined.
2. If the researcher is not an Australian citizen or a permanent resident of Australia, awarding of funding will be conditional on obtaining an appropriate working visa for the full term of the funding period. This process will be facilitated by the host organisation.
3. The researcher will reside in NSW and be employed by an eligible host organisation for the full grant period.
4. All team members named have read this application and have given their consent to be included.

*

☐ Yes

Applicant Details

* indicates a required field

Instructions for completing this section

For Address fields, please enter your Organisations address information.

Nominated elite researcher details

*

Title | First Name | Last Name

Organisation

Position

Email Address *

Must be an email address.

Primary Phone Number *

Phone number must include country code.

Organisation Primary Address
Address

Organisation Postal Address
Address

As Above if the same as primary

How does the researcher describe their gender? *

- ○ Man or male
- ○ Woman or female
- ○ Non-binary
- ○ I use a different term
- ○ Prefer not to answer

Gender refers to current gender, which may be different to sex recorded at birth and may be different to what is indicated on legal documents.

please specify the term you use *

Aboriginal or Torres Strait Islander origin

Does the researcher identify as *

- ○ Aboriginal
- ○ Torres Strait Islander
- ○ Both Aboriginal & Torres Strait Islander
- ○ Neither

Does the researcher currently reside interstate or overseas? *
○ Yes ○ No

In which state/ territory?

In which country?

Regional, Rural or Remote

For guidance on what is considered a rural or remote area, please refer to the Modified Monash Model. Areas classified MM 3 to MM 7 are considered rural or remote for the purpose of the Application.

If the application is successful, will the researcher reside in a rural or remote area? *
○ Yes ○ No

Please provide the MM area for the Researchers work address *
○ MM 3 ○ MM 4 ○ MM 5 ○ MM 6 ○ MM 7

Practising Clinician

Is the researcher currently a practising clinician? *
○ Yes ○ No

In which area do you practise *
○ Medical ○ Nursing ○ Allied Health

Will the researcher continue clinical duties during this project? *
○ Yes ○ No

What will be the FTE split between clinical and research duties?

FTE Research *
Must be a number.

FTE Clinical Duties *
Must be a number.

Working Rights

Does the researcher have the right to work in Australia for the duration of the project? *
○ Yes ○ No

PhD

PhD Date conferred (or expected) *

Must be a date.

University Name *

Host and Administering Organisation Details

* indicates a required field

Host Organisation

Host Organisation *

Other Host Organisation

Please provide the details of the Host Organisation. This information will need to be reviewed, prior to application acceptance.

Organisation Name	ABN	Address

Contact Details

Name *

Title | First Name | Last Name

Position *

Phone Number *

Must be an Australian phone number.

Email *

Must be an email address.

Administering Organisation

Is the Administering Organisation the same as the Host Organisation? *

○ Yes ○ No

Administering Organisation *

Other Administering Organisation

Please provide the details of the Administering Organisation. This information will need to be reviewed, prior to application acceptance.

Name	ABN	Address

Contact Details

Name *

Title | First Name | Last Name

Position *

Phone Number *

Must be an Australian phone number.

Email *

Must be an email address.

Project Overview

* indicates a required field

Project Title *

Word count:

Please ensure the title describes the project clearly and avoids overly technical language. (must be no more than 25 words).

Brief description *

Word count:

Descriptive title that summarises the intent of the research project. (must be no more than 50 words).

Start Date *

End Date *

Researcher primary work address *
Address

Broad Research Area

Is the research focus of this application primarily: *
☐ Basic Science Research
☐ Clinical Medicine and Science Research
☐ Health Services Research
☐ Public Health Research

ANZSRC Codes

This section relates to the **The Australian and New Zealand Standard Research Classification (ANZSRC) 2020 codes**, available here.

Please enter three of each code

- Field of Research (FoR) field codes for the project (NB. consider the project's methodology when selecting codes).
- Socio-Economic Objectives (SEO) objective codes for the project (NB. consider the project's purpose and/or outcome when selecting codes).

Field of Research	**Socio-Economic Objectives**
consider the project's methodology when selecting codes	consider the project's purpose and/or outcome when selecting codes

Keywords

Please provide up to four additional key words that describe the research. Use key words from the NHMRC Research Keywords/Phrases list wherever possible: https://www.nhmrc.gov.au/sites/default/files/2019-03/research-keywords.pdf. You may include key words relating to clinical area (e.g. cancer, stroke), specific populations under study (e.g. children, Aboriginal people), research methods (randomised controlled trial), research type (biobanking, genomics, stem cells) and other descriptive key words as appropriate.

Additional Keyword

Focus Populations

- Does your intervention specifically target a particular population group?
- Are you analysing the data for particular populations separately?

Please note that if you are conducting basic science research, we understand that this may apply across all these groups but would not see each group as a focus within your research, unless you are specifically targeting one or more of the groups below.

Please indicate if any of the following populations are the focus of your research. Select as many as are appropriate.

Focus Population

Please explain how your research addresses the needs of your selected focus population/s and, if relevant, how you will engage with representatives of that community (max 150 words).

Focus Population Explanation

Word count:

Research Using Animals

The *Australian code for the care and use of animals for scientific purposes* requires the application of the 3Rs ('replacement', 'reduction' and 'refinement') at all stages of animal care and use. The 3Rs are defined as:

- **Replacement**: methods that permit a given purpose of an activity or project to be achieved without the use of animals.
- **Reduction**: methods for obtaining comparable levels of information from the use of fewer animals in scientific procedures or for obtaining more information from the same number of animals
- **Refinement**: methods that alleviate or minimise potential pain and distress, and enhance animal wellbeing.

Applications that use animals for scientific purposes will be required to outline the amount of grant funds spent on this component of research in their annual report.

Does the proposed research involve the use of animals? *

- ○ Yes, for observational studies
- ○ Yes, for intervention or procedure
- ○ No

Does the proposed research involve any development or validation of an alternative to using animals? *

○ Yes ○ No

What alternatives to animals are being developed? *

○ Cell/tissue cultures
○ Computational and mathematical models
○ Stem cell research
○ Non-invasive diagnostic imaging
○ Other:

If animals are not being used, is this because you have already developed alternative models? *

○ Yes ○ No

Nominated Elite Researcher

* indicates a required field

Please provide a clear statement of why the researcher is considered elite, including:

- demonstration of their leadership including of a research team
- demonstration of their capacity as a Chief Investigator to secure grant funding
- established collaborations
- contribution to research capacity building
- potential contribution of the proposed researcher and research to the Host organisation and to NSW Health more broadly (max 300 words)

What makes the nominated researcher elite? *

Word count:
max 300 words

Explain how the host organisation came to identify the nominated researcher as a high-priority target for recruitment. Is the host organisation already collaborating with the nominated researcher? Was a selection process held? Additionally, describe the supportive research environment that will be provided by the Host organisation to facilitate the nominated researcher's success (max 300 words).

How and why was the researcher selected? *

Word count:
max 300 words

Applicant Track Record in Research and Research Impact

* indicates a required field

Academic and relevant professional qualifications

Only enter one qualification per row. Add a new row for each additional qualification.

Degree/Award	Year Completed	Organisation	Country
	yyyy Must be a number.		

Research, clinical and industry experience

List all current and previous research, clinical and industry appointment(s)/position(s) held during the past 10 years. Enter one position per field. Add a new row for each additional position.

Position Held	Organisation	Year Started	Year Ended	Ongoing?
		Must be a number.	Must be a number.	

Collaborations

List current and previous collaborations including engagement with other disciplines.
*Other disciplines could include specific health professions such as nurses; researchers with

different and complementary expertise such as bioinformaticians and health economists; and other professions such as engineers, scientists, health administrators and policy makers.

Collaboration	Description including engagement with other disciplines	Year Started	Year Ended	Ongoing
		must be number Must be a number.	must be number Must be a number.	

Track Record

Please attach a summary of the nominated researcher's track record.Include a list of top career journal articles, books, other outputs such as patents and reports, and conference presentations. Highlight those most relevant to this submission (maximum 5 pages). Provide examples of translation and impact through their research career.

*
Attach a file:

Impact on Track Record

Indicate any significant career disruptions or clinical responsibilities that could reasonably be considered to have had a negative impact on the nominated researcher's track record and note their duration (maximum 150 words). Refer to the guidelines for more information.

Responsibilities impacting on track record

Word count:
Must be no more than 150 words.

Funding Awarded (last 10 years only)

List all funding you have been awarded within the last ten years.

Funder and Program name	Project Title	Chief Investigators	Grant Amount	Year Awarded
e.g. NHMRC - Investigator grant			Must be a dollar amount.	yyyy Must be a number.

Research Project

* indicates a required field

Long term goal of research and pathway to impact

Long term goal of research and pathway to impact *

Word count:
(max 150 words)

Evidence gap

Articulate the need for this research including evidence of a gap in knowledge and how the proposed research fits within the current Australian and international research landscape, how this project will advance knowledge and why this is important. Outline how the proposed research will complement, but not duplicate, national and international efforts. Provide details of any prior systematic reviews and/or gap analyses

Evidence Gap *

Word count:
(max 300 words)

Research Protocol

Use the Research Protocol template that can be downloaded here to provide a full research protocol for your project. Attach the completed protocol, including diagrams using the file upload button below.

Please note:

- A list of references supporting the science should be included.
- Where appropriate, NSW Health encourages the early and open-access publication of research protocols to avoid duplication of research. Please include this as an activity under research outcomes and impact.

Research Protocol *
Attach a file:

Program Logic and Milestones

* indicates a required field

Program Logic Model

Please complete the program logic table below to provide a high-level overview of the project, including its activities, outputs, end users, pathway to adoption, and short and long-term outcomes.

Project Need: *

Write the need the project is seeking to address here.

Project Aim: *

Write the key aims of the project here.

Program Logic Model

Activities *	List the activities required to meet the project aims and produce research project outputs
Outputs *	List the deliverables of your research project (products or services) produced for next or end users from the activities previously listed.
Next users or end users *	Next users/implementers: List the stakeholders who will utilise or implement the research outputs. Beneficiaries: List the end users who will benefit from the research project outputs (e.g. those who experience an improvement in health outcomes)
Pathway to adoption *	List how the next users/implementers will use the research outputs to change/influence outcomes (e.g. research report will be used by a statewide committee to inform revisions to a policy directive)

Impacts *

List the anticipated short- and long-term impacts and outcomes in the following domains (refer to guidelines for details): 1. Knowledge generation 2. Capability building 3. Policy and practice 4. Health and community impact 5. Economic benefit 6. Sustainability

Project Milestones

Summarise the key milestones and expected dates of completion in the following table.

Activity	Key Milestone	Related Deliverables	Completion Date
			mm/yyyy

Project Team and Governance

* indicates a required field

Proposed Project Team – including role of researcher

Provide a list of the proposed project team members and their respective roles, adding a new row for each team member. The nominated researcher should be included in this table.

Name	Position	Role in Team	FTE on Project
	In Organisation (include employer for external members)		Must be a number.

Project Governance to support translation

Describe the governance structure for your project, for example, Steering Committee membership. How will you engage with research partners and other stakeholders who will take the research to the next step on the translation pathway? *

Word count:

(max 200 words)

Other Considerations

Risk Management Plan

Outline all risks that may impact the achievement of the aims during the funding period and how these risks may be mitigated. Add rows as required.

Aim	Risk	Likelihood	Mitigation Strategy and Outcome

Commercialisation

If required, outline the commercialisation and intellectual property arrangements relevant to this project.

Please refer to the Intellectual Property section in the Guidelines.

Lay Summary

* indicates a required field

Project Lay Summary for OHMR Website and Other Communications

For examples, please refer to https://www.medicalresearch.nsw.gov.au/project-directory/

Project Title *

(max 52 characters)

Research intent summary statement *

Descriptive title that summarises the intent of the research project (max 150 characters)

What is the issue for NSW? *

Word count:
What is the issue the research will address? (120-150 words)

What does the research aim to do and how? *

Word count:
Overview of the research aim and methodology for the project (75-100 words)

What are top three key measures/indicators being used to assess the research outcomes? *

These should be short and succinct key measures.

Project Budget

* indicates a required field

Grants will fund projects up to $1,000,000 over three to five years.

Total Funds Requested

This number/amount is calculated.
What is the total financial support you are requesting in this application?

Grant Funds Requested

Complete the following table including salaries for project team members, consumables and research costs. The maximum total grant amount for this table is $1,000 000. A modest annual increase in salary in line with CPI may be included.

Category	Budget Item Description	Year 1	Year 2	Year 3	Year 4	Year 5	Total
		Must be a dollar amount.	Must be a dollar amount.	Must be a dollar amount.	Must be a dollar amount.	Must be a dollar amount.	This number/ amount is calculated.
Other:							

Other:							
Other:							
Other:							
Other:							

Budget Justification

Note any justification for the funding requested above (max 200 words). *

Word count:
(max 200 words)

Host Contributions - cash

The Host organisation is required to provide a cash contribution of no less than 50% of the total grant funding (i.e. $500,000).

Category	Budget Item Details	Year 1	Year 2	Year 3	Year 4	Year 5	Total
		Must be a dollar amount.	Must be a dollar amount.	Must be a dollar amount.	Must be a dollar amount.	Must be a dollar amount.	This number/ amount is calculated.
Other:							
Other:							
Other:							

Other:							
Other:							

Total cash contribution from host organisation

This number/amount is calculated.

Host Contribution - in-kind

The Host organisation is required to provide in-kind support for the duration of the grant.

Funding Body / Source	Funding Used to Support	Year 1	Year 2	Year 3	Year 4	Year 5	Total
		Must be a dollar amount.	Must be a dollar amount.	Must be a dollar amount.	Must be a dollar amount.	Must be a dollar amount.	This number/ amount is calculated.

Total in-kind contribution from host organisation

This number/amount is calculated.

Partner contributions

Please provide details of any cash or in-kind support provided by any partner organisations for the duration of the grant.

Funding Body / Source	Funding Used to Support	Year 1	Year 2	Year 3	Year 4	Year 5	Total
		Must be a dollar amount.	Must be a dollar amount.	Must be a dollar amount.	Must be a dollar amount.	Must be a dollar amount.	This number/ amount is calculated.

Total contribution from Partner Organisations

This number/amount is calculated.

Total Contributions

Total contribution from other sources

This number/amount is calculated.
This value is calculated

Leadership and Capacity Development

* indicates a required field

Leadership and capacity development plan

Describe how the elite researcher has displayed leadership in their career to date. If awarded this grant, how will the nominated researcher develop further as a research leader and how will they develop capacity in NSW? Examples of leadership and capacity development are provided in the guidelines (maximum 600 words).

*

Word count:

Statements of Support

* indicates a required field

A statement of support signed by the CEO of the **Host organisation** should be submitted with this nomination, detailing:

- why this particular researcher has been selected for nomination by the host
- alignment of the proposed research program with current and proposed research within the host organisation, and how the proposed research would build on research already undertaken in NSW

- the support that will be provided (cash and in-kind) by the host organisation.

Statement of Support *
Attach a file:

If applicable, please attach:

- a statement outlining the support that will be provided by **partner organisations**, in line with the Guidelines
- a statement detailing the proposed **clinical appointments** that will be held by the proposed researcher including details about the nature, FTE commitment and alignment with research activities, as well as confirmation that the host organisation has facilitated these arrangements in the appropriate LHD.

Other supporting documents
Attach a file:

Declaration and Authorisation

* indicates a required field

Declaration

Include a PDF of the signed declaration page(s) using the template here when submitting your application. Make sure that the signatories in the uploaded document match the information entered in the sections below.

Declaration by the nominated Researcher

I certify that:

1. To the best of my knowledge and belief, information contained in this application is complete, true and correct and I understand that the provision of false or misleading information will render me ineligible for funding.
2. I have read the Guidelines and this application complies with the requirements outlined.
3. I am an Australian citizen, a permanent resident of Australia, have an appropriate working visa for the full term of the grant, or if relocating from overseas, will apply for a relevant working visa with support from the host organisation.
4. I acknowledge that if I am not an Australian citizen or a permanent resident of Australia, awarding of funding will be conditional on obtaining an appropriate working visa for the full term of the funding period.
5. I will reside in NSW and be employed by an eligible host organisation for the duration of the grant.
6. All team members named have read this application and have given their consent to be included.

7. I consent to this application being shared with expert reviewers for assessment.
8. I have reviewed the application, endorse it and it is authorised to be submitted to NSW Health.

Full Name *

Position *

Date *

Date the nominated researcher signed the form

Declaration made by the Administering Organisation

I certify that:

1. I am an authorised signatory on behalf of the entity identified as the applicant's administering organisation.
2. This organisation can be classified as a university, an independent Medical Research Institute, or a not-for-profit organisation that conducts health and medical research in NSW.
3. Each of the administering organisation's commitments outlined in the Grant Guidelines are acknowledged and will be complied with.
4. I have reviewed the application, endorse it and it is authorised to be submitted to NSW Health.

Authorisation

Full name of authorised representative *

Position *

Declaration Date *

Date the administering organsiation representative signed the form

Declaration by authorised representative of local health district where clinical duties will be undertaken

I certify that:

1. This grant may be partially used to backfill the applicant's clinical role for the period of the grant, as detailed in the application.

Authorisation

Full name *

Position *

Declaration Date *

Date the local health district representative signed the form

Declaration File Upload

Upload a PDF copy of the declaration signed by all relevant entities *
Attach a file:

Declaration by the Host organisation

I certify that:

1. I am an authorised signatory on behalf of the entity identified as the researcher's host organisation.
2. The researcher is or will be employed by this organisation and has an agreement with this organisation to undertake the research described in this application, if successful.
3. This organisation has verified that the researcher is an Australian citizen, a permanent resident of Australia, has an appropriate working visa for the full term of the grant, or if relocating from overseas, will apply for a relevant working visa with support from this organisation.
4. This organisation acknowledges that if the researcher is not an Australian citizen or a permanent resident of Australia, awarding of funding will be conditional on obtaining an appropriate working visa for the full term of the funding period.
5. If applicable, I have sighted evidence of career disruption as summarised in the application and can provide this to NSW Health if requested.
6. This organisation is engaged in the delivery of health and medical research and can be classified as a department or research centre within a university, an independent medical research institute, a not-for-profit organisation, or a NSW public health organisation.
7. Each of the host organisation commitments outlined in the Grant Guidelines are acknowledged and will be complied with.
8. Infrastructure support for this project will be provided if the grant is received.
9. This organisation's policies and practice support gender equity.
10. provided a full copy of this application to the nominated researcher, administering organisation (if separate from the host organisation) and local health district (if applicable) for review and endorsement and have uploaded a PDF copy of the declaration form signed by all relevant entities.
11. have reviewed the application, endorse it and it is authorised to be submitted to NSW Health.

Authorisation

I agree * ☐ Yes

Name of authorised person *

Title | First Name | Last Name

Must be a senior staff member, board member or appropriately authorised volunteer

Position *

Position held in applicant organisation (e.g. CEO, Treasurer)

Phone number *

Must be an Australian phone number.
We may contact you to verify that this application is authorised by the applicant organisation

Email *

Must be an email address.

GMS-MGI/Int'l/2025 v2.0