Senior Womens 2026 Application
Form Preview

About the grant

* indicates a required field

Instructions for Applicants

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 our 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.

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. I am an Australian citizen, a permanent resident of Australia or have an appropriate working visa for the full term of the grant
3. I will reside in NSW and be employed by an eligible host organisation for the duration of the grant
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.

Applicant Details

Applicant Name *

Title | First Name | Last Name

For organisations: please use the organisations full name. Make sure you provide the same name that is listed in official documentation such as that with the ABR, ACNC or ATO.

Applicant Organisation *

Applicant Position

Applicant Email Address *

Must be an email address.

Applicant 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 do you describe your 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

Do you identify as *
- ○ Aboriginal
- ○ Torres Strait Islander
- ○ Both Aboriginal & Torres Strait Islander
- ○ Neither

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.

Does the applicant reside in a regional, rural or remote area? *
○ Yes ○ No

Please provide the MM area for the Applicant's work address *
○ MM 3 ○ MM 4 ○ MM 5 ○ MM 6 ○ MM 7

Practising Clinician

Are you currently a practising clinician *
○ Yes ○ No

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

Will you 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.

Will the grant be partially used to backfill the applicant's clinical role for the period of the grant? *
○ Yes ○ No

Working Rights

Do you 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 *

Chief Investigator 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

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 and collaborations

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	Other disciplines engaged with for this role	Year Started	Year Ended	Ongoing?
			Must be a number.	Must be a number.	

*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.

Track Record

Nominate your 5-10 best, or most relevant, peer- reviewed publications from the past five years

Date of Publication	Journal Name	Citation

Provide an explanation of why these publications have been selected, outlining the quality of the publications and their contribution to science as it relates to the proposed research *

Word count:
(max 300 words)

Nominate your 5-10 best, or most relevant, research outputs, such as non-journal publications, reports, patents or conference presentations from the past five years

Date	Output Type	Details

Provide an explanation of why these research outputs have been selected, outlining the quality and their contribution to science as it relates to the proposed research *

Word count:
(max 300 words)

Provide examples of translation and impact through your research career *

Word count:
(max 300 words)

Funding Awarded

List all funding you have been awarded within the last five 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.

Impact of previous NSW Health grant funding

If you have previously received a grant from NSW Health under any program, please provide details about the impact of that grant in the table below. This includes grants funded under the Cardiovascular Research Capacity Program, Translational Research Grants Scheme, Early-Mid Career and PhD Programs, Medical Devices Fund, COVID-19 Research Grants or any other NSW Health grant program.

Complete the table for every grant received, include funding that is finished and funding for research that is currently underway.

Grant Name

Year Funded

Must be a number.

Total number of peer-reviewed publications to date arising from grant funding

Must be a number.

Number of additional grants to date attributed to NSW Health Funding

Must be a number.

Value in $ AUD of additional grants

Must be a dollar amount.

Advances arising from the research

Word count:

Please include any translation of findings and adoption by other researchers, clinical practice and/or other stakeholders. (max 200 words)

Capacity Building

Word count:

How has this grant built research capacity in NSW? You may wish to include any students, trainees and fellows supported as well as mentoring, training and professional development and new partnerships forged. (max 200 words)

Circumstances impacting on track record

Please summarise any significant career disruptions and other relative to opportunity policy considerations in the table below. Refer to the Relative to Opportunity Policy section in the Guidelines for more information.

Your host organisation must certify they have evidence of career disruption and can provide this to NSW Health if requested.

Career Disruption/ Consideration	Start Date	End Date	Evidence Provided	Description / further comments
	Must be a date.	Must be a date.	to Host Organisation	

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.

Note:

- Protocol is a maximum 1,500 words excluding references supporting the science, diagrams, charts.
- Letters of support are not required.
- Evidence of career disruption is held by host institution and not submitted with the application.

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 applicant

Provide a list of the proposed project team members and their respective roles, adding a new row for each additional team member. Note the Applicant 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.

Status of current research activities relating to the project

Activity	Funding Status	Ethics Approval Status

Related funding applications

Have you made any other funding applications for this project or other projects which may duplicate any elements of this project? For example to NHMRC or other funding bodies.

Funding Body	Expected Date of Outcome	Project Title	Grant Amount
	if known Must be a date.		Must be a dollar amount.

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

The Women's Cardiovascular Health Grant has a 3-year duration. A maximum total grant amount of $450,000 will be awarded for EMC Researchers and $750,000 for Senior Researchers.

Total Funds Requested

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

Grant Funds Requested

Please complete the following table outlining the proposed budget for the grant. This may include salaries for project team members, consumables (e.g. laboratory supplies, computer sundries and small equipment, test costs, licences, fees, project specific stationary, project specific specialist journals), and research costs.

Category	Budget Item Description	Year 1	Year 2	Year 3	Total
		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:					
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 and Other Project Income

The host organisation must provide support for the duration of the grant. Please report the level of financial and/or in-kind support for the project from the host organisation and any other collaborators.

Category	Funding used to support	Year 1	Year 2	Year 3	Total
		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:					
Other:					
Other:					
Other:					
Other:					
Other:					

Total contribution from other sources

This number/amount is calculated.
The total Host contributions and Other project income

Leadership and Capacity Development

* indicates a required field

Leadership and capacity development plan

Senior researchers are asked to provide a vision and plan for leadership and capacity development in research.

Describe how this grant will further your leadership and develop capacity in NSW? Examples of leadership and capacity development activities are provided in the guidelines (max 600 words).

Please include details of:

- development of leadership skills during the researcher's career to date, and the contributions and impacts of this leadership in NSW
- how these will be further developed during the period of funding, and what the outcomes of this will be how the grant will help to build and maintain capacity in cardiovascular research in NSW.

*

Word count:

Declaration and Authorisation

* indicates a required field

Declaration

Instructions for completing the Declaration

Include a PDF of the signed declaration pages using the template here when submitting your application.

In addition to uploading the signed declaration form, you are required to fill in information about signatories below. Please ensure the information below matches the uploaded signed declaration.

Declaration made by the Host Organisation

I certify that:

1. I am an authorised signatory on behalf of the entity identified as the applicant's host organisation.
2. the applicant 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 applicant is an Australian citizen, a permanent resident of Australia or has an appropriate working visa for the full term of the grant.
4. if applicable, I have sighted evidence of career disruption as summarised in the application and can provide this to NSW Health if requested.
5. 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.
6. each of the host organisation commitments outlined in the Grant Guidelines are acknowledged and will be complied with.
7. infrastructure support for this project will be provided if the grant is received.
8. this organisation's policies and practice support gender equity.
9. 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 *

Must be a date.
Date host representative 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

Must be a 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 to be made by the Applicant

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 or have an appropriate working visa for the full term of the grant
4. I will reside in NSW and be employed by an eligible host organisation for the duration of the grant
5. all team members named have read this application and have given their consent to be included
6. I consent to this application being shared with expert reviewers for assessment
7. I provided a full copy of this application to my nominated host organisation, 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.

I agree * ☐ Yes

Applicant Name * Title First Name Last Name

Position *

Phone number *

Must be an Australian phone number.

Email *

Must be an email address.

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