

2. Details of Investigators

2.1 Name of Institute:
(Cheque will be made payable to this body)

2.2 Primary Investigator

Name.....
Title First Name Surname

Affiliated Institution

Contact Address

Contact Phone

Fax

E-mail

2.2 Associate Investigator (s)

Please include details of all associates

Name.....
Title First Name Surname

Affiliated Institution

Contact Address

Contact Phone

Fax

E-mail

Please attach a brief curriculum vitae for all members of the project team, no more than 2 A-4 pages in length. Please include academic qualifications (*include classification of award, year conferred, conferring institution*) previous research activities, publications and professional experience.

2.3 Category of Research Grant

The primary investigator nominates the category of research grant. At least one grant each year will be provided for a novice researcher.

Novice Researcher

Experienced Researcher

2.4 Project Team Profile

For each applicant in the project team, please indicate their role in the project, the amount of time they are able to devote to it and the skills relevant to the conduct of the project

Investigator	Time per week	Skills

2.5 Research Officer

The Research Officer will be the contact person for all correspondence from APERF, including the certification of expenditure and progress reports.

If primary investigator nominated above, please tick the box

If other, please complete

Name.....
Title First Name Surname

Affiliated Institution

Contact Address

Contact Phone

Fax

E-mail

3. Previous APERF Grants

Please list below details of previous successful APERF grant applications.

Year	Project Name	Date Final Report Submitted

4. Details of Project Proposal

Please provide details of your project. This proposal should be no more than 2 A-4 pages in length. Please include the following categories:

- 4.1 Project rationale (including review of the literature)
- 4.2 Aims and expected outcomes of project
- 4.3 Proposed methodology
- 4.4 Identification of ethical issues
- 4.5 Proposed timeline

4. Details of Project Proposal *(continued)*

4. Details of Project Proposal *(continued)*

5. Budget Details

Please provide a detailed description, rationale and amount required for each category applicable. All budget items must be inclusive of costs associated with the Goods and Services Tax.

(a) Capital Costs

(b) Human Resources

(c) Consumables

(d) Travel

(e) Other direct costs

5.2 Other financial support

Is this project being supported by another grant or award?

No

Yes *If yes, please provide details including the awarding institution, the amount and the period of grant support.*

5.3 Budget Proposal Summary

For administration purposes, please provide a Budget Proposal Summary, as outlined below

Budget Proposal Summary

Project Phase
(Examples of Phases and dates)

	Project Establishment	Data collection	Data Analysis	Project Write-up	Total
Date Required	1 st March	30 th April	29 th September	1 st October	
1. Capital Costs	\$ 2,450.00				\$ 2,450.00
2. Human Resources		\$ 450.00			\$ 450.00
3. Consumables		\$ 250.00	\$ 135.00		\$ 385.00
4. Travel					
5. Other direct costs (please detail)					
TOTAL	\$ 2,450.00	\$ 700.00	\$ 135.00		\$ 3285.00

7. Statutory Requirements

Does this research involve:

- (a) Importation of Experimental Organisms? No Yes
Agreement from the appropriate Commonwealth and State Authorities
Approval Attached Pending
- (b) Research involving Humans or Animals? No Yes
Approval from appropriate Ethics Committee in accordance with relevant NHMRC Code of Practice
Approval Attached Pending
- (c) Deposition of Biological Materials? No Yes
Approval from appropriate statutory body
Approval Attached Pending
- (d) Genetic Manipulation? No Yes
Approval from appropriate Biosafety Committee or the Genetic Manipulation Advisory Committee
Approval Attached Pending
- (e) Ionising Radiation? No Yes
Appropriate licence from statutory body
Approval Attached Pending
- (f) Social Science data sets? No Yes
Data to be lodged with the Australian Consortium for Social and Politic Research
Approval Attached Pending

8. Certification by Investigators

I have read the "Guidelines for Research Grant Applications" and agree to adhere to the terms outlined within.

I certify to the best of my knowledge that:

1. all of the details on this application form are true and complete
2. if I am successful, I will accept the conditions of the grant relating to the Australian Podiatry Research Foundation
3. I understand and agree that all statutory requirements must be met before payment of the proposed grant can be made
4. all person listed in this application have agreed to take part in the proposed research

Primary Investigator Name
 Signature
 Date

Associate Investigator (1) Name
 Signature
 Date

Associate Investigator (2) Name
 Signature
 Date

Associate Investigator (3) Name
 Signature
 Date

Final Checklist - Have you

- Completed all documentation
- Included all statutory bodies approval
- Obtained the signature of the Institution supervisor
- Obtained all investigators' signatures