



**APPLICATION FOR PROJECT
FUNDING**

CLOSING DATE
August 30th

1. SCIENTIFIC PROJECT TITLE

2. PRINCIPAL INVESTIGATORS

Title	Given Name	Surname	Institution
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3. ASSOCIATE INVESTIGATORS

Percentage of working
time to be devoted to
this project

Title	Given Name	Surname	Institution
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4. ADDRESS OF PRINCIPAL INVESTIGATOR

(full department postal address, contact phone & fax numbers and email address)

5. FUNDING REQUESTED (Amount) Year 1; Year 2

6. CHIEF INVESTIGATOR DETAILS

<p>Chief Investigator 1 <i>(Chief Investigator 1 will be considered to be the contact point for the application and will be understood to be acting for and in concurrence with all Chief Investigators)</i></p>				
Name (title, first name, surname)				
Department				
Institution				
Address				
City/Suburb		State	Postcode	
Telephone	Fax	Email		
Current appointment				
Academic Qualifications (degree, year, institution)				
Percentage of working time to be devoted to this project	%	Percentage of working time to be devoted to all other projects		%
Anticipated period(s) of absence and reason				
<p>Chief Investigator 2</p>				
Name (title, first name, surname)				
Department				
Institution				
Address				
City/Suburb		State	Postcode	
Telephone	Fax	Email		
Current appointment				
Academic Qualifications (degree, year, institution)				
Percentage of working time to be devoted to this project	%	Percentage of working time to be devoted to all other projects		%
Anticipated period(s) of absence and reason				
<p>Chief Investigator 3</p>				
Name (title, first name, surname)				
Department				
Institution				
Address				
City/Suburb		State	Postcode	
Telephone	Fax	Email		
Current appointment				
Academic Qualifications (degree, year, institution)				
Percentage of working time to be devoted to this project	%	Percentage of working time to be devoted to all other projects		%
Anticipated period(s) of absence and reason				

7. AIMS OF THE PROJECT

List the specific aims and potential significance of the project and its relevance to cancer.
Hypotheses to be tested should be clearly stated.

8. LAY DESCRIPTION

Briefly describe the research proposal in layman's terms (**Maximum 80 words**).

12. BUDGET ITEMS

(a) Type of support requested.

Is this request for

(i) INITIAL support for a project?

Yes / No

What is the expected duration of the project

..... Years

(ii) CONTINUED support for a grant that is ending

Yes / No

(iii) ADJUNCT support to a continuing grant

Yes/No

(b) Detailed Budget For Grant Items	Amount Requested Year 1	Amount Requested Year 2
(1) PERSONNEL Name (If known) or Position Salary \$ On costs (....%)		
TOTAL		
(2) MAINTENANCE (Please do not include GST)		
TOTAL		
(3) EQUIPMENT (Please do not include GST)		
TOTAL		
GRAND TOTAL		

(c) Justification of Budget:

13. RESEARCH SUPPORT FOR THIS PROJECT FROM OTHER SOURCES

Please list in the following order:

- (i) CURRENTLY HELD (at time of submission of this application)
- (ii) REQUESTED

TITLE	INVESTIGATORS	YEAR	FUNDS for each year (\$)	Source of support

14. PROFESSIONAL RESEARCH PERSONNEL

Please complete the following for known personnel other than those listed as Chief Investigators (Q.7) for whom salaries are sought within the budget.

Surname	Title	Initial
Current		
Current Salary \$	Source of salary	
Level sought	Designation	
Most Recent Academic Qualifications:		
Year	Conferring Institution	Degree

Surname	Title	Initial
Current		
Current Salary \$	Source of salary	
Level sought	Designation	
Most Recent Academic Qualifications:		
Year	Conferring Institution	Degree

15. PARTICIPANTS OTHER THAN THOSE INCLUDED IN QUESTIONS 14

Research Students/Technical Staff - Please state qualifications sought/role in Project

	Surname	Initials	Qualifications sought/role in project
(i)			
(ii)			
(iii)			
(iv)			

16. CLEARANCE REQUIREMENTS [It is essential that Parts (a) (b) & (c) are answered]. Please note that funding cannot commence until all clearances are provided.

(a) Experiments on humans - Please mark Y/N

- | | | |
|----------------------|---|-------|
| (i) | Does this project include research involving humans? If Yes Complete (d) | Y / N |
| (ii) | Does this project involve the administration, to humans, of drugs, chemical agents or vaccines? | Y / N |
| (iii) | With regard to privacy, does this project involve the use of personal information obtained from a Government department or agency (including Repatriation Hospitals)? If yes, specify the name of the department or agency. | Y / N |
| <input type="text"/> | | |
| (vi) | If Yes to any of the above, is the completed FINAL clearance from your institution attached? Provisional clearances will not be accepted. | Y / N |

(b) Experiments on animals - Please mark Y/N

- | | | |
|-------|---|-------|
| (i) | Does this project involve experimentation on animals? If yes complete Section (e). | Y / N |
| (ii) | If Yes, is the completed FINAL clearance from your institution attached? Provisional clearances will not be accepted. | Y / N |
| (iii) | If you are using inbred strains of animals for experimentation, state the date (eg 01/12/89) on which genetic authority was last checked. | Y / N |
| | <input type="text"/> | |

(c) Other clearances - Please mark Y/N

- | | | |
|-------|---|-------|
| (i) | Does this project involve organisms being genetically manipulated such that it falls under current Genetic Manipulation Advisory Committee guidelines? | Y / N |
| (ii) | Does this project involve the use of potent teratogens or carcinogens? | Y / N |
| (iii) | If Yes to either (i) or (ii), is the completed FINAL Biosafety clearance from your institution attached? Provisional clearances will not be accepted | Y / N |

Sections (d) and (e) must be completed when either human or animal experimentation is involved in a project. A brief statement of the ethical issues which arise from such experimentation, and an explanation of how these issues will be addressed, must be given. It is not sufficient to note that the 'Australian Code of Practice for the care and Use of Animals for Scientific Purposes/NHMRC Statement on Ethical conduct in Research Involving Humans will be observed.'

(d) Ethical implications of the project experiments on humans

(e) Ethical implications of the project experiments on animals

Certification by Chief Investigators and Head of Department

(a) Certification by Chief Investigators

In signing this page, you certify that all details given in this application are correct and you agree to carry out the project according to the conditions outlined in the Cancer and Bowel Research Trust Guide to Applicants.

A	
B	
C	
D	

(b) Associate Investigators

I, named below as an associate investigator on this project, certify that I have agreed to participate in this collaboration:

Surname	Title	Initial s	Department
Signature		Date	
Surname	Title	Initial s	Department
Signature		Date	
Surname	Title	Initial s	Department
Signature		Date	

(c) Certification by Head Of Department

I certify that the project is appropriate to the general facilities in my Department and that I am prepared to have the project carried out in my Department.

NAME (Block Letters)

Department

SIGNATURE Date:.....