2025 Mater Research Betty McGrath Grant

– Team Overview

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| Approval Date | 19/9/2025 | Approval authority: | Mater Research Executive |

**Submit the signed 2025 Betty McGrath Grant Letter of Support as a word document with file name 2025 BM Team\_SURNAME**

# Project Title and Applicant Name

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| Project Title |       |
| Name (Title, first name, last name) |       |
| Team members (title, Names, departments) |       |

# Team Overview

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| Team Overview |
| *Provide an overview of the research team and/or collaborators delivering the project.**The research project ‘team’ does not need to be limited to one clinical department, research group, or business unit. The team overview should include the key players who are working together on the proposed project.**If the proposed project is led by a solo researcher, please specify this information.* *The team overview should provide sufficient detail for the assessors to understand why this is the right ‘team’ of people to deliver this specific research project, which is one indicator of the project’s feasibility. Include any information you believe is applicable to your ability to deliver the proposed research project, such as a brief summary of previous research experience, examples of collaborations with others, and previous contributions to research related outcomes such as publications, changes in practice or service delivery, presentations etc). If you haven’t been involved in prior research, consider including transferable skills that may support your involvement, and describe how the team you’ve assembled for this project will work together to deliver a successful project. Refer to the selection criteria before completing* ***(one page maximum)***      |