2025 Mater Research Betty McGrath

- Application Form

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| Document ID: | 2025 BM Application | Version number: | V4 |
| Approval Date | 19/9/2025 | Approval authority: | Mater Research Executive |

**Submit applications to** **research.grants@mater.uq.edu.au** **by 5 p.m. 29 October 2025. Late applications will not be accepted.**

Please enter your responses using the text       without adjusting the font, line spacing or page margins

**Submit as a Microsoft Word document with file name File name: 2025 BM Application\_SURNAME**

# Project Title

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| Project Title |       |

# Applicant Details

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| **Title (e.g. Prof, Dr, Mr, Ms etc)** |       |
| **Name (first, last)** |       |
| **Qualifications** |       |
| **Mater Position Title and Department or Research Group** |            |
| **Have a current permanent / continuing non casual appointment or fixed term non casual contract at Mater ((Mater Research/MRI-UQ, Mater Health or Mater Education) If fixed term, please enter the contract end date.** |  [ ]  Yes- continuing Mater appointment [ ]  Yes- fixed term Mater appointment      (DD/MM/YYYY) [ ]  No- contact research.grants@mater.uq.edu.au before applying |
| **Is your Mater appointment full time of pert time and if part time please include FTE, % or days per week**  |  [ ]  Full time Mater employed [ ]  Part time Mater employed      (FTE, % or days per week Mater employment) |
| **Mater Hospital and location/site(s) the project will be undertaken** Example: Mater Hospital Brisbane, Mater Hospital Springfield, Mater Mothers’ Hospital) |       |
| **Do you or any team members have a Conflict of interest (COI) related to the proposed research activity** | No [ ] Yes [ ]  if yes please provide what these are and how they will be managed (attached any approved management plans)      |

# Project

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| Lay Summary Synopsis |
| *Provide a lay-language summary synopsis of the project (i.e. aimed at an audience with a high school education) of project****(Max. 300 words).***      |

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| Research Proposal |
| *Please submit a separate Research Proposal using the 2025 Betty McGrath Grant Research Proposal template* |

# Team Overview

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| Team Overview |
| *Please submit a separate overview of the Team using the 2025 Betty McGrath Grant Team overview template* |

# Budget

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| Budget Request  |
| *Please submit the full requested budget using the 2025 Betty McGrath Budget Sheet template* *Transfer the Yearly and grant totals from the budget spreadsheet to the table below. Round your Sub-Totals and Totals to the nearest dollar amount.*

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| ***Year*** | ***Budget Item******E.g. salary*** | ***$ Amount Requested*** |
| **YEAR 1** | Equipment and Consumables TOTAL | $      |
| Salaries TOTAL | $      |
| Equipment, Consumables & Salary TOTAL | $      |
| **YEAR 2** | Equipment and Consumables TOTAL | $      |
| Salaries TOTAL | $      |
| Equipment, Consumables & Salary TOTAL | $      |
| **YEAR 3** | Equipment and Consumables TOTAL | $      |
| Salaries TOTAL | $      |
| Equipment, Consumables & Salary TOTAL | $      |
| **All YEARS** | **Equipment and Consumables GRAND TOTAL** | **$** |
| **Salaries GRAND TOTAL** | **$** |
| **Equipment, Consumables & Salary GRAND TOTAL** | **$** |

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| Budget Justification |
|  *Please provide a justification for the full budget allocations that you have requested***(Max.1 page).**      |

# Research Ethics and Governance Approvals

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| **Regulatory approvals** |
| *Please select all compliance requirements associated with this research project.* |
| Does this research project require human ethics approval? | [ ]  Yes | [ ]  No | Status**Choose an item.** |
| **HREC Reference Number** |       | **Expiry Date** |       |
| Does this research project require Research Governance (site specific authorisation) approval? | [ ]  Yes | [ ]  No | Status**Choose an item.** |
| **Research Governance Number** |       | **Expiry Date** |       |
| Does this research require any other clearances or approvals (animal ethics, biosafety approval etc)? | [ ]  Yes | [ ]  No | Status**Choose an item.** |
| **If yes provide details**  |       |

# Letter of Support

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| Letter of Support |
| *After discussing your intention to apply with your Research Group Leader, Line Manager, Clinical Department Head or relevant Department Director, provide a separate signed Letter of Support as a PDF with file name 2025 BM LoS\_SURNAME. The LoS should be brief and should include:**• Alignment of the proposed research to the Group’s/Department’s overarching objectives* *• Confirmation of support for the applicant and project commitments if successful (including explicit confirmation of approval for any proposed backfill arrangements)* *• Confirmation that the applicant will have protected time available and the required infrastructure and resources to successfully deliver the project.*  |

# Checklist

**A complete application includes:**

1. [ ]  A complete and signed 2025 Betty McGrath Grant application form word document with file name: 2025 BM Application\_SURNAME
2. [ ]  A complete 2025 Betty McGrath Grant Research Proposal PDF using the 2025 template with file name 2025 BM Proposal\_SURNAME (maximum of 2 pages plus 1 page for references)
3. [ ]  A complete 2025 Betty McGrath Grant Budget spreadsheet in using the 2025 Excel template with file name: 2025 BM Budget\_SURNAME
4. [ ]  A complete 2025 Betty McGrath Grant Team overview PDF using the 2025 template with file name 2025 BM Team Overview\_SURNAME (maximum of 1 page)
5. [ ]  A signed Letter of Support PDF from Group Leader, Team Manager or Clinical Department Head with a file name: 2025 BM LoS\_SURNAME.

# Applicant Certification

* I certify, to the best of my knowledge, that all information presented is true and complete at the time of application.
* I agree to carry out the research per the principles of the NHMRC Australian Code for the Responsible Conduct of Research (2018) and all relevant Mater policies and procedures and under the terms and conditions of the award. I acknowledge that all ethics approvals and clearances required to complete the project will be in place before the commencement of the work.

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| **Applicant (full name)** |       |
| **Signature** |       |
| **Date** |       |