

# Swift Grants 2024 Application Form

## Form Preview

### Project Proposal

\* indicates a required field

#### Project Title \*

#### Short research project description \*

##### Word count:

Must be no more than 100 words.

Provide a short description of your project - what are you out to do?

#### Background and Rationale \*

##### Word count:

Must be no more than 400 words.

Describe the specific issue or need you want to address.

#### Aims \*

##### Word count:

Must be no more than 150 words.

#### Methodology \*

##### Word count:

Must be no more than 1000 words.

#### Milestones and Timeline \*

##### Word count:

Must be no more than 400 words.

Provide detail of how the timeline will tie in with the expenditure of grant funds.

### Supporting Documents

1. Download the [Study Budget](#) template from the Metro North Health Swift Grants webpage.

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2.The relevant Cost Centre Manager must review and sign the budget.

### **Upload a detailed project budget (mandatory) \***

Attach a file:

PDF only. File Name: Swift-XXX-2024 \_Budget.pdf. Must be completed on the requisite template.

### **Upload a reference list (optional)**

Attach a file:

PDF only, 1 page max. File Name: Swift-XXX-2024\_References.pdf.

## Budget

### **Total Amount Requested \***

Must be a dollar amount.

What is the total financial support you are requesting in this application?

### **Total Project Cost \***

Must be a dollar amount.

What is the total budgeted cost (dollars) of your project including from other sources and in-kind?

### **Budget Justification \***

Word count:

Must be no more than 300 words.

Provide a justification for the requested budget, including an explanation of infrastructure and resources already available/being utilised, and a rationale as to why this funding is essential to conduct the project.

## Significance, Outcomes and Impact

### **Describe the significance and impact of the potential outcomes \***

Word count:

Must be no more than 250 words.

### **Describe the clinical need or issue of importance to Metro North Health patients and the community \***

Word count:

Must be no more than 250 words.

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**Describe the plans for communicating the outcomes of this research project to participants, the health care sector, academic sector and the wider community, including an outline of anticipated outputs of this project \***

Word count:

Must be no more than 250 words.

**Describe any plans to ensure sustainability of the project beyond the end of the grant funding term if applicable.**

Word count:

Must be no more than 250 words.

## Chief Investigator

\* indicates a required field

### Chief Investigator A (CIA)

**Name \***

Title

First Name

Last Name

**Phone Number \***

Must be an Australian phone number.  
Mobile number preferred.

**Alternate Phone Number**

Must be an Australian phone number.

**Work Email \***

Must be an email address.

**Alternate Email**

Must be an email address.

**Metro North Health Employee ID \***

If you do not have a Metro North Health Employee ID, input N/A and you must instead provide a copy of the conjoint appointment agreement in a separate email to [MetroNorthHealth-Grants@health.qld.gov.au](mailto:MetroNorthHealth-Grants@health.qld.gov.au) and a Chief Investigator with Metro North Health as their employing organisation must be listed as the CIB.

**ORCID iD**

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<https://orcid.org>

**Is the CIA of Aboriginal and/or Torres Strait Islander origin? \***

- Yes, the CIA is of Aboriginal origin
- Yes, the CIA is of Torres Strait Islander origin
- Yes, the CIA is of both Aboriginal and Torres Strait Islander origin
- No, the CIA is not of Aboriginal or Torres Strait Islander origin
- The CIA would prefer not to disclose

**Gender \***

- Female
- Male
- The CIA would prefer not to disclose

**Professional Stream \***

- Medical Services
- Allied Health
- Nursing & Midwifery
- Professional Technical Services
- Other:

**Contribution to project \***

Word count:

Must be no more than 150 words.

**Upload CIA's Resume/CV \***

Attach a file:

PDF only, 2 pages max. File Name: Swift-XXX-2024\_CIA Resume.pdf

**Do you wish to add a Chief Investigator B (CIB)? \***

- Yes
- No

Chief Investigator B (CIB)

**Name \***

Title	First Name	Last Name
<input type="text"/>	<input type="text"/>	<input type="text"/>

**Phone Number \***

Must be an Australian phone number.  
Mobile number preferred

**Alternate Phone Number**

Must be an Australian phone number.

**Work Email \***

Must be an email address.

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**Alternate Email**

Must be an email address.

**Metro North Health  
Employee ID (if  
applicable)**

**ORCID iD**

<https://orcid.org>

**Is the CIB of Aboriginal  
and/or Torres Strait  
Islander origin? \***

- Yes, the CIB is of Aboriginal origin  
 Yes, the CIB is of Torres Strait Islander origin  
 Yes, the CIB is of both Aboriginal and Torres Strait Islander origin  
 No, the CIB is not of Aboriginal or Torres Strait Islander origin  
 The CIB would prefer not to disclose

**Gender \***

- Female       Male       The CIB would prefer not to disclose

**Professional Stream \***

- Medical Services     Allied Health     Nursing & Midwifery     Professional Technical Services     Other:

**Contribution to project \***

Word count:

Must be no more than 150 words.

**Upload CIB's Resume/CV \***

Attach a file:

PDF only, 2 pages max. File Name: Swift-XXX-2024\_CIB Resume.pdf

**Associate Investigator as research mentor/supervisor.**

Where the CIA is an Early Career Researcher; a suitably qualified Associate Investigator must be nominated as a research supervisor/mentor.

**Name**

Title

First Name

Last Name

**Primary Organisation**

Metro North Health

Other:

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**Position or Role**

**Contribution to the research project**

Word count:

Must be no more than 100 words.

## Project Alignment

\* indicates a required field

### Strategic Alignment

**Describe how this research project is strategically aligned to Metro North Health.**

\*

Word count:

Must be no more than 150 words.

### Metro North Health Alignment

#### [Hospitals & services - Metro North Health](#)

**Metro North Health Facility/Directorate \***

- RBWH  TPCH  Caboolture Hospital  Redcliffe Hospital  Kilcoy Hospital  STARS  Satellite Hospitals  Mental Health Services  Cancer Care Services  Oral Health Services  Community Services  Sexual Health and HIV Services  Aboriginal and Torres Strait Islander Health  Public Health Unit  Virtual Ward  Alcohol and Drug Service  Palliative and Supportive Care  Virtual Emergency Department  Bariatric Surgery Services  Comprehensive Breast Cancer Institute  Herston Biofabrication Institute  Herston Infectious Diseases Institute  Jamieson Trauma Institute

Other

### Ethics and Governance

For research project, ethics and governance approvals will need to be in place before funds will be awarded. It is not required to have these in place before applying for a SWIFT Grant but please be aware that it is the responsibility of the applicant to ensure that it is feasible to obtain ethics and governance approvals and complete the project within the timeframe as set out in the SWIFT Grants Guidelines document.

**Does this research have Human Research Ethics Committee (HREC) approval? \***

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Yes

No

**Does this research project have research governance (SSA) approval? \***

Yes

No

**Does this research project form part of an existing research project or program with HREC or SSA approval? \***

Yes

No

**Have the research methods been reviewed by a statistician? \***

Yes

No

**HREC #**

**SSA #**

## Certification and Signatures

\* indicates a required field

### Instructions

1. Download the [Certification and Signatures](#) template document from the Metro North Health Swift Grants webpage.
2. The CIA, the CIB (if applicable), the relevant Metro North Business Manager, the relevant Head of Department, and the facility Executive Director must name, date and sign the certification page.
3. Upload a scanned copy in PDF format.

**Upload a scanned copy of the signed certification pages \***

Attach a file:

File Name: Swift-XXX-2024\_Certification.pdf