

# Health Systems Research Theme: 2024 Collaborative Grants Expression of Interest Form

1. Project Title. (max	. 30 words)
<b>2. Summary</b> In lay language, provide a b	prief description of your project. (max. 150 words)
Chief Investigator A	
Title & Full Name	
Department	
Organisation	
Email	zID
Academic Level [A-B] Qualification (PhD or	
equivalent)	
<b>Total Grant Funding</b>	
as CIA (AUD)	
Tick the area(s) that	Population Health / Epidemiology Health Economics
best describes the	Health Services Implementation Science
Investigator's field of research (select at	Health Data Science
least one)	Community Services
least one;	Other:
Please attach a 2-page	CV for the Chief Investigator A
Chief-Investigators B	-F
CIB	
Title & Full Name	
Department	
Organisation	
Email	
Role on project/	Detail their role on the project (e.g Health Economist, Consumer
Qualifications/	Representative) and relevant qualifications and experience (max. 50
Evnerience	words)

## CIC

Title & Full Name	
Department	
Organisation	
Email	
Role on project/	Detail their role on the project (e.g Health Economist, Consumer
Qualifications/	Representative) and relevant qualifications and experience (max. 50
Experience	words)

### CID

Title & Full Name	
Department	
Organisation	
Email	
Role on project/ Qualifications/ Experience	Detail their role on the project (e.g Health Economist, Consumer Representative) and relevant qualifications and experience (max. 50 words)

### CIE

Title & Full Name	
Department	
Organisation	
Email	
Role on project/	Detail their role on the project (e.g Health Economist, Consumer
Qualifications/	Representative) and relevant qualifications and experience (max. 50
Experience	words)

### CIF

Title & Full Name	
Department	
Organisation	
Email	
Role on project/	Detail their role on the project (e.g Health Economist, Consumer
Qualifications/	Representative) and relevant qualifications and experience (max. 50
Experience	words)

Delete any CI spaces that are not required.



3. Research Propos													
Provide a clear response	to the assessm	ent crit	erıa (r	nax. 10	)00 woi	rds)							
<b>4. Timeline</b> Provide a brief timeline of	the project plar	n. Add i	additio	onal line	es as re	equired							
Deliverable	Jan	Feb	Mar		May	Jun	Jul	Aug	Sept	Oct	Nov	Dec	
_													
<b>5. Budget</b> Provide a breakdown of h lines as required.	ow the grant fur	nds will	be sp	oent, ar	nd a bri	ief justi	ificatio	on for th	ne requ	est. Ad	dd addi	tiona	
Item	Co	st	J	Justification (max 30. words)									
TOTAL													
6. Other Funding  Have you submitted a project from other soul Themes (where a deci	rces including	other	UNS	same N Med	purpo licine &	se/ & Hea	lth		Yes		] No		
If yes, please provide	details:												
7. Chief Investiga I certify on behalf of all a	investigators r	named								the			
Full Name							Da	ite					
8. References													



#### **Submission Checklist**

Item	Respond 'Yes' or 'No'
Is CIA an Academic level A or B?	
Does CIA hold a PhD or equivalent?	
Does the team include a minimum of two distinct UNSW units and/or affiliated medical research institutes?	
Does the application adhere to the specified word limits?	
Are all investigators listed on only one 2024 HSR Collaborative grant application?	
Is the project budget under \$50,000?	
Can the project be completed by end of 2024?	

