|  |  |
| --- | --- |
| **Name (primary applicant or applicant team)** |  |
| **Project title**  Including both a scientific title & a simplified title. |  |
| **RANZCP Fellow/Affiliate involvement**  At least one of the proposed applicants must be an RANZCP Fellow, or Affiliate member. |  |
| **Address** |  |
| **Telephone** |  |
| **Email** |  |
| **Current Position**  (Name, title, role & Contact Number)  Include institution/department/faculty and position/current appointment. |  |
| **Confirmation of project location** | *Tick box declaration that the project/grant funds will be utilised in Australia, New Zealand or a neighbouring regional nation.* |

*I confirm that I understand that the RANZCP Foundation will not consider the following types of applications for funding:*

|  |  |
| --- | --- |
| Recurrent expenditure for which were not considered as part of a previous application | Yes |
| Capital or endowment funds intended to provide a corpus for another entity | Yes |
| Auspicing arrangements where the organisation applying is not the one that will be responsible for delivering the project | Yes |
| Proposals from applicants who have not successfully acquitted previous funding obligations to the Foundation. | Yes |

**Information for applicants**

Please read the following information about the RANZCP Foundation before commencing your application form.

**RANZCP Foundation vision and mission**

The Foundation’s vision is:

*Transforming mental health care, creating a world of potential.*

The Foundation’s mission statement is:

*By promoting research and fostering innovation and partnerships, we will build knowledge and skills. We will support individuals, families and their communities to achieve and maintain mental health and wellbeing throughout the lifespan.*

**Thematic focus areas**

The current thematic focus areas of the RANZCP Foundation are:

1. preventing and treating mental illness (improving primary and secondary individual care)
2. mental health of communities (addressing the systemic needs of identified or vulnerable groups in the community); and
3. maintaining mental health and wellbeing across the lifespan (taking an intergenerational approach to achieving positive mental health outcomes).

**Project types supported by the RANZCP Foundation**

The RANZCP Foundation supports and encourages a diverse range of programs.

The Foundation Committee will consider how the proposal aligns and contributes to the following types of activities that it supports, and will ensure that an appropriate balance of the following types of activities is achieved and funded:

* 1. Research.
  2. Clinical work.
  3. External partnership.
  4. Special projects and initiatives.

Each application needs only to address one of these four types of projects or activities supported by the RANZCP Foundation.

|  |  |
| --- | --- |
| **RANZCP FOUNDATION VISION AND MISSION ALIGNMENT**  (Maximum 300 words)  *Please explain the capacity of the proposal to advance the Foundation’s vision and/or mission statement.* | *Applicant insert* |
| **THEMATIC FOCUS ALIGNMENT**  (Maximum 300 words)  *Please state how this proposal aligns with one or more the Foundation’s thematic foci.* | *Applicant insert* |
| **BACKGROUND, LITERATURE REVIEW AND RATIONALE**  (Maximum 500 words) | *Applicant insert* |
| **PROJECT PLAN**  (Maximum 500 words) | *Applicant insert* |
| **INNOVATION & FUTURE DEVELOPMENT**  (Maximum 300 words)  *Please outline how your project contributes to innovation in psychiatry, and the scope to expand and develop your project with greater future support either from the RANZCP Foundation or another funding body.* | *Applicant insert* |
| **IMPACT POTENTIAL & IMPLEMENTATION**  (Maximum 300 words)  *Please outline the capacity and capability of the proposal to:*   1. *have a demonstrable impact for individuals, families and communities; and* 2. *be implemented to improve mental health and wellbeing outcomes for individuals, families and communities.* | *Applicant insert* |

**BUDGET:**

Please provide a detailed breakdown how grant funding will be spent (including rationale for all costs and inclusions). If relevant, also include the rate of pay for consumer and carer involvement and the time commitment of their involvement.

Please ensure you retain relevant records of all expenditure. The RANZCP Foundation may request receipts from applicants who receive grant funding.

|  |  |  |
| --- | --- | --- |
| **Detailed project budget** | | |
| *[Item]* | *[Rationale]* | *[Amount]* |
| *[Item]* | *[Rationale]* | *[Amount]* |
| *[Item]* | *[Rationale]* | *[Amount]* |
| *[Item]* | *[Rationale]* | *[Amount]* |
|  |  | ***[Total]*** |

If applicable, please list any confirmed funding from philanthropic donors, granting bodies or other organisations that will be applied towards the costs of this project.

|  |  |  |
| --- | --- | --- |
| **Project funding awarded from donors or other granting bodies** | | |
| *[Name of funder]* | *[What funding will be spent on]* | *[Amount]* |
| *[Name of funder]* | *[What funding will be spent on]* | *[Amount]* |
| *[Name of funder]* | *[What funding will be spent on]* | *[Amount]* |
| *[Name of funder]* | *[What funding will be spent on]* | *[Amount]* |
|  |  | ***[Total]*** |

**SELECTED RELEVANT REFEREES:**

*Applicant insert*

**Administering institution & address (including state and country):** *Applicant insert*

**Institution address (including state and country) where project is being undertaken (if applicable):** *Applicant insert*

**Project commencement date:** *Applicant insert*

**Estimated project completion date:** *Applicant insert*

**ADDITIONAL APPLICANT NOTES:**

*Applicant insert*

*Applicant compliance and consent declaration*

|  |  |  |
| --- | --- | --- |
| **Project plan and methodology** | *I have provided a comprehensive project plan and methodology, including a budget of all proposed spending of RANZCP Foundation grant funds.* | Yes  No |
| **Previous or current funding disclosures** | *I have disclosed any previous or current funding received by any individual, group or organisation that contributes to this project with the RANZCP Foundation.* | Yes  No |
| **Conflicts of interest** | *I declare that I have no conflicts of interest (actual or perceived) at the time of making this application. If ‘yes’ please provide supporting information about the conflict identified and how it can be appropriately managed.* | Yes  No |
| **RANZCP Foundation media consent** | *I consent to the RANZCP Foundation publishing any approved projects across a range of RANZCP media, including social media.* | Yes  No |
| **Ethics compliance** | *This application is compliant with established psychiatry research, ethics approvals, and consent protocols for conducting this research/project.* | Yes  No |

*Application checklist*

|  |  |  |
| --- | --- | --- |
| **Curriculum vitae** | *I have provided a current curriculum vitae as part of this application.* | Yes  No |
| **Proof of ethics** | *I have provided evidence of approval from a Human Research Ethics Committee (HREC) or evidence of an ethics application* |  |
| **Referee’s report** | *I have provided at least one referee’s report as part of this application.* | Yes  No |
| **Form completed** | *I have completed each part of this application form to ensure that my application can be assessed by the Committee for Research and the RANZCP Foundation.* | Yes  No |

*Applicant declaration*

|  |  |
| --- | --- |
| **RANZCP member compliance** | *I am compliant with all RANZCP CPD requirements, and for the 12 months preceding this grant application:*  Yes  No  *I have met my RANZCP membership financial obligations, and have no overdue membership subscription fees owed at this time:*  Yes  No |
| **Applicant signature** | *Applicant to insert* |
| **Date of declaration** | / / |

**Application assessment by the RANZCP Foundation**

Your complete application will be assessed by the RANZCP Committee for Research and the RANZCP Foundation Committee. You will be contacted if further information is required. All applicants will be provided feedback on their proposals. Please direct any queries on your application to [foundation@ranzcp.org](mailto:foundation@ranzcp.org).