Health Systems Research Theme: 2023 Collaborative Grants
Expression of Interest Form

1. **Project Title. (max. 30 words)**

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1. **Summary**

*In lay language, provide a brief description of your project. (max. 150 words)*

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**Chief Investigator A**

|  |  |
| --- | --- |
| **Title & Full Name** |  |
| **Department** |  |
| **Organisation** |  |
| **Email** |  | **zID** |  |
| **EMCR status** | **PhD award date:** **Total career disruptions duration (e.g 6 mths):** **EMCR status:**  |
| **Tick the area(s) that best describes the Investigator’s field of research (select at least one)** |

|  |  |
| --- | --- |
| **[ ]** Population Health / Epidemiology  | **[ ]** Health economics |
| **[ ]** Health services | **[ ]** Implementation science |
| [ ]  Health data science | **[ ]** Vision Science |
| [ ]  Community Services |  |
| [ ]  Other:  |

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**Please attach a 2-page CV for the Chief Investigator A**

**Co- Investigators**

Co-Investigator 2

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

Co-Investigator 3

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

Co-Investigator 4

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

Co-Investigator 5

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

1. **Research Proposal**

*Provide a clear response to the assessment criteria (max 1000 words)*

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1. **Timeline**

*Provide a brief timeline of the project plan. Add additional lines as required.*

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| --- | --- | --- | --- | --- | --- | --- | --- |
| **Deliverable** | **Jun** | **Jul** | **Aug** | **Sept** | **Oct** | **Nov** | **Dec** |
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1. **Budget**

*Provide a breakdown of how the grant funds will be spent, and a brief justification for the request. Add additional lines as required.*

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| --- | --- | --- |
| Item | **Cost** | **Justification** *(max 30. words)* |
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| TOTAL |  |  |

1. **Other Funding**

Have you submitted a similar application for the same purpose/ project from other sources including other FMH Themes (where a decision is still pending)? If yes, please provide details below.

[ ]  Yes [ ]  No

|  |  |  |  |
| --- | --- | --- | --- |
| Funding Agency | **Project Title** | **Chief Investigator A** | **Status** |
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1. **Chief Investigator A sign-off**

*I certify on behalf of all investigators named on the application that all details given in the application are true and correct, and all investigators have approved the submission.*

|  |  |  |  |
| --- | --- | --- | --- |
| **Full Name** |  | **Date** |  |

1. **References**

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