

# **DEBRA Research Grant Application**

Please complete this form (electronically or in black ink), print one (1) FULL copy along with any supporting documentation, and mail to DEBRA PO Box 226 PITTSWORTH QLD 4356 and email one electronic copy in PDF format to secretary@debra.org.au

Please read the accompanying 'Debra Australia Research Grant Application Guidelines' in full before completing this application.

## **SECTION 1: ADMINISTRATIVE INFORMATION**

1.1 Project Title	
1.2 Name & title of applicant	
1.3 Name & title of Chief Investigator (if different from the applicant)	
1.4 Amount requested	
1.5 Planned start and finish dates	
<ul> <li>1.6 Contact details for project correspondence</li> <li>Name</li> <li>Address</li> <li>Telephone number</li> <li>Fax number</li> <li>Email</li> </ul>	
1.7 Names and positions of all personnel who will be involved in the project and % of time they will contribute (i.e. investigators, associate investigators, technical staff, students)	%
1.8 Give details of any periods of >1 week that the Chief Investigator expects to be absent during the grant period	

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1.9 Details of support for related projects over the past 5 years obtained from all other granting bodies (including DEBRA Australia or International ) by the Chief Investigator and Associate Investigators, as well as any pending applications.	Funding Body	Project Title	Period (dates)	Amount (\$AUD)
1.10 Attach final reports (or latest progress report for uncompleted projects) and any publications associated with related projects receiving funding.				
1.11 List any publications by the Chief and Associate Investigators from research previously funded by DEBRA OR research directly relevant to this application				
1.12 Is there any person you request NOT to be contacted as a referee for this application?	Yes No If yes, please specification.	o (tick as app y details in a separat	,	your printed

## **SECTION 2: PROJECT PLAN AND BUDGET**

## 2.1 Project Description (maximum 3 pages)

State whether the project is laboratory based, a clinical study, or both.

Provide relevant background to the project, the activities you will undertake and what you hope to achieve. Describe the specific aims of the project and any hypotheses which will be tested. How is the project new or innovative?

Explain how the work covered by this application fits with and differs (if at all) from related projects that have been funded by other bodies.

#### 2.2. Impact (maximum 300 words)

Describe the expected impact of receiving the requested amount on the overall project and on children and adults with epidermolysis bullosa .

#### 2.3 Non-technical Description

Provide a short description of the project (100 words maximum) in simple, non-technical language that is understandable by the general public, explaining the potential significance of the project and relevance to the health and wellbeing of children and adults with EB.

(This information will be used in the Annual Report and on the DEBRA website and may be used in future press releases)

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	ct milestones o	et or key activities for the age. Briefly describe v			imated start and
Milestone/Key active 1. 2. 3.	rity		Start date	End date	Estimated cost
the project maximum Eligible items may inc Non-eligible items inc	items, giving the is \$30,000 but a clude equipment clude: travel, wand or administr	e unit cost and estimat applicants should only c, consumables, employ ges of senior investigat ation levies will not be	apply for the amou yment of technical s cors.	nt that is needed	• ,
Item	Unit cost	Total project cost	Justification		
Either include the cer	approval by the tificate/letter of ease note that g	e following committees fapproval with this forward the contract of the contrac	m, or forward to DE	BRA on advice of	your application
Committee			Attached	Pending	Not required
Human Ethics					
Animal Ethics					
Occupational Health & Safety					
Other (specify)					
2.7 Signature of Cl	hief Investigat	or			

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Name

Signature

Date



2.8 Signatures of Associate Investigators

Name	Signature	Date

# 2.9 Certification by Head of Department

"I certify that this project is appropriate to the general facilities in my Department, with all safety requirements satisfied, and that I am prepared to have the project carried out in my Department."

Name	
Position Title	
Department	
Signature	
Date	

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