

# 2024 Ramaciotti Health Investment Grant Application

## Form Preview

### Eligibility

\* indicates a required field

#### [Ramaciotti Award Guidelines 2024](#)

**I confirm that I have read and understood the guidelines above prior to completing this form \***

☐

**I confirm that my organisation is NHMRC Administering \***

☐ Yes

☐ No. As per the guidelines, only NHMRC administering organisations are eligible to apply.

**I consent to the information provided being shared with the Ramaciotti Foundations' Scientific Advisory Committee \***

☐

**I confirm this application has been authorised by the administering institutes central research or grant office \***

☐

Each organisation is only able to submit a maximum of 2 applications, any unapproved applications may automatically be marked as ineligible

### Project Title

\* indicates a required field

**Indicate a project title, ensure the title is brief, precise and informative to people outside your field \***

Word count:

**Describe your project and the benefit that it is expected to make to the community in non-technical terms \***

Word count:

Must be no more than 200 words. This will be used to explain the intention of the project to parties that may not be familiar with scientific terminology.

### NHMRC Administering Institution Details

\* indicates a required field

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**NHMRC Administering Organisation \***

Organisation Name

**Organisation ABN \***

The ABN provided will be used to look up the following information. Click Lookup above to check that you have entered the ABN correctly.

Information from the Australian Business Register	
ABN	
Entity name	
ABN status	
Entity type	
Goods & Services Tax (GST)	
DGR Endorsed	
ATO Charity Type	<a href="#">More information</a>
ACNC Registration	
Tax Concessions	
Main business location	

Must be an ABN.

**Postal Address \***

Address

  

Address Line 1, Suburb/Town, State/Province, Postcode, and Country are required.

**Phone Number \***

Must be an Australian phone number.

**Email \***

Must be an email address.

### Responsible Officer Contact Details

**NB: all correspondence in relation to this grant will be sent to the Responsible Officer listed below**

**Responsible Officer \***

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

**Position \***

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**Department \***

**Phone Number \***

Must be an Australian phone number.

**Email \***

Must be an email address.

**I confirm the organisation's ability to continue to operate on a financially viable basis into the foreseeable future \***

☐ Yes

**I confirm the organisation is not under administration \***

☐ Yes

**Do you give Perpetual consent to contact your organisation? \***

☐ Yes

☐ No

### Marketing / PR Contact Details

**NB: the person listed below will be contacted for media opportunities as a result of a successful grant**

**Name \***

Title

First Name

Last Name

**Position \***

**Phone Number \***

Must be an Australian phone number.

**Email \***

Must be an email address.

### Recipient (Researcher) Details

\* indicates a required field

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### 1. Name and contact details

**Researcher \***

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

**Phone Number \***

Must be an Australian phone number.

**Email \***

Must be an email address.

**Current Appointment \***

**Research Level \***

Applications will only be accepted from researchers up to Level C or equivalent.

**Source of funding \***

**Date of commencement of current appointment \***

Must be a date

**Date of completion of current appointment \***

**Duration of current appointment \***

**Letter of guarantee from Administering Institute \***

Attach a file:

Please provide a letter from the Administering Institute guaranteeing employment for the term of the grant and confirming that you will be based in Australia for at least 80% of the funding period.

**Department \***

**Institution \***

**Postal Address \***

Address

Suburb   State   Postcode

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Telephone \*

Email Address \*

2. Academic Qualifications

Academic Qualifications 1

Degree \*

Institution \*

Year \*

Academic Qualifications 2

Degree

Institution

Year

Academic Qualifications 3

Degree

Institution

Year

Academic Qualifications 4

Degree

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**Institution**

**Year**

**Academic Qualifications 5**

**Degree**

**Institution**

**Year**

**Academic Qualifications 6**

**Degree**

**Institution**

**Year**

## Recipient (Researcher) Details cont'd

**3. Previous Post-Doctoral Positions**

Word count:  
Must be no more than 140 words. For each list position, department, institution, commencement and termination dates

**4. Career Disruptions**

Word count:  
Must be no more than 50 words. Outline any career disruptions as defined by the NHMRC.

**5. Publications in refereed journals: Full listing of all authors, first and last pages, numbers, standard publications and abbreviations**

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**a. Derived from honours degree studies**

Word count:

**b. Doctorate studies**

Word count:

**c. Post-doctoral work**

Word count:

**6. Awards, Prizes, Scholarships etc**

Word count:

## Financial Details

\* indicates a required field

### 1. Budget (total cost of project)

Expenditure Description	\$

**Amount requested from Ramaciotti Foundations**

\*

\$

Must be a whole dollar amount and no more than \$100,000

**Contribution from departmental or institutional funds**

\*

\$

**Total cost of project**

\*

\$

### 2. Other applications for this and other projects

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**a. Details of any other grants, awards or funding from other organisations or sources**

Word count:

**b. Applications pending or to be submitted this year**

Word count:

**3. Justification of budget \***

Word count:

## Project Details

\* indicates a required field

### 1. Expected duration of project

**Commencement \***

NB: Project must commence prior to 1 July 2025

**Completion \***

NB: Project must be completed no later than 31 December 2027

**2. Aims Background and Research Plan \***

Word count:  
Must be no more than 1000 words

**3. State in non-technical terms, the unique features of this project \***

Word count:

**4. State approximate number of hours you expect to spend on average each week on:**



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**a. This project**

**b. Other research projects**

**c. Teaching/other duties**

### Project Details cont'd

**5. Anticipated period of absence, other than recreational leave, during first year of project**

Word count:

**6. Other participants - list names, positions and indicate involvement in average hours each week**

Word count:

**7. What other technical and professional staff or students will be available to assist with this project? Indicate level of involvement**

Word count:

**8. Ethical and hazardous implications of the project? The project involves**

- ☐ experimentation on human subjects
- ☐ experimentation on animals
- ☐ the use of potent carcinogens or teratogens
- ☐ the use of ionising radiation
- ☐ non-exempt recombinant DNA work

Choose one only

### Bank Account Details

**\* indicates a required field**

Provide bank details below. If your application is successful the funds will be transferred by EFT into the nominated bank account of the administering institute.

**Bank Name \***

**BSB \***

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**Bank Account Number \***

**Account name (of bank account) \***

## Declaration

\* indicates a required field

### 1. To be completed on behalf of the Head of Department (University or Hospital) or Director of Research Institute

I certify that the Head of Department or Director of the Research Institute has sighted and provided approval that in their opinion:

- (a) The applicant has demonstrated his / her potential to successfully undertake this project as a sole chief investigator and the details of the appointment are correct. The budget is realistic and if it is funded as requested, the department / institute will provide the additional support as listed
- (b) If the project involves any ethical or hazardous implications (as listed in the section Project Details question 8) that the project will not commence until it has been approved by the relevant institutional committee
- (c) The requirements of the institution and the classification quoted for personnel are in accordance with the requirements of the institution
- (d) They have read and understood the guidelines and conditions relating to the Ramaciotti Awards
- (e) They declare that the information provided within this application is accurate, true and correct at the time of completion

\*

☐ I understand and agree with the statements above

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\*

☐ I/we agree to the delivery of certain disclosure documents such as a FSG electronically including via electronic mail or via Perpetual's website

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You may request a hardcopy of such disclosure documents at any time by contacting us directly or via our website at [www.perpetual.com.au](http://www.perpetual.com.au)

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\*

☐ I/we give permission for Perpetual to provide all documents electronically including via email & understand that Perpetual will not accept any responsibility or liability for any unauthorised access or interference after transmission, or for any delay or non-delivery of any document

### Certification

#### Name of Head of Department / Director \*

Title                      First Name                      Last Name

<input type="text"/>	<input type="text"/>	<input type="text"/>
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#### Position \*

#### Certified by (if different to above):

##### Name

Title                      First Name                      Last Name

<input type="text"/>	<input type="text"/>	<input type="text"/>
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##### Position