

# PARKINSON'S QUEENSLAND INCORPORATED

## SEEDING GRANT SCHEME 2012

### APPLICATION FORM

**Closing Date: 5pm Friday September 30, 2011.**

1. **Project Title** (*no more than 20 words*)

2. **Project Summary** (*no more than 100 words*)

3. **Proposed Commencement and Completion Date** (*funding is expected to be available from December 2011*)

|                    |                  |
|--------------------|------------------|
| Commencement Date: | Completion Date: |
|--------------------|------------------|

4. **Applicant Details**

|                   | 1 <sup>st</sup> CHIEF INVESTIGATOR | 2 <sup>nd</sup> CHIEF INVESTIGATOR | 3 <sup>rd</sup> CHIEF INVESTIGATOR | 4 <sup>th</sup> CHIEF INVESTIGATOR |
|-------------------|------------------------------------|------------------------------------|------------------------------------|------------------------------------|
| Title             |                                    |                                    |                                    |                                    |
| Full Name         |                                    |                                    |                                    |                                    |
| School / Dept     |                                    |                                    |                                    |                                    |
| University        |                                    |                                    |                                    |                                    |
| Phone             |                                    |                                    |                                    |                                    |
| Fax               |                                    |                                    |                                    |                                    |
| Email             |                                    |                                    |                                    |                                    |
| Year PhD Awarded  |                                    |                                    |                                    |                                    |
| Position & Status |                                    |                                    |                                    |                                    |
| Gender            |                                    |                                    |                                    |                                    |
| Time Commitment % |                                    |                                    |                                    |                                    |

5. **Total Funding Requested**

\$



**8. Certification of Head of Administering Institution or nominee.**

By signing this application, I certify that the project, as outlined in this application satisfies all of the requirements of the Institution, and that the Institution has established administrative processes for assuring sound scientific practice in accordance with the Australian Code for the Responsible Conduct of Research. Furthermore, I certify that the project can be accommodated within the general facilities of my School/Centre.

I am aware of the time commitment allocated to this project by the Chief Investigator and confirm it is appropriate.

**Name:**

**Signature:**

**Date:**

**9. Certification by Chief Investigator(s)**

I/We certify that the information contained within this application is correct and accurate at the time of submission.

I/We understand that:

- Research which involves human and/or animal experimentation must be carried out in accordance with the guidelines laid down in the NHMRC Codes of Practice and National Statement;
- Research which includes the use of recombinant nucleic acids constructed in vitro from sources which do not ordinarily recombine genetic information must be carried out in accordance with the guidelines laid down by appropriate Recombinant DNA Monitoring Committee;
- Research which involves the use of ionising radiation must have the risks involves assessed by a recognised Ethics, Safety or Biosafety Committee, and personnel must be trained and hold a current licence; and
- A certificate of compliance with appropriate guidelines must be received from a recognised Ethics, Safety or Biosafety Committee prior to the commencement of the grant, and expenditure on the project.

I/We authorise the first Chief Investigator to sign all subsequent documents on our behalf:

**Name:**

**Signature:**

**Date:**

**Name:**

**Signature:**

**Date:**

**Name:**

**Signature:**

**Date:**

**Name:**

**Signature:**

**Date:**

## 10. Free-Text Component

In no more than 4 pages, address the following headlines:

### **Aims**

Describe the aims of your project, including a clear statement of the hypothesis to be tested.

### **Background**

Describe the:

- significance of the project
- objectives of the research
- background to the project including scientific aspects and any other relevant material

### **Research Plan**

Outline the research plan in detail, including as appropriate:

- a detailed description of the experimental design
- techniques to be used; and
- methods of statistical analysis.

### **Outcomes and Significance**

Briefly describe the:

- importance of the problem to be researched
- expected outcome of the research plan; and
- potential significance of the research.

#### **NOTE:**

References are not included in the 4 page limit.

References are limited to 2 pages.

All text, tables and figures must use Times New Roman 12 point font.

Page margins must be at least 2cm.

**11. Detailed Budget** *(please list budget items in priority order, with 'A' denoting essential to the success of the project)*

NOTE: Double click your mouse inside the spreadsheet to activate.  
Click outside the spreadsheet to save entries.

| <b>Expenditure Category</b>                        | <b>Priority</b> | <b>Funding Requested</b> |
|--|-----------------|--------------------------|
| <b>Personnel</b> (include HEWA Scale and On-Costs) |                 |                          |
| <b>Equipment</b> (items > \$1,000)                 |                 |                          |
| <b>Consumables</b>                                 |                 |                          |
| <b>Travel</b>                                      |                 |                          |
| <b>Other</b>                                       |                 |                          |
| <b>Total Funding Requested</b>                     |                 | \$0                      |

**12. Budget Justification**

**13. Detailed In-Kind Contributions**  
*(please list in-kind contributions for the following expenditure categories)*

NOTE: Double click your mouse inside the spreadsheet to activate.  
Click outside the spreadsheet to save entries.

| <b>Expenditure Category</b>        | <b>In-Kind Contributions</b> |
|------------------------------------|------------------------------|
| Personnel                          |                              |
| Equipment                          |                              |
| Other                              |                              |
| <b>Total In-Kind Contributions</b> | \$0                          |

**14. Detailed Cash Contributions**  
*(please list cash contributions and identify their source)*

| <b>Funding Source</b>           | <b>Cash Contributions</b> |
|---------------------------------|---------------------------|
| <b>Total Cash Contributions</b> | \$0                       |