

## APPENDIX 2



# Research Application Form

## Principal Researcher

The principal researcher is the point of contact that Endometriosis Australia will use for communication regarding this application.

Title:		First name:	
Last name:			
Department:			
Current position:			
Organisation Legal Entity Name:		ABN:	
Organisation Physical Address:			
Organisation Trading As:			
Postal Address:			
Mobile Phone:		Email:	

## CO-RESEARCHERS

Name	Current appointment	Organisation	Role*

\* Indicate whether the researcher is **primarily** (Choose only one for each researcher):

**A** - Academic      **C** – Clinical      **G** - Government representative      **P** – Patient  
**E** – Education    **PR** - Provider Representative (e.g. of hospital or local area service)    **O** – Other



☐ All Co-researchers listed are aware they have been included in this EOI and have agreed to participate in this and a full application if successful.

☐ Checking this box indicates that the submitted project or component thereof is not funded by another grant for the same or similar research agenda.

**All researchers need to submit a 1- page CV relevant to this application.**

## GENERAL INFORMATION

Project Title:

Project description (max 200 words):

Select which are your application is for (Choose one only):

☐ Medical, surgical and allied health aspects of endometriosis care

☐ Basic sciences associated with endometriosis

☐ Patient-centred educational or support tools

☐ Other (please specify)

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## PROJECT SUMMARY

### AIM

Describe the aim of the project in lay terms (max 100 words)

### PROJECT

Describe the methods you will use for the project (max 500 words)

### PROJECT OUTCOMES

What are the potential outcomes of the research? (max 200 words)

### TRACK RECORD

How will you and your team deliver this research and how will you address obstacles or budget shortfalls?

### KEY MESSAGES

How will you disseminate the results from this research? (max 100 words)



## BUDGET:

Provide a budget for your study (up to one page. Note: you may submit a budget of up to but not over \$100,000)

Amount requested (excluding GST):	\$	Duration of the study	_____ months
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## PRIVACY AND DECLARATION

Endometriosis Australia collects your personal information that you submit in this form to assist in considering your research application. By completing this form, you confirm that the information is true and complete and you agree to the Endometriosis Australia collecting your information. Endometriosis Australia may also use and disclose your personal information to other parties for the purpose of conducting reference checks and conducting the activities of Endometriosis Australia.

**Endometriosis Australia will not use or disclose your personal information (or the personal information of any other person disclosed by you in your application) for any reason other than that outlined above, unless we obtain specific consent from the person involved for its use for another purpose**

By completing this form, I also acknowledge and agree that where I am disclosing personal information (including sensitive information) of another person, I have:

- the authority of that person, to provide their information (including sensitive information) and to receive from Endometriosis Australia their information for the purposes of your research application;
- notified that person that I have disclosed their personal information to Endometriosis Australia; and
- informed that person Endometriosis Australia uses and discloses personal information to other parties for the purpose of conducting the activities of the Endometriosis Australia Research Program and otherwise deals with personal information.

## Signed by (Principal Researcher):

Signature: .....

Name: .....  
(PLEASE PRINT)

**Organisation:**.....

**Dated:** .....

**Applications close 5:00pm AEST on 23<sup>rd</sup> October 2020 and will only be accepted on forms available at <http://www.endometriosisaustralia.org>**