

APPLICATION FOR ATMS GRANT 2021 (Part A)

Date of Submission: _____

Applicant Details:

Name of Applicant						
ABN/ACN/ARBN (if applicable)						
Affiliation (if applicable)						
Type of entity (insert X for correct answer)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Individual	Company	Incorporated Association	Unincorporated Association	University	Other
	If 'Other' advise as to type of entity:					
Street address						
Postal address						
Email						
Website						
Contact person	Name					
	Position					
	Email					
	Telephone number					
Does the Applicant have Research specific Professional Indemnity and Public Liability Insurance	Yes				No	
	If yes, please provide a certificate of currency					
	If no, will this be sought prior to starting the Research project?					



Organisation/Business Information

Please provide a brief summary of the kind of work the organisation/ business usually performs (maximum 200 words)

Project Team

Insert the name, title and skills of each team member who is contributing to the project (e.g. chief investigator, project management, education design, research methodology expertise, statistical expertise, research assistant) in the table below. Please provide a curriculum vitae of up to two pages outlining recent publications, and/or evidence of significant support (e.g. support letter) to complete the project for each team member.

Name	Title within Term	Skill

Where will the project be conducted in Australia?

Administering Institution (where applicable):

Signatures

All Team Members must sign to demonstrate agreement with the declaration.

Declaration by Team Members

Each team member makes the following declaration:

1. I agree that the information contained in this document is accurate to the best of my knowledge
2. I am able and willing to undertake and complete the project as described in this document
3. I have consulted with the Head of School/Cost Centre regarding this project where applicable

Name	Signature	Date
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Declaration by Applicant

1. I/We declare that:
2. I/We are authorised to enter into and execute this Application on behalf of the Applicant.
3. The information contained in this document, in particular budgetary items, is accurate to the best of my/our knowledge.
4. I/We understand that this application does not create a legal or binding commitment, arrangement or understanding between ATMS and the applicant organisation. Any such commitment, arrangement or understanding will be the subject of further negotiation and documentation, including an Agreement for the Provision of Funding. Additional specific conditions may be included in the Agreement. Grant funds will not be paid until both parties have executed the Agreement.
5. I/We understand and accept that ATMS Research Grants are a discretionary fund and that decision of ATMS as to whether or not to approve a grant are at its sole and unfettered discretion.
6. I/We understand that the decision of ATMS to approve or reject a grant is final and there is no feedback or appeals process.

7. I/We are satisfied that each team member has consulted with their Head of School/Cost Centre regarding this project where applicable.
8. I/We acknowledge and agree that the Applicant will:
 - a. submit a project report including verification of budget expenditure within 4 weeks of the project completion date
 - b. acknowledge ATMS as the funding body in any publications in respect of any research which is the subject of this Application;
 - c. publish the findings of any research which is the subject of this Application in the Journal of the Australian Traditional Medicine Society; and/or
 - d. present the findings of any research which is the subject of this Application at an ATMS conference.

Signature of or on behalf of Applicant

Signature of or on behalf of Applicant

Full name of signatory

Full name of signatory

Capacity (e.g. Director)

Capacity

Project Information (Part B)

Project Title: _____

Duration of Project: (up to 12 months)

What is the expected start date of your project? _____

What is the expected end date of your project? _____

Study Proposal

Please attach the following:

The study proposal (2700 words maximum, excluding references) including; **(please ensure there is no identifying information in Part B)**

- a) Executive summary (maximum 250 words)
- b) Project priorities and aims (how will the project benefit members of ATMS and/or the natural medicine profession/industry; how does the project align with ATMS’ strategic plan <https://www.atms.com.au/about-us/strategic-plan/>) (maximum 350 words)
- c) Project outcomes and deliverables (outline the expected **short-term** and **long-term** outcomes of the project; deliverables are things that the project produces, usually at certain milestones; outcomes are abstract concepts like increased research capacity, increased patient satisfaction with service delivery (maximum 700 words)
- d) Project Rationale (significance, value and need for project including a summary of the literature in the field) (maximum 500 words)
- e) Methods and research approach (e.g. survey, interviews, pilot study) (maximum 500 words)
- f) Timeline – please detail key milestones in the table below; (e.g. ethics submission, data collection)

Activity	Details	Due Date

Project Evaluation and Reflection

How do you plan to collect information and analyse information to evaluate and report on the outcomes and learnings of the project? (maximum 200 words)

Dissemination and Impact

Describe how the benefits of this project will be disseminated so that they continue beyond the end of the funding period (maximum 200 words)

Budget (please ensure there is no identifying information in this section)

Expected expenditures	Contribution by Applicant (in kind) (incl. GST)	Contribution from Grant (incl. GST)	Justification
Personnel (e.g. research assistant)			
Equipment/materials			
Project activities			
Total estimated cost of project			

Ethical Considerations

Most research requires approval by an ethics committee. This includes clinical trials, surveys, interviews, and in-vitro research. If you do not have access to an ethics committee, please contact the Chair, ATMS Research Committee for guidance on possible affiliations with higher education institutions. Brad.McEwan@atms.com.au.

Does this project have ethics approval? (insert x for correct answer)

Yes	Submitted	No / Not yet

Yes:

Details of ethics committee: _____

Approval number: _____

Dates of approval period: _____

Submitted:

Details of ethics committee: _____

Date application submitted: _____

No/ Not yet:

Briefly explain why ethics approval is not required or will be applied for later:

Checklist for Applicants

Eligibility Criteria

1. The Chief Investigator must be a financial member of ATMS. Financial membership involves:
 - Accredited/life (\$250/ year)*
 - Fellow member (\$285/ year)*
 - Associate member (\$135/year)**Subject to change
2. The Chief Investigator of the project must:
 - a. be an Australian citizen or permanent resident;
 - b. currently reside in Australia.
3. Proposals must be for a clearly identifiable project, even if part of a larger research initiative (clearly identify the larger research project in your application). Funding is not intended to provide long-term support for projects underway or top-up funding for ongoing studies.

All grant applications will be treated confidentially and will only be viewed by assessors or ATMS Research Committee. Applicants must complete all relevant sections of the application form, including the checklist and declaration. Incomplete applications will not be assessed.

Applications must be received by 5:00pm (AEST) on the due date. Applications must be typed and submitted electronically via email. The normal duration of the project is up to one year from the approval date.

To ensure a fair and transparent process for all applicants we ask that all questions be sent via email to president@atms.com.au so that the responses can be made available on the ATMS website to all potential applicants.

Application requirements

- A complete application form
- Letters of support
- Evidence of Applicant's status as a legal entity (e.g. Certificate of Incorporation, ABN/ACN)
- Evidence of current Professional Indemnity and Public Liability Insurance (e.g. Certificate of Currency)
- Copies of information providing supporting evidence of project needs (if applicable)
- Curriculum vitae of researchers

Ethical considerations

All research is obliged to comply with the guidelines for ethical research described in [National Statement on Ethical conduct in Human Research](#) (National Statement or NS).

Most research projects (e.g. clinical trials, surveys, interviews, in-vitro research) require approval by a research ethics committee. All applications for such projects should be accompanied by evidence of approval or declaration of intention to apply for approval from a Human Research Ethics Committee.