

# Neurological Foundation of New Zealand Project Application

*In association with*



[www.catwalk.org.nz](http://www.catwalk.org.nz)

## Section 1 – Summary and Background

*Named Investigator(s) (First investigator will be the contact)*

Expand tables as necessary by pressing enter at the end of a row outside of the table.

	<b>Title</b>	<b>First Name</b>	<b>Initial</b>	<b>Surname</b>
<b>1</b>				
<b>2</b>				
<b>3</b>				
<b>4</b>				

<i>Host institution</i>	
<i>Research location</i>	

*Research Title*

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*Research Descriptors: choose from appendix attached to “Advice to Applicants NF01a”  
Fields of Research*

1
2
3

*Keywords: please choose you own*

1
2
3

<i>Total Cost of Research:</i>	\$	(NOTE: Enter the total figure from the Section 5 budget sheet)
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Proposed Commencement Date (dd/mm/yy)	
Proposed Completion Date (dd/mm/yy)	
Proposed Term of Research (mm)	

*Contact Details*

<b>Principal Investigator 1</b>			
<b>Department</b> <b>University/Organisation</b> <b>PO Box/Street number</b> <b>Suburb</b> <b>City</b>			
<b>Telephone</b>		<b>Fax</b>	
<b>Email</b>			

<b>Named Investigator 2</b>			
<b>Department</b> <b>University/Organisation</b> <b>PO Box/Street number</b> <b>Suburb</b> <b>City</b>			
<b>Telephone</b>		<b>Fax</b>	
<b>Email</b>			

<b>Named Investigator 3</b>			
<b>Department</b> <b>University/Organisation</b> <b>PO Box/Street number</b> <b>Suburb</b> <b>City</b>			
<b>Telephone</b>		<b>Fax</b>	
<b>Email</b>			

<b>Named Investigator 4</b>			
<b>Department</b> <b>University/Organisation</b> <b>PO Box/Street number</b> <b>Suburb</b> <b>City</b>			
<b>Telephone</b>		<b>Fax</b>	
<b>Email</b>			

Copy table and paste if necessary

***Abstract of Research***

Delete these words and start typing here.

***Media Summary of Research (100 words maximum)*** – Explain the project, and its significance to spinal cord injury, in language understandable to the public as a press release.

Delete these words and start typing here.

*Summary of research proposal for Board members ( plain English please, and restrict to two pages)*

- 1. Principal investigator**
- 2. Short title of the project**
- 3. What is your hypothesis?**
- 4. What is the aim of the research?**
- 5. What is the significance of the research?**
- 6. What contribution will the research make towards neurological disorders?**
- 7. How do you propose to carry out the research?**
- 8. Who will be involved in the research (name and % of time)?**
- 9. Where will the research be carried out?**
- 10. What are the costs of the proposed research (salaries, equipment, materials, etc.)**
- 11. Are other funding bodies being approached to support this research project?**

***Historical background. Summarise significant work in the area of the current project by the applicant and other workers (max. two pages).***

Delete these words and start typing here.

## Section 2 – Listing of Previous / Current Contracts

*Outline of current and previous support from all agencies (past 6 years):*

<b>Funding Agency</b>	
<b>Title of Research</b>	
<b>Named Investigators</b>	
<b>Start date and duration</b>	
<b>Total Value</b>	
<b>Nature of support</b> <i>(limit 1 sentence)</i>	

<b>Funding Agency</b>	
<b>Title of Research</b>	
<b>Named Investigators</b>	
<b>Start date and duration</b>	
<b>Total Value</b>	
<b>Nature of support</b> <i>(limit 1 sentence)</i>	

<b>Funding Agency</b>	
<b>Title of Research</b>	
<b>Named Investigators</b>	
<b>Start date and duration</b>	
<b>Total Value</b>	
<b>Nature of support</b> <i>(limit 1 sentence)</i>	

<b>Funding Agency</b>	
<b>Title of Research</b>	
<b>Named Investigators</b>	
<b>Start date and duration</b>	
<b>Total Value</b>	
<b>Nature of support</b> <i>(limit 1 sentence)</i>	

Copy table and paste as necessary.

**Section 3 – Description of Proposed Research (12 page maximum including references)*****Objectives***

Delete these words and start typing here

***Research Design and Methods***

Delete these words and start typing here

***Timeline***

Delete these words and start typing here

***Scientific and Clinical Significance to Neurological Research***

Delete these words and start typing here

***Dissemination of Results***

Delete these words and start typing here

***References***

Delete these words and start typing here

### Section 4 – FTE Summary

List the time involvement of all personnel involved in the research in terms of a Full Time Equivalent (FTE %). Give all names (except when they are as yet unknown for such people as postdoctoral fellows and postgraduate positions). Please ensure these figures are the same as those in the Budget and Biographical Sketches.

<b>Name</b>	<b>% FTE (Year 1)</b>	<b>% FTE (Year 2)</b>	<b>% FTE (Year 3)</b>
<b>Named Investigator(s)</b>			
<b>Associate investigators</b>			
<b>Postdoctoral fellows</b>			
<b>Research/Technical Assistants</b>			
<b>Others</b>			
<b>Sub-contracted investigators/staff</b>			
<b>Postgraduate students</b>			

*Will any of the staff be receiving other salary support from other research during the term of the proposed research?*

<b>Name</b>	<b>FTE(%) on other NFNZ contracts</b>	<b>FTE(%) on other research</b>

***Justification of ALL staff***

Delete these words and start typing here

**Section 5 – Budget (See Excel file “NF01 budget July 2001.xls”)**

Delete these words and copy-and-paste Excel file here (do not “insert” – formats can be lost).

***Justification of working expenses***

Delete these words and start typing here.

***Special Facilities available***

Delete these words and start typing here.

### Section 6 – Biographical Sketches

*(Must be completed by all Named Investigators – copy and paste as necessary. Please include bibliography section immediately after the biographical section for each applicant)*

Expand tables as necessary by pressing enter at the end of a row outside of the table.

**Title First name Initial(s) Surname**

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**Date of birth (dd/mm/yy)**

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**Gender**

<b>Female</b>	<b>Male</b>
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**Present Position & Current employer (if relevant)**

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**FTE (%) proposed research**

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**FTE (%) on all other research contracts**

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*If a Named Investigator intends to be absent for a period of longer than one month during the contract duration, please state the reason:*

**Period of absence**

**Reason**

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**Degrees, Diplomas**

**University**

**Field**

**Year conferred**


**Honours, prizes, scholarships, etc**

**Year awarded**


**Relevant academic and research experience**

**From year**

**To year**


Signed:

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Date:

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**Name:**

**Number of Publications (exclude abstracts, proceedings or letters):**

**Important Publications (list a maximum of 10):**

Delete these words and start typing here.

**List of Publications from previous five years**

Delete these words and start typing here.

**Other forms of research dissemination (1 page maximum)**

Delete these words and start typing here.

## Section 7 – Other support

### *Other Research Applications Awaiting Decision:*

<b>Funding Agency</b>	
<b>Title</b>	
<b>Named Investigators</b>	
<b>Start date and duration</b>	
<b>Total Value</b>	
<b>Date of outcome</b>	
<b>Areas of overlap with this proposal</b>	

<b>Funding Agency</b>	
<b>Title</b>	
<b>Named Investigators</b>	
<b>Start date and duration</b>	
<b>Total Value</b>	
<b>Date of outcome</b>	
<b>Areas of overlap with this proposal</b>	

Copy table and paste as necessary

***COFUNDING:*** *What other agencies or end-users has the research group approached to jointly or partially fund this research? (Attach confirmation letters to the end of this section).*

Delete these words and start typing here.

**Section 8 – Applicant Referee Nomination - - - (Do not copy. Send with original signed copy of application only).**

*Principal Investigator*

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*Research Title*

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*Nominated referees*

<b>Referee 1 Name</b>	
<b>Full Address</b>	
<b>Telephone</b>	
<b>Fax</b>	
<b>Email</b>	
<b>Area(s) of Expertise</b>	
<b>Relationship to applicant(s)</b>	

<b>Referee 2 Name</b>	
<b>Full Address</b>	
<b>Telephone</b>	
<b>Fax</b>	
<b>Email</b>	
<b>Area(s) of Expertise</b>	
<b>Relationship to applicant(s)</b>	

<b>Referee 3 Name</b>	
<b>Full Address</b>	
<b>Telephone</b>	
<b>Fax</b>	
<b>Email</b>	
<b>Area(s) of Expertise</b>	
<b>Relationship to applicant(s)</b>	

*Referees unacceptable to applicant(s)*

<b>Name</b>	
<b>Full Address</b>	
<b>Telephone</b>	
<b>Fax</b>	
<b>Email</b>	
<b>Area(s) of Expertise</b>	
<b>Reason referee is unacceptable</b>	

<b>Name</b>	
<b>Full Address</b>	
<b>Telephone</b>	
<b>Fax</b>	
<b>Email</b>	
<b>Area(s) of Expertise</b>	
<b>Reason referee is unacceptable</b>	

**Section 9 – Confidentiality- - (Do not copy. Send with original signed copy of application only).**

***Named Investigator 1***

***Research Title***

***Privacy Provisions***

The information requested in this proposal will be used for the purpose of assessing this proposal. Some information will be used in a non-identifiable form for New Zealand Neurological Foundation statistical purposes. The New Zealand Neurological Foundation undertakes to store all proposals in a secure place, and to destroy declined proposals after due process to preserve confidentiality.

For public interest purposes, the New Zealand Neurological Foundation reserves the right to release the applicant's name, host institution, contact details, contract title and funding awarded for successful applicants.

**Section 10 – Intellectual Property - - - (Do not copy. Send with original signed copy of application only).**

As a general rule the Neurological Foundation does not intend to seek to obtain intellectual property rights in respect of research being funded by the Foundation. However exceptions may arise:

1. When research could lead to a discovery, which might be licensed or sold to others for use in the diagnosis or treatment of neurological (or other) disorders.
2. Where it is appropriate for the Foundation to insist on intellectual property rights (whether partial or in full) either
  - i. to prevent the possibility of other persons obtaining a license or patent which might prevent further work being carried out in the area or
  - ii. where objectives could be of commercial value and it is appropriate for beneficiaries of the Foundation’s funds to share in the fruits of what is, in that context, venture capital.

Therefore, if the research described in this application is likely to generate software, tests, apparatus or medications (or applications thereof) for use in the diagnosis or treatment of neurological (or other) disorders please detail below. If the proposed research does have IP potential, and is funded by the Foundation, the Foundation may wish to negotiate to secure appropriate rights.

Otherwise please sign the declaration stating that your research is unlikely to generate patentable outcomes.

***Please provide details of expected outcomes with IP potential (if applicable) here:***

The undersigned understand that if this proposal is funded, the Neurological Foundation may wish to enter into a contract with the applicants and/or host institution to secure intellectual property rights associated with outcomes of the research.

***Named Investigator 1***

Name:	Signed:	Date:
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***Head of School, Faculty or Hospital***

Name:	Signed:	Date:
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**OR**

The undersigned declare that, to the best of their knowledge, the studies described in this application will not result in patentable outcomes.

***Named Investigator 1***

Name:	Signed:	Date:
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***Head of School, Faculty or Hospital***

Name:	Signed:	Date:
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**Section 11 – Ethical and Regulatory Agreement - - - (Do not copy. Send with original signed copy of application only).**

*Named Investigator 1*

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*Research Title*

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	Yes	No	Ethics Committee
<b>Require human ethical approval?</b>			
<b>Copy of current human ethical approval attached?</b>			
<b>Require animal ethical approval</b>			
<b>Copy of current animal ethical approval attached?</b>			

*If this proposal does not require ethical approval, please briefly detail why below:*

Delete these words and start typing here

*If this proposal requires consent from other regulatory bodies such as ERMA, MAF, DOC, GTAC, SCOTT or Biosafety, please detail below:*

Delete these words and start typing here

The applicant has read the ‘Guidelines on Ethics in Health Research’, available from the HRC website (<http://hrc.govt.nz/ethicgui.htm>) and agrees to abide by the principles outlined in it. The undersigned also agrees to provide written evidence before any research procedures commence, that in any study involving animal or human subjects, animal or human materials or personal information, a properly constituted accredited Ethics committee has examined and agreed to the ethics of the proposal outlined in this proposal. If minor changes in the research design or procedures have been required for ethical reasons, the New Zealand Neurological Foundation must be informed of them. The undersigned also undertakes to ensure that all regulatory consents are gained before research commences.

*Named Investigator 1*

Name:	Signed:	Date:
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*Head of School, Faculty or Hospital*

Name:	Signed:	Date:
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**Section 12 – Administrative Agreement- - (Do not copy. Send with original application only).**

All applications for Neurological Foundation grants, administered on behalf of the CatWalk Trust must include an undertaking to abide by the following administrative agreement:

- (a) It is understood and agreed that any grant received as a result of this application is subject to the rules of the New Zealand Neurological Foundation Inc. Grant funds will not be expended for any other purpose than described in this application.
- (b) The host institution agrees and undertakes to bear all risks and claims connected with any operation covered by this application and to indemnify and hold harmless the Neurological Foundation against any and all liability suits, actions, demands, damages, costs or fees on account of death, injuries to persons or property, or any other losses resulting from or connected with any act or omission performed in the course of the research.
- (c) The host institution agrees and undertakes to support for the duration of any grant the work described in this application by making available accommodation, basic facilities for research and the services necessary for its fulfilment.
- (d) The Head of Department agrees to accept this research within his/her department if a grant is made by the Foundation and is aware that he/she may provide a confidential assessment of the research and its implications in the department if desired.

We the undersigned have read the administrative agreement above and undertake to abide by the conditions of this agreement in respect of any grant made by the Neurological Foundation as a result of the present application.

NOTE: Only one fully signed copy of this page is required by the council, this form must be returned to the New Zealand Neurological Foundation with original copy of the contract proposal. Applications which do not have a fully completed administrative agreement will not be processed.

***Named Investigator 1***

Name:	Signed:	Date:
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***Head of Department***

Name:	Signed:	Date:
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***Head of School, Faculty or Hospital***

Name:	Signed:	Date:
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***Authorised official on behalf of host institution (University/hospital)***

Name:	Signed:	Date:
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**Section 13 – Reminders- - - (Do not copy. Send with original application only).**

<i>Be sure you have used the correct font size and have not exceeded page limits, since doing so may result in your proposal being returned and not considered in this funding round.</i>	
<i>Check the ethics section for signatures and attachments.</i>	
<i>Check that all other relevant signatures have been obtained (e.g. Administrative Agreement, etc).</i>	
<i>Check to be sure you have included the confidential pages your original application ONLY, and NOT in the copies submitted with the original.</i>	
<i>Be sure that your ORIGINAL copy is PAPER-CLIPPED together, and that your 15 PHOTOCOPIES are individually STAPLED. Send to: Neurological Foundation of New Zealand, PO Box 110022, Auckland 1148, Auckland, New Zealand .</i>	
<i>Courier Address: Neurological Foundation of New Zealand, 66 Grafton Road, Grafton, Auckland 1148</i>	
<i>Send electronic copy (in MS Word) of the application to: douglas.ormrod@neurological.org.nz</i>	