# ANGLICARE RESEARCH SEED GRANTS APPLICATION FORM

The Anglicare Research Seed Grants Program provides funding for innovative research projects consistent with the organisational commitments, focus areas and strategies outlined in Anglicare’s [*2023-25 Strategic Plan*](https://anglicaresq.org.au/wp-content/uploads/2023/12/ASQ0008-Strategic-Focus-and-Goals-Web-v02.pdf).

Information on applying for ASQ’s Research Seed Grants Program is available at [Research at Anglicare SQ](https://anglicaresq.org.au/about-us/research/). Applicants must read the [Research Seed Grants Application Guidelines](https://anglicaresq.org.au/wp-content/uploads/2024/08/Research-Seed-Grants-Application-Guide_Round-2025-26_v1.3.docx) prior to completing this application form.

Anglicare will consider applications that:

* meet eligibility requirements set out in the [Research Seed Grants Application Guidelines](https://anglicaresq.org.au/wp-content/uploads/2024/08/Research-Seed-Grants-Application-Guide_Round-2025-26_v1.3.docx)
* support Anglicare’s strategic priorities, commitments and focus areas
* are deemed by the review panel to be innovative projects with high relevance to Anglicare.

Only complete applications will be considered. Once a decision has been made, all applicants will be notified via email. Unsuccessful applicants may re-apply in the next funding round.

**HOW TO SUBMIT YOUR APPLICATION:** Please ensure that your application is clear, concise and complete. Attach any supporting documents or information. Submit an electronic copy of the completed application form and attachments to the Research, Evaluation & Advocacy team via [research@anglicaresq.org.au](mailto:research@anglicaresq.org.au). If additional information is required, a team member will contact you to discuss.

If you have any queries about the information outlined or requested in this application form, please contact the Research, Evaluation & Advocacy team at [research@anglicaresq.org.au](mailto:research@anglicaresq.org.au).

***PLEASE NOTE:  
INFORMATION COLLECTION NOTICE:*** *The information you provide on this application form will be used by Anglicare to assess and manage your application. The information will be managed in accordance with the* [*Australian Privacy Principles*](https://www.oaic.gov.au/privacy/australian-privacy-principles) *in the* [*Privacy Act 1988*](https://www.legislation.gov.au/Details/C2014C00076) *(Cth) (Act). A privacy statement detailing ASQ’s use, and management of personal and sensitive information is available* [*here*](https://anglicaresq.org.au/privacy/)*. For further information about privacy and other uses and disclosures of your personal information in relation to your application, please email:* [*research@anglicaresq.org.au*](mailto:research@anglicaresq.org.au)***ACKNOWLEDGEMENT OF YOUR APPLICATION:*** *You will receive an acknowledgement email from the Research, Evaluation & Advocacy team once you submit your application. Please contact the team if you do not receive an acknowledgement within 24 hours, to ensure your application has been received.*

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| **SECTION 1. APPLICANT INFORMATION** |
| **1.1. Principal Investigator (Academic Partner)** |
| **Name:** |
| Position and organisation: |
| Office address: |
| Telephone and email: |
| **1.2. Partner Investigator (Lead ASQ Staff Member as Project Co-Investigator)** |
| **Name**: |
| Position: |
| Office/Service address: |
| Telephone and email: |
| **1.3. Additional investigator/s** (if applicable) (please add additional page if required) |
| **Name**: |
| Position and organisation: |
| Office address: |
| Telephone and email: |

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| **Name**: |
| Position and organisation: |
| Office address: |
| Telephone and email: |

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| **SECTION 2. RESEARCH PROPOSAL** | | | | | |
| **2.1. Title of research project**  Indicate the working title of the research project | | | | | |
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| **2.2. Rationale and significance**  Briefly state the problem you’re trying to address, and the importance and impact of the project. Include the project’s alignment with ASQ’s strategic priorities, commitments or focus areas (max. 300 words). | | | | | |
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| **2.3. Research methodology**  Outline the research design including the target group and any interventions involved (max. 300 words). | | | | | |
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| **2.4. Risk management**  Describe the risks (actual or potential) involved and explain how you will address them (max. 200 words). | | | | | |
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| **2.5. Expected outcomes**  Outline projected timeframe and anticipated outcomes of the project (max. 200 words) | | | | | |
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| **2.6. Sustainability and scalability**  Briefly explain how the project can be sustained or scaled up (max. 200 words) | | | | | |
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| **2.7. Perceived, potential or actual conflict of interest**  Do you, or any members of the research team wish to declare any conflict of interest?  **Yes  No**  If yes, please indicate below (max. 200 words). | | | | | |
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| **2.8. Financial support requested from Anglicare and in-kind contributions**  Indicate how the requested funds will be used, and the relevant in-kind contributions from both Anglicare and the academic partner. Please attach an additional sheet if you need more rows. | | | | | |
| **Item** | | **Amount** | **Justification** | | |
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| **In-kind contributions** | | | | | |
| **Item** | | **Comments (if required)** | | | |
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| **2.9. Have you applied for, or been successful in applying for funding for this project through other grant programs?**  Yes  No  If yes, please provide the following information: 1) Grant program; 2) Grant timeframe; and 3) Budget. | | | | | |
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| **2.10. Which Anglicare staff members have you consulted regarding this project? (eg Group Manager, Practice Development team)** | | | | | |
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| **SECTION 3: TRACK RECORD OF THE RESEARCH TEAM** | | | | | |
| Please attach the *resume/CV* of each member of the research team and where applicable, include:   * most significant career publications in the past 5 years * most significant research funding in the past 5 years. | | | | | |
| **SECTION 4: SUPPORTING DOCUMENTS** | | | | | |
| Please list below all documents accompanying this application: | | | | | |
| **SECTION 5. DECLARATION OF APPLICANT** | | | | | |
| *I, Insert full name as the Principal Investigator, declare that the information contained in this application is true and correct to the best of my knowledge.* | | | | | |
| Signature:  *(Affix electronic signature)* |  | | | Date: | Click or tap here to enter text. |