

Privacy Statement

Equity Trustees Limited, Equity Trustees Superannuation Limited, and Equity Trustees Wealth Services Limited ('the EQT Group') are committed to protecting your privacy and supporting the Australian Privacy Principles under the Privacy Act 1988 (Cth).

Our Privacy Statement is available [here](#) and is intended to inform you about the following:

- the type of personal information that we collect;
- the manner in which we collect your personal information;
- the main purposes for which we use that information;
- how you can access, correct or update any personal information that we hold about you; and
- how we keep the information secure.

Before submitting your application, please ensure you have read [Equity Trustees' Privacy Statement](#).

If this Grant Application is successful, Equity Trustees may make public your project description, the name of your organisation and the grant amount awarded to you.

Instructions

Using this Form

1. Completing your Form

You may fill in the form in any order you choose. Move between the pages of the form using the Form Navigation menu at the right of screen. Or, click the Next Page and Previous Page buttons at the top or bottom of the page.

2. Completing your Form in a group/team

You can share your applicant login details to allow colleagues to work on a form with you. However, avoid editing the form at the same time as somebody else.

3. Saving your draft Form and returning later

Your form is automatically saved each time you move between pages. You can also click the Save button at the top of the page, which you should do when logging out or leaving the computer for an extended period. Your saved form will be available for you to continue next time you log in.

4. Submitting your Form

To submit your form, you must click the Submit button on the final Review page of the form.

Your form will not submit if: - You have failed to answer any compulsory questions. - You have exceeded any word limits. - You have entered any other invalid data (such as an invalid ABN).

5. Form submission confirmation

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Form Preview

After submitting you will receive a confirmation email including a PDF copy of your form. If you do not receive this email, contact Equity Trustees to confirm we have received your form.

Further Support

Technical Support

Contact SmartyGrants between 9am - 5pm weekdays (AEST): (03) 9320 6888 or service@smartygrants.com.au.

Questions about Eligibility and Guidelines

Please email Equity Trustees at charities@eqt.com.au, quoting your application number if applicable.

Applicant Details

* indicates a required field

Sponsoring Organisation

Applicant organisation name *

As per your ABN entity name below

ABN *

The ABN provided will be used to look up the following information. Click Lookup above to check that you have entered the ABN correctly.

Information from the Australian Business Register	
ABN	
Entity name	
ABN status	
Entity type	
Goods & Services Tax (GST)	
DGR Endorsed	
ATO Charity Type	More information
ACNC Registration	
Tax Concessions	
Main business location	

Grant applicant

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Form Preview

Name *

Title

First Name

Last Name

Current Position Title ***Research Field (e.g. Genomics & Infectious Diseases) *****Department *****Phone Number ***

Must be a valid phone number.

Email address ***Date of Birth *****Gender ***☐ Male☐ Female**Definitive Clinical Position *****Date of Appointment****Term of Appointment *****Nature of expected duties ***

Include the extent of your clinical involvement

Salary Provider *

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Form Preview

Research or Grants Office Primary contact

Many university departments and research institutions have a central Grants Office that support and track grant applications made by researchers connected to their institution. If your institution/department has such an office, please provide the details below and we will forward correspondence about your application (and any grant payments) to it.

Contact Person

Title	First Name	Last Name
<div></div>	<div></div>	<div></div>

Position title

Postal Address

Address		
<div></div>		
<div></div>		
Suburb	State	Postcode
<div></div>	<div></div>	<div></div>

Email

Phone

Referees

Referee 1 *

Title	First Name	Last Name
<div></div>	<div></div>	<div></div>

Referee 2 *

Title	First Name	Last Name
<div></div>	<div></div>	<div></div>

Project Summary

* indicates a required field

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Form Preview

Important: If you draft your application in Microsoft Word and then paste your answers into this form, we would appreciate if you could avoid using Word's automated bullets and numbered lists. These cause formatting issues when we print your application for assessment.

If possible, please switch off Word's auto-formatting options for lists. You can then manually type numbered lists, or use asterisks * or hyphens - in the place of bullets.

Title of Project / Research

Word Count 0 to 15

Summary of proposed research (written for a 'lay' audience) *

Must be no more than 200 words.

Must be no more than 200 words

Supporting Documents

* indicates a required field

All files **must** be in **PDF format**.

Please name your files as follows:

<Grant program>_<Applicant's surname>_<Name of Institution>_<short content description of file>.pdf

E.g. ViertelCI_Smith_Florey_CV.pdf

Research Proposal Summary

Please include a 3 page summary of the research proposal, including a broad outline of the research direction and a more detailed description of the specific research project(s) being undertaken. This should include aims and hypothesis, background and research plan, expected outcomes and significance. *

Attach a file:

PDF format

Your Full Curriculum Vitae

Your full Curriculum Vitae incorporating all your publications and all of the information outlined below:

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A. Details of academic background, including degrees, prizes, distinctions and/or other special qualifications awarded and where and when they were awarded.

B. Details of current appointment (and proposed, if different from current), indicating size of research group, availability of research infrastructure and any future changes to the situation that may impinge upon research opportunities.

C. Details of previous appointments in chronological order. Absences from full-time academic research (eg: involvement with industry, parenting leave, academic teaching appointments, clinical appointments) can also be detailed.

D. Details of collaborations, both past and current indicating the type of involvement and highlighting any publications resulting from the collaborations. **Please ensure you identify any critical collaborations.**

E. Details of local, national and international profile, listing seminars and talks given, participation in conferences, including presentations and indicating those that were personal invitations, involvement as session chair, as discussant or a plenary lecturer.

F. Details of postgraduate and undergraduate teaching, including supervision of research students, clinical and/or commercial activities. With respect to research students indicate whether sole or co-supervision and include information on any completions and current positions of postgraduates and ability to attract and supervise postgraduate students (in relation to local regulations). Indicate projected involvement in teaching in the next few years and the impact of clinical sessions on the research (if relevant).

G. Details of administrative experience associated with the current position, including departmental, faculty or institutional experience.

H. Details of peer review involvement, including grant application review for funding bodies, manuscripts, editorial board responsibilities and the like. Indicate approximate frequency of involvement.

I. Details of scientific discipline involvement, including membership of societies, membership of executive committees and executive positions held, organisation of local, national and international meetings.

J. Provide details of involvement in the wider community, including raising of community awareness of health issues, science education forums, specific assistance with media contact etc.

K. Indicate your most significant research contribution to your field and how it has influenced the field.

L. Details of any other relevant data to support the case for appointment.

M. Detail any current and/or past career distributions - e.g. periods of parental leave - and how they have impacted your career. Refer to FAQs for further information about how career disruption will be factored into assessment.

Note that our preference is a four (4) page CV although should not exceed ten (10) pages including publications

Upload Curriculum Vitae

Attach a file:

PDF format

A Letter from the Head of Your Department/Institution

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This letter should provide details of the date of appointment, and the date on which the applicant was due to take up or had taken up his or her position. *

Attach a file:

PDF format

Budget and Justification

Please provide clarification on what the Clinical Investigator grant will cover and sources of funds for other aspects of the research proposal.

Please note that the budget **does not** have to add up to the award amount. The purpose of the Budget is to provide the application reviewer with a general understanding of the manner in which the funds are proposed to be applied.

Upload Budget *

Attach a file:

PDF format.

Referee Reports

It is the **responsibility of the applicant** to ensure that both nominated referees have completed and lodged their reports.

These documents must be emailed in **PDF format** to charities@eqt.com.au by the closing date.

Application Checklist and Certification

* indicates a required field

Application Checklist

The proposed project/ initiative fits within the Guidelines of the Grant Round *

☐ Yes

I have read the Privacy Statement on page 1 of this application and agree to the conditions therein *

☐ Yes

Certification

By lodging this application:

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- I certify that to the best of my knowledge the statements made in this Grant Application and supporting documents are true;
- I consent to the information contained within this Grant Application being disclosed to or by Equity Trustees for the purpose of assessing, administering and monitoring this and any future Grant Applications;
- I understand that if Equity Trustees approves this Grant Application, my organisation will be bound by the contents of this Grant Application to carry out the project as described herein and in accordance with the grant conditions, timeline for completion and reporting requirements as set out in Equity Trustee's Letter of Approval to the successful applicant.*

** Timelines for completion and reporting requirements are dependent on the particular grant and can be changed subject to agreement between the successful applicant and Equity Trustees. For most grants, successful applicants will be required to submit an annual progress report for the duration of the grant and a final report within two months of the completion of the grant period. These reports will fall due annually on the date that the grant was awarded unless otherwise agreed.*

Please enter your name to signify agreement to this Certification.

Name *

Position *

One more step ...

YOU MUST FOLLOW THESE STEPS TO SUBMIT YOUR FORM

1. Click the "Review" button at the top right of this form.
2. If necessary, review your answers.

Important: Form submission is **final**. You cannot make changes to your form after it has been submitted.

3. When ready to submit, click the "Submit" button at the top right of the form.
4. Shortly after submitting you will receive a confirmation email including a PDF copy of your form.

Important: If you do not receive this confirmation email, your form may have failed to submit. Please check your spam mail folder, or contact Equity Trustees at charities@eqt.com.au to confirm we have received your form.

Are you having trouble submitting?

If you have any questions regarding the submission of your form, please refer to the help contact details on Page 1 of the form.