Emerge Grant Application - Round 46 - 2026
Form Preview

Emerge Grant - Application Form - Grant Round 46

Introduction

The purpose of the Emerge grant scheme is to encourage emergency healthcare clinicians who are beginning their research journey to develop research skills by conducting a small project under the guidance of a mentor. Please refer to the Emerge Grant Funding Guidelines available on EMF's website to ensure you meet the eligibility criteria and for detailed information on completing your application.

Full applications are due by **Monday 31 August 2026 at 10:00am AEST.**

Please Note:

- to prevent loss of data please save your work regularly. SmartyGrants will timeout after 20 minutes.
- a submission can be prepared off-line using the grant application Word template on our website.
- each upload facility provided for the attachment of documentation has a maximum file limit of 25MB however it is strongly recommended that you try to keep files under 5MB.

Should you have any questions, please contact the EMF Research Team on (07) 3112 8668 or email grants@emfoundation.org.au.

PART A: Executive Summary

* indicates a required field

A1. Project Title *

Max 30 words

A2. Principal Investigator *

Title | First Name | Last Name

A3. Administering Institution *

- ○ Cairns and Hinterland
- ○ Childrens Health Queensland
- ○ Central Queensland
- ○ Central West
- ○ Darling Downs
- ○ Gold Coast
- ○ North West
- ○ Mackay
- ○ Metro North
- ○ Metro South
- ○ South West
- ○ Sunshine Coast
- ○ Torres and Cape
- ○ Townsville
- ○ West Moreton
- ○ Wide Bay
- ○ Mater Hospital Brisbane
- ○ QAS
- ○ RSQ
- ○ RFDS (QLD)
- ○ LifeFlight
- ○ Other:

Please refer to Section 3 of the Emerge Grant Funding Guidelines. Either the Principal Investigator or the Mentor must have a formal affiliation with the Administering Institution; the affiliation must be clearly shown. A tenuous connection to the Administering Institution will not be accepted.

a) If you selected OTHER, please explain the affiliation with the named Administering Institution. *

A4. Project Summary *

Word count:
Max 150 words. Please provide a short summary that is easily accessible to the general public, i.e. in clear and plain English without jargon and unexplained acronyms.

PART B: Project Description

* indicates a required field

B1. Project Plan

Please describe the project plan according to the sections outlined below.

Please note that Emerge grants provide funding for research projects that can be completed within 12 months. If funding is requested for research that is part of a larger program or is part of Master or PhD studies, please clarify for which part of the program the funding is requested and provide a strong justification why this should be funded under the Emerge grant scheme.

*

BACKGROUND:

AIMS AND OBJECTIVES:

HYPOTHESIS AND/OR RESEARCH QUESTIONS:

RESEARCH DESIGN AND METHODS (include PICO, sample and data collection):

ANALYTICS PLAN:

EXPECTED OUTCOMES AND IMPACT:

Word count:
Max 2000 words.

B2. Relevance to Emergency Medicine *

Word count:

Max 200 words. Please explain how the proposed research is directed at improving the field of emergency medicine for the benefit of patients in Queensland and builds emergency healthcare research capacity in Queensland.

B3. Project timeline

Please enter details of each key step/milestone that is required to complete this proposed project and estimate the time in months that the milestone will take to complete. Please note that Emerge grants provide funding for research projects that can be completed within 12 months.

Milestone	Estimated duration in months

TOTAL - Project Duration: *

(in months)

B4. Budget Request (GST exclusive)

Please refer to Section 4 of the Emerge Funding Guidelines for eligible expenditures and provide a detailed justification for each requested budget item. An example of how to calculate and justify budget requests that can also be used as a template is available on the EMF website.

EMF expects the Principal Investigator to conduct most of the research. Funding requests for third-party services or skilled specialists must be kept to a minimum and a detailed quote for the service must be provided.

Please detail each budget item and note the following:

- EMF funds up to 30% of eligible direct on-costs only.
- The direct on-cost percentage calculation MUST be entered on a separate line.
- Your business manager (or equivalent) can offer guidance on projected salary and salary on-costs for personnel.
- EMF does not allow for institutional overheads or administrative charges.
- Where applications include requests for over $5,000 to engage third-party services or skilled specialists, e.g. laboratory tests or statisticians, a detailed quote for the service must be provided.
- Please refer to the example provided via the link above.

Budget Item	Cost (AU$)	Justification
	$	
	$	
	$	
	$	
	$	
	Must be a dollar amount.	

Detailed quote for third-party services or skilled specialists:
Attach a file:

Where applications include requests for over $5,000 to engage third-party services or skilled specialists, e.g. laboratory tests or statisticians, a detailed quote for the service must be provided.

TOTAL - Budget Requested *

$
This amount is automatically calculated.

B5. Budget Justification *

PERSONNEL:

CONSUMABLES & MAINTENANCE:

SERVICES:

OTHER COSTS:

Word count:
Max 700 words. Please supply the rationale for each budget item requested and any supporting information regarding appropriateness of costs. Budget items with no rationale may not be considered. Please group the budget justifications under the appropriate category e.g. Personnel, Consumable & Maintenance, Service or Other Costs. If you are not requesting any items in a given category, please indicate n/a.

B6. If requesting Principal Investigator salary support, please clearly justify your request by explaining your eligibility, the level of support needed and how the funded time will be used to achieve the proposed research outcomes.

Word count:

B7. Additional supporting documentation
Attach a file:

OPTIONAL: Please upload one table or figure as supporting documentation e.g. a recruitment plan, if applicable.

B8. References

PART C: Principal Investigator

* indicates a required field

Please refer to Section 3 of the Emerge Funding Guidelines for the Principal Investigator eligibility criteria.

C1. PI Name *
Title | First Name | Last Name

C2. Please describe your current clinical role and, if applicable, a brief overview of your research experience. *

Word count:
Max 150 words. Please include the institution and department of your current workplace.

C3. Please explain your role in the proposed project. *

Word count:
Max 100 words. It is expected that the Principal Investigator be the lead researcher on the project, responsible for conducting a large percentage of the research.

C4. Please describe how the proposed research might benefit you, e.g. in progressing your career or investigating an area of interest. *

Word count:
Max 150 words.

C5. Curriculum Vitae *
Attach a file:

Please upload a short and recent CV of 2-3 pages.

PART D: Mentor and Research Team

* indicates a required field

Please refer to Section 3 of the Emerge Funding Guidelines for the Mentor eligibility criteria.

D1. Mentor Name *
Title First Name Last Name

D2. Mentor: Please describe your current role and a brief overview of your research track record. *

Word count:
Max 150 words. Please refer to the Emerge Grant Funding Guidelines for Mentor eligibility.

D3. Mentor: Please indicate the number of hours per week you can commit to mentoring the proposed project per week: *

D4. Mentor statement *

Word count:
Max 250 words. Please describe why you have chosen to support the applicant and how you will ensure the applicant receives high quality research training.

D5. Mentor's CV *
Attach a file:

Please upload a CV less than 12 months old, detailing relevant research experience including the past five years of publications and funding success, if applicable, max 3 pages. If you have been awarded EMF grants in the last 5 years as Principal Investigator or Co-Investigator, please ensure these are included in your CV.

D6. Research Team (if applicable)

If there are investigators on the team other than the Principal Investigator and the Mentor, please list them here and briefly describe their role and how their skills/experience is relevant to the proposed project. Enter n/a if not applicable.

Title - First Name - Last Name	Organisation and Position	Project role and relevant experience
(Maximum of 8 Co-Investigators)		

PART E: Contact Details

* indicates a required field

E1. Principal Investigator

PI Name *

Title | First Name | Last Name

PI Institution, Department and Position *

PI Primary Postal Address *

Address

PI Primary Phone Number *

PI Mobile Phone Number *

PI Primary Email Address *

Please note, the Principal Investigator and the Mentor will be notified when the review panel has assessed the application and the Principal Investigator has the opportunity to respond to review.

E2. Mentor

Mentor Name *
Title | First Name | Last Name

Mentor Institution, Department and Position *

Mentor Primary Postal Address *
Address

Mentor Primary Phone Number *

Mentor Primary Email Address *

E3. Contact for Administering Institution

The Administering Institution will be responsible for the administration of the funding should the grant be approved by EMF. In this case, EMF will issue the Funding Agreement to the Administering Institution via the contact person nominated in this section. The contact person should be the Research Governance Officer, Business Manager or equivalent.

Administering Institution Contact

*
Title | First Name | Last Name

Institution and Department *
Organisation Name

Position *
RGO, Business Manager or equivalent

Primary Phone Number *

Primary Email Address *

E4. Co-Investigator/s

Please enter the contact details for all Co-Investigators (maximum 8) named in your response to question D6.

Name
Title | First Name | Last Name

Name
Title | First Name | Last Name

Institution, Department and Position

Institution, Department and Position

Primary Postal Address
Address

Primary Postal Address
Address

Primary Phone Number

Primary Phone Number

Primary Email Address

Primary Email Address

Must be an email address.

PART F: Certification

* indicates a required field

F1. Online Certification

I, the Principal Investigator on this Emerge grant application, certify the following:

*

☐ To the best of my knowledge, all required information has been provided and is complete, current and correct, and all eligibility and other application requirements have been met.
☐ The Mentor supports me as Principal Investigator and the research project, and meets the Emerge grant scheme's eligibility criteria for mentors.
☐ The Mentor and all named investigators on this application have read this application in full and given their consent to be included. I acknowledge that EMF may at any time request written documentation showing the named investigator’s consent. If this request is not met, EMF may rescind the funding.
☐ I have notified the Head/s of Department/s (or equivalent) and the Administering Institution regarding this grant application and any relevant approvals have been obtained.
☐ I authorise EMF to make any enquiries it considers necessary in relation to the proposed application.
☐ I agree to adhere to the conditions governing EMF grants provided in the Funding Guidelines and the Funding Agreement.
☐ The grant will not be permitted to proceed until appropriate ethics and governance clearance(s) have been obtained.
☐ I have read and agreed to the Privacy Notice below.

Privacy Notice: *All signatories consent to the information supplied as part of the application being disclosed for the purposes of the assessment of their application and for purposes connected with the making and administration of the grant. Such disclosure includes, but is not limited to, disclosure to members of the Research Evaluation Panel and the Research Committee and relevant representatives and employees of the Emergency Medicine Foundation Ltd. The Emergency Medicine Foundation may disclose the information collected in this document in connection with publicising and reporting on the awarding to, and the use of, the funds including in media releases, general announcement and reports. Documents containing personal information are handled and protected in accordance to our privacy policy and the provisions of the information Privacy Principles contained in the information Privacy Act 2009 (Qld) which sets standards for the collection, storage, use and disclosure of, and access to, personal information.*