

Special Research Grants Program Round 6 - Application Form

Introduction

The Special Research Grants Program "*Trauma Care in Regional, Rural and Remote Queensland*", funded by the Motor Accident Insurance Commission aims to empower frontline clinicians in the management of regional, rural and remote trauma.

Applications for Round 6 of the Special Research Grants Program are due on **Monday 6 July 2026 at 10:00am AEST**.

Please refer to the Funding Guidelines available on the [EMF's website](#) to ensure you meet the eligibility criteria and for detailed information on completing your application.

A Microsoft Word application template will be available to build your grant application offline prior to submitting via SmartyGrants.

Please Note:

- to prevent loss of data please save your work regularly. SmartyGrants will timeout after 20 minutes.
- 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. Please provide a short title.

A2. Principal Investigator *

Title First Name Last Name

<input type="text"/>	<input type="text"/>	<input type="text"/>
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A3. Administering Institution *

- | | | | |
|---|-----------------------------------|---|----------------------------------|
| <input type="radio"/> Cairns and Hinterland | <input type="radio"/> North West | <input type="radio"/> Torres and Cape | <input type="radio"/> QAS |
| <input type="radio"/> Childrens Health Queensland | <input type="radio"/> Mackay | <input type="radio"/> Townsville | <input type="radio"/> RSQ |
| <input type="radio"/> Central Queensland | <input type="radio"/> Metro North | <input type="radio"/> West Moreton | <input type="radio"/> RFDS (QLD) |
| <input type="radio"/> Central West | <input type="radio"/> Metro South | <input type="radio"/> Wide Bay | <input type="radio"/> LifeFlight |
| <input type="radio"/> Darling Downs | <input type="radio"/> South West | <input type="radio"/> Mater Hospital Brisbane | <input type="radio"/> Other: |

Special Research Grants Program - Application Form - R06-2026

Form Preview

Gold Coast

Sunshine Coast

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

Refer to section 3.2 in the Funding Guidelines. The Principal Investigator 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.

A4. Plain Language Summary *

Word count:

Max 250 words. The plain language summary should clearly explain a problem, the research question/s, propose a solution/s, and state the significance, innovation, and expected impact of the project. Write the plain language summary in simple and clear English without jargon and unexplained acronyms.

A5. Scientific Abstract *

Word count:

Max 450 words. Justify the research in terms of background/problem; aims and objectives; hypothesis/research question; research design and methods; results/analysis and conclusions expected.

A6. Please explain how the proposed research addresses the aims of the Special Research Grants round. *

Word count:

Max 150 words. Refer to Section 1 of the Funding Guidelines. Please also indicate how this proposed research demonstrate research capacity building for trauma and emergency healthcare clinicians in regional, rural and remote Queensland.

A7. Total Amount Requested (AU\$) *

\$

This value is automatically calculated from Part D Budget.

A8. Project Duration *

Please indicate number of months.

PART B: Research Proposal - Project Description

* indicates a required field

B1. Project Background and Rationale *

Word count:

Max 1500 words. Please provide a concise summary of the current knowledge relating to the aim/s of the research, stating the importance of the proposed research for advancing new knowledge, and identifying the significance of the research to emergency trauma care in regional, rural and remote Queensland. References can be provided in Question B6.

B2. Research Aims and Objectives *

Word count:

Max 300 words.

B3. Research Design and Methods *

Word count:

Max 2000 words. Please provide a concise and robust research design. Provide details on the method/s that will be used, the reasoning behind their use and any necessary stakeholder engagement involved (e.g. patient, inter-departmental, cross-departmental, multi-site).

B4. Innovation and Impact *

Word count:

Max 750 words. Please outline the novelty of the project (e.g. new knowledge & methods for improved patient care) and/or any potential economic, socio-cultural, and educational impacts for best practice (e.g. reduction in patient visits to health service, avoid family separation, etc.).

B5. Potential Knowledge Translation Plan / Strategy *

Word count:

Max 750 words. Please outline a proposed plan to translate the research findings and achieve the anticipated impact stated in B4.

B6. References *

Special Research Grants Program - Application Form - R06-2026

Form Preview

B7. Project Sites and Collaborating Institutions

Please provide details of the sites involved in this project and the respective investigator at each named site.

Department	Institution	Location	Investigator	Role / Comments
			Name of Principal Investigator / Co-Investigator / Associate Investigator	Brief description of research activity at this site, e.g. patient recruitment, study coordination, laboratory tests etc.

B8. Project Plan

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.

Milestone	Estimated Duration in Months

Total duration of project in months: *

Project duration must be aligned with your response to Question A8.

B9. Additional supporting documentation

Attach a file:

Optional: Please upload any additional documentation, e.g. relevant tables or images, ethics approval, if applicable.

PART C: Research Proposal - Additional Information

* indicates a required field

Special Research Grants Program - Application Form - R06-2026

Form Preview

C1. Does this project involve recruitment of participants (e.g. patient, staff) or accessing data? *

Yes No

If NO, please proceed to Question C3.

C2. If YES, please provide details on how you are going to ensure you can achieve the targeted number of participants or data points. *

Word count:
Max 500 words.

C3. Will the research require ethics approval? *

Yes No

Refer to section 6.2 in the Funding Guidelines regarding provision of ethics approval or waiver if grant application is successful. If you have already obtained ethics approval or waiver, you can upload the document in Section B9.

C4. Please declare any potential conflict of interest that may be inherent in this submission whereby a named investigator represents EMF in an advisory or governance capacity. *

(For example, the EMF Board or any Committee membership.)

PART D: Budget

* indicates a required field

Please refer to the [Funding Guidelines](#) for eligible expenditures. An example of how to calculate and justify budget requests that can also be used as a template is available [here](#).

Please detail each budget item in the table provided and note the following:

- EMF funds up to 30% of 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 for personnel
- EMF does not allow for institutional overheads and administrative charges
- Where applications include requests of over \$5,000 to engage third-party services or skilled specialists, e.g. health economists or statisticians, a detailed quote for the service must be provided.

D1. Budget Request (GST exclusive)

***** Salary and on-cost (capped at 30%) calculations **MUST** be entered as separate budget items, in the table below *****

Special Research Grants Program - Application Form - R06-2026

Form Preview

Equipment, Travel or Other (e.g. third party service). If you are not requesting any items in a given category, please indicate n/a.

D3. Alternative Funding: Have you sought or obtained leverage funding, cash or in-kind support for this project from any other source? *

It is important for EMF to understand how the potential funding will be spent in combination with other funds, or how EMF funds are being leveraged to achieve larger amounts of funding. An approximate dollar value would be helpful.

PART E: Principal Investigator

* indicates a required field

E1. Name *

Title

First Name

Last Name

E2. Clinical Load

Must be a number.

Please provide hours per week.

E3. Time Commitment to the Project: *

Please provide hours per week.

E4. Your hospital or pre-hospital service *

If you hold joint appointments, please specify your primary place of practice that is most relevant to the proposal.

E5. Will you be residing predominantly in Australia for the duration of the Project? *

Yes

No

Please note, the Principal Investigator must be based in Australia for at least 80% of the funding period.

If NO, please provide details of any foreseen absence in excess of three (3) months continuous. *

Periods greater than three (3) months (continuous) overseas will require prior EMF approval.

Special Research Grants Program - Application Form - R06-2026

Form Preview

E6. PI Eligibility *

Please explain briefly how you meet the Special Research Grants eligibility requirement for Principal Investigators as listed in Section 3.3 of the Funding Guidelines.

E7. Project Role, Relevant Experience and Capacity *

Word count:

Max 500 words. Please describe your role in the project and how your skills/experience is relevant to the proposed project as well as your availability to commit time to lead this research, taking into account any other projects you are involved in.

E8. Are you currently undertaking other projects in the same field, or directly related to this proposed project, outside your current workload? *

- Yes No

If YES, please list brief information on the nature of the other projects, source and level of funding and how they are different to this proposal. *

E9. EMF Funding: Have you have been awarded EMF funding in the last five years as Principal Investigator or Co-Investigator? *

- Yes No

If NO, please proceed to Question E12.

E10. If YES, please provide details for each of the EMF grants:

(If required, contact EMF to request a list of EMF grants awarded to the Principal Investigator. Please send the Principal Investigator's name, institution and email address to grants@emffoundation.org.au at least one week before the grant round closing date.)

EMF Grant Application ID	Grant Awarded \$	Active or Complete	On track? (Y/N)	Reporting up to date? (Y/N)
	\$			
	\$			
	\$			
	\$			
	\$			
	Must be a dollar amount	Must be no more than 8 characters.	Must be no more than 3 characters.	Must be no more than 3 characters

If you responded that one or more of your EMF grants is not on track or up to date with reporting please explain below. *

Special Research Grants Program - Application Form - R06-2026

Form Preview

Enter n/a if not applicable

E11. For each completed EMF grant, please provide a summary of the main achievements and impact resulting from the grant, with focus on translation into change in policy and practice. *

E12. Principal Investigator's CV *

Attach a file:

Please upload a CV less than 12 months old, detailing relevant research experience including the past five (5) years of publications, and past funding success, if applicable (max 3 pages).

PART F: Research Team

* indicates a required field

F1. Co-Investigator/s

Please provide details of your Co-Investigators in this section (maximum 8 Co-Investigators). If Co-Investigators hold joint appointments, please specify one primary appointment that is most relevant to the proposal.

NOTE: If the Principal Investigator on the grant application is not a clinician providing emergency care to trauma patients in regional or rural and remote Queensland, there must be at least one such clinician included as a Co-Investigator. Please indicate this for the respective Co-Investigator as applicable.

NOTE: Please note that Co-Investigators' time will not be funded. Funding for specific activities that the Co-Investigator or Co-Investigator's team undertake using specified skill sets may be considered. This MUST be justified in the budget section of the application form and a strong rationale provided.

Title - First Name - Last Name	Time Commitment to Project	Project Role, Relevant Experience and Capacity
	Please provide hours per week.	Max 200 words. Please describe the Co-Investigator's role in the project and how their skills /

Special Research Grants Program - Application Form - R06-2026

Form Preview

	experience is relevant to the proposed project as well as their availability to commit to the project.
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F2. Co-Investigator's CV *

Attach a file:

Please upload a CV less than 12 months old for each Co-Investigator detailing relevant research experience including the past five (5) years of publications and past funding success, if applicable (max 3 pages).

F3. Associate Investigator/s

Please provide details of your Associate Investigators in this section, if applicable (maximum 8 Associate Investigators). If Associate Investigators hold joint appointments, please specify one primary appointment that is most relevant to the proposal. If there are no Associate Investigators on the team, please indicate n/a.

Title - First & Last Name

Project Role, Relevant Experience and Capacity

Title - First & Last Name	Project Role, Relevant Experience and Capacity
	Max 200 words. Please describe the Associate Investigator's role in the project and how their skills/experience is relevant to the proposed project as well as their availability to commit to the project.

F4. Associate Investigator's CV

Attach a file:

Optional: Please upload a current CV (max 3 pages) for each Associate Investigator at your discretion.

F5. Team Quality and Capability relevant to this project *

Word count:

Max 500 words. Please describe how the team will work together to achieve the project aims, taking into account the expertise and productivity of team members relevant to the proposed project.

Special Research Grants Program - Application Form - R06-2026

Form Preview

F6. For all Co-Investigators who were awarded EMF funding in the past five years - either as Principal Investigator or Co-Investigator - please provide a summary of the main achievements and impact resulting from the EMF grant/s, focusing on translation into change in policy and practice. *

(If required, contact EMF to request a list of EMF grants awarded to the Co-Investigator/s. Please send the Co-Investigator's name, institution and email address to grants@emfoundation.org.au at least one week before the grant round closing date.)

F7. Support Personnel

If applicable, please include any support that is being provided by others including research specialists or research assistants / managers to demonstrate their availability, suitability and skills for the proposed research.

PART G: Contact Details

* indicates a required field

G1. Principal Investigator

PI Name *

Title

First Name

Last Name

G2. Grant Application Contact (optional)

Grant Application Contact - Name

Title

First Name

Last Name

Optional, should the PI prefer to nominate another contact

PI Institution, Department and Position *

Institution, Department and Position

PI Primary Postal Address *

Address

Primary Postal Address

Address

PI Primary Phone Number *

Primary Phone Number

PI Mobile Phone Number *

Primary Email Address

PI Primary Email Address *

G3. Contact for Administering Institution

Special Research Grants Program - Application Form - R06-2026

Form Preview

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

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Institution and Department *
Organisation Name

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Position *

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Primary Phone Number *

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Primary Email Address *

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G4. Co-Investigator Contact Details

Co-Investigator 1

CI-1 Title and Full Name *
Title First Name Last Name

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CI-1 Institution, Department and Position *

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CI-1 Primary Postal Address
Address

CI-1 Primary Phone Number *

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CI-1 Primary Email *

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Co-Investigator 2

CI-2 Title and Full Name
Title First Name Last Name

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CI-2 Institution, Department and Position

--

CI-2 Primary Postal Address
Address

CI-2 Primary Phone Number

--

CI-2 Primary Email

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Co-Investigator 3

CI-3 Title and Full Name
Title First Name Last Name

Co-Investigator 4

CI-4 Title and Full Name
Title First Name Last Name

Special Research Grants Program - Application Form - R06-2026

Form Preview

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CI-3 Institution, Department and Position

CI-4 Institution, Department and Position

CI-3 Primary Postal Address

Address

CI-4 Primary Postal Address

Address

CI-3 Primary Phone Number

CI-4 Primary Phone Number

CI-3 Primary Email

CI-4 Primary Email

Co-Investigator 5

CI-5 Title and Full Name

Title

First Name

Last Name

Co-Investigator 6

CI-6 Title and Full Name

Title

First Name

Last Name

CI-5 Institution, Department and Position

CI-6 Institution, Department and Position

CI-5 Primary Postal Address

Address

CI-6 Primary Postal Address

Address

CI-5 Primary Phone Number

CI-6 Primary Phone Number

CI-5 Primary Email Address

CI-6 Primary Email Address

Co-Investigator 7

CI-7 Title and Full Name

Title

First Name

Last Name

Co-Investigator 8

CI-8 Title and Full Name

Title

First Name

Last Name

CI-7 Institution, Department and Position

CI-8 Institution, Department and Position

CI-7 Primary Postal Address

Address

CI-8 Primary Postal Address

Address

Special Research Grants Program - Application Form - R06-2026

Form Preview

CI-7 Primary Phone Number

CI-8 Primary Phone Number

CI-7 Primary Email

CI-8 Primary Email

G5. Associate Investigator Contact Details

Associate Investigator 1

AI-1 Title and Full Name

Title	First Name	Last Name
<input type="text"/>	<input type="text"/>	<input type="text"/>

AI-1 Institution, Department and Position

AI-1 Primary Postal Address

Address

AI-1 Primary Phone Number

AI-1 Primary Email

Associate Investigator 2

AI-2 Title and Full Name

Title	First Name	Last Name
<input type="text"/>	<input type="text"/>	<input type="text"/>

AI-2 Institution, Department and Position

AI-2 Primary Postal Address

Address

AI-2 Primary Phone Number

AI-2 Primary Email

Associate Investigator 3

AI-3 Title and Full Name

Title	First Name	Last Name
<input type="text"/>	<input type="text"/>	<input type="text"/>

AI-3 Institution, Department and Position

AI-3 Primary Postal Address

Address

AI-3 Primary Phone Number

AI-3 Primary Email

Associate Investigator 4

AI-4 Title and Full Name

Title	First Name	Last Name
<input type="text"/>	<input type="text"/>	<input type="text"/>

AI-4 Institution, Department and Position

AI-4 Primary Postal Address

Address

AI-4 Primary Phone Number

AI-4 Primary Email

Special Research Grants Program - Application Form - R06-2026

Form Preview

Associate Investigator 5

AI-5 Title and Full Name

Title First Name Last Name

<input type="text"/>	<input type="text"/>	<input type="text"/>
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Associate Investigator 6

AI-6 Title and Full Name

Title First Name Last Name

<input type="text"/>	<input type="text"/>	<input type="text"/>
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AI-5 Institution, Department and Position**AI-6 Institution, Department and Position****AI-5 Primary Postal Address**

Address

AI-6 Primary Postal Address

Address

AI-5 Primary Phone Number**AI-6 Primary Phone Number****AI-5 Primary Email****AI-6 Primary Email**

Associate Investigator 7

AI-7 Title and Full Name

Title First Name Last Name

<input type="text"/>	<input type="text"/>	<input type="text"/>
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Associate Investigator 8

AI-8 Title and Full Name

Title First Name Last Name

<input type="text"/>	<input type="text"/>	<input type="text"/>
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AI-7 Institution, Department and Position**AI-8 Institution, Department and Position****AI-7 Primary Postal Address**

Address

AI-8 Primary Postal Address

Address

AI-7 Primary Phone Number**AI-8 Primary Phone Number****AI-7 Primary Email****AI-8 Primary Email**

PART H: Certification

* indicates a required field

H1. Certification Document

The Principal Investigator, the Head/s of Department/s (or equivalent) and the Administering Institution are required to sign the Application Certification Document which must be uploaded with the application. This document is available on the [EMF's website](#).

Amongst others, the Principal Investigator is required to certify that all named investigators on this application have given their consent to be included and that all Co-Investigators are compliant regarding final and progress reporting for all active EMF grants on which they are Principal Investigators.

You will be deemed ineligible for this funding if this is not completed.

Completed Certification Document: *

Attach a file: