

Office Use Only

Grant ID #: 09 / NSG / _ _ _



NSW CANCER TRIALS NETWORK SUPPORT GRANT

CLOSING DATE: 3 APRIL 2009

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SECTION A – ADMINISTRATIVE SUMMARY

A.1 Application Title

Provide a short descriptive title. No more than 200 characters

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A.2 Administering Area Health Service

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A.3 1st Applicant Details

This should be the Director of Area Cancer Services

Surname			
First Name		Title	

A.4 2nd Applicant Details

This should be the nominated Director, Cancer Trials Network

Surname			
First Name		Title	

A.5 Proposed location of the Cancer Trials Network Office within the AHS

A.6 Actual Institutions

Please list all clinical trials units and the institutions where the support services related to the grant will be carried out.

A.7 Broad Research Area

Choose relevant Broad Research Areas and allocate percentages to each area – max 4 (must add up to 100%)

Area	%	Area	%	Area	%	Area	%

SECTION B – BUDGET & JUSTIFICATION

B.1 Budget

Maximum of \$180,000 salaries per annum plus a maximum of \$20,000 per annum for approved training and/or software

Budget Item	Details (inc FTE)	Year 1	Year 2	Year 3
Director <i>(max \$20,000pa)</i>				
Manager <i>(detail any requested oncosts)</i>				
Admin Support <i>(detail any requested oncosts)</i>				
Non Salary				
TOTAL				

B.2 Budget Justification

*Budget items must be justified in terms of need and cost in respect to this application. This includes; proposed salary, level of personnel to be employed by the grant and any additional expenses. **No more than 3000 characters***

SECTION C - APPLICANT INFORMATION

C.1 Personal Details of Applicant 1

Title		First Name				
Last Name						
Email Address						
Mobile						
Telephone						
Address 1						
Address 2						
Address 3						
Suburb		State		Postcode		

C.2 Personal Details of Applicant 2

Title		First Name				
Last Name						
Email Address						
Mobile						
Telephone						
Address 1						
Address 2						
Address 3						
Suburb		State		Postcode		

SECTION D – PROPOSAL

Ensure that you address the specific selection criteria in section 6 of the Guidelines.

D.1 Aims

D.1.1 Describe how the goals and objectives of the NSW Cancer Trials Network will be met through the implementation of the Cancer Trials Network Office within the AHS.

*(http://www.cancerinstitute.org.au/cancer_inst/research/trials_network.html) **no more than 3,000 characters***

D.1.2 Outline how all cancer clinical trials units, across all disciplines within the AHS will be supported by the Grant. **No more than 3,000 characters**

D.2 Approach

D.2.1 Using the table provided (over the next 2 pages), identify the cancer clinical trials support strategies required within the AHS and provide a work plan (including Key Performance Indicators/milestones and timelines) to describe how these support services will be delivered. The work plan should address proposed activities for the first 12 months of the funding period only. As part of the annual progress report you will be requested to provide details of proposed activities for the next 12 months.

Support Strategy (List each support activity separately)	Justification (Explain why this activity was included)	Key Performance Indicator(s) (Identify how you can demonstrate that the activity has been achieved)	Achievement Date (Identify when the activity will be achieved)

Support Strategy	Justification	Key Performance Indicator(s)	Achievement Date

D.2.2 Describe how the support strategies will contribute to an increase in the quality and quantity of clinical trials available to cancer patients within the AHS. **No more than 3,000 characters**

D.2.3 Describe how the support services will contribute to an increase in the number of participants on cancer clinical trials within your AHS. **No more than 3,000 characters**

D.2.4 Describe how the AHS will provide support for the establishment of the Cancer Trials Network Office. **No more than 1,500 characters**

APPLICATION CHECKLIST

The following checklist must be completed prior to submission. Incomplete applications will not be accepted.

APPLICATION REFERENCE	ITEM	YES
	ALL SECTIONS COMPLETED	
	APPLICATION SAVED AND TITLED <i>NSG_APPLICANT 1 SURNAME</i> EG: <i>NSG_SMITH</i>	
-E	CLINICAL TRIALS DIRECTORS SUPPORT CERTIFICATIONS COMPLETED, SIGNED AND DATED (these pages only need to be submitted attached to the original version of the application - not the copies)	
-F	CERTIFICATION PAGES COMPLETED, SIGNED AND DATED (these pages only need to be submitted attached to the original version of the application - not the copies)	
	8 copies of the application sent to the Grants Secretariat (1 original plus 7 copies), double sided (please refer to "Guidelines for Applicants" for hard copy submission instructions) to be received by 5pm 3rd April 2009 .	

This PDF version of the application must be submitted electronically to the Cancer Institute NSW by 3rd April 2009. Use the submit button on the top right hand side of page 1.

SECTION E - SUPPORT

The Director of each Clinical Trials Unit within the AHS is required to sign this section. Please add additional pages if required.

1. I support this application for the NSW Cancer Trials Network Support Grant.
2. I support the NSW Cancer Trials Network model; and
3. I support the nominated Director, Cancer Trials Network for my AHS

Signature	
Name	
Date	
Name of Clinical Trials Unit	

Signature	
Name	
Date	
Name of Clinical Trials Unit	

Signature	
Name	
Date	
Name of Clinical Trials Unit	

Signature	
Name	
Date	
Name of Clinical Trials Unit	

SECTION F – CERTIFICATIONS

Privacy Notice

Applicants consent to the information supplied as part of their 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 Review Committee, independent readers/assessors requested to provide advice, and relevant representatives and employees of the Cancer Institute NSW research programs process. Documents containing personal information are handled and protected in accordance with the provisions of the Privacy and Personal Information Protection Act 1998 which sets standards for the collection, storage, use and disclosure of, and access to, personal information. The Cancer Institute NSW may publicise and report on the awarding to, and the use of, the funds including media releases, general announcements and annual reports.

C.1 Certification by Applicants

I certify that:

1. To the best of my knowledge and belief, information contained in this application is complete, true and correct and I understand that the provision of false or misleading information may attract substantial penalties.
2. I consent to this application being reviewed by persons who will remain anonymous.
3. I have read and agreed to the Privacy Notice above.

Name of Applicant	Signature	Date
Name of Applicant	Signature	Date

C.2 Certification by the Chief Executive of the Area Health Service (or delegate)

I certify that:

1. I am authorised to sign the application form on behalf of this AHS.
2. All funds awarded for the Grant will only be spent in accordance with the executed agreement and original application.
3. I am prepared to have the Cancer Institute NSW Cancer Trials Network Support Grant carried out in my AHS under the circumstances set out in this application.
4. To the best of my knowledge and belief, information contained in this application is complete, true and correct and I understand that the provision of false or misleading information may attract substantial penalties.
5. The Personnel employed through this Grant will be accommodated within the general facilities of this AHS, and appropriate infrastructure is available.
6. I certify that the salary outlined in the Budget Section B.1: Salary budget for Personnel employed through this grant is the correct remuneration package and is in line with current employment awards within the AHS.

Name	
Title	
Signature	
Date	