



# NSW CANCER TRIALS NETWORK CANCER TRIALS NURSE & DATA MANAGER GRANTS

## *Application Form*

**CLOSING DATE: 24 October 2008**

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**Note:** All sections of this application must conform to the following: Double sided, A4 paper; 2cm margins on each side and at least 12 point font (preferred fonts are Times New Roman, Arial and Helvetica).

### **SECTION A – ADMINISTRATIVE SUMMARY**

#### **A.1 Administering Institution**

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#### **A.2 Clinical Trial Unit Name**

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#### **A.3 Chief Investigator A**

<b>Surname</b>			
<b>First Name</b>		<b>Title</b>	

**A.4 Unit Details**

<b>Name of Trials Unit</b>	
<b>Hospital / Institution</b>	
<b>Director/ Manager</b>	
<b>Phone</b>	
<b>Fax</b>	
<b>Address</b>	
<b>Email</b>	
<b>Contact person</b>	
<b>Phone</b>	
<b>Email</b>	

**A.5 Unit Description**

*Describe the Unit (eg rural, specific tumour type etc) No **more than 200 words.***

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**A.6 Broad Research Area**

*Please indicate what percentage of this grant falls under each category (must add up to 100%).*

<b>Basic Science</b>	%	<b>Research Public Health</b>	%
<b>Clinical Medicine &amp; Science</b>	%	<b>Psychosocial/Behavioural</b>	%
<b>Health Services</b>	%	<b>Preventative Medicine</b>	%

**A.7 Clinical Groupings**

*Enter relevant groupings for the proposed trials (e.g. skin; head & neck) from list available at [Clinical Groupings and Common Scientific Outline](#) and allocate percentage – if multiple types, please select 100%- A00 (All types). (**must add up to 100%**) (tab to add more lines if required).*

<b>Grouping</b>	<b>%</b>	<b>Grouping</b>	<b>%</b>	<b>Grouping</b>	<b>%</b>	<b>Grouping</b>	<b>%</b>

**A.8 Common Scientific Outline (CSO)**

*Enter relevant CSO codes (e.g 2.1, 3.4 etc.) from list available at [Clinical Groupings and Common Scientific Outline](#) and allocate percentage (**must add up to 100%**) (tab to add more lines if required)*

<b>CSO</b>	<b>%</b>	<b>CSO</b>	<b>%</b>	<b>CSO</b>	<b>%</b>	<b>CSO</b>	<b>%</b>	<b>CSO</b>	<b>%</b>

**SECTION B – BUDGET & JUSTIFICATION**

**B.1 Salary Budget**

*Maximum of \$32,000 salary (inc on costs) x 0.5 FTE p.a.*

<b>Personnel (Title/award/Level)</b>	<b>Year 1</b>	<b>Year 2</b>	<b>Total</b>
<b>TOTAL</b>			

**B.3 Budget Justification.**

*Salary level of personnel must be justified **Maximum 1 page.***

## SECTION C – CERTIFICATIONS

### Privacy Notice

Applicants (clinicians, researchers and institutions) 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 Clinical Trials 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.

### C.1 Chief Investigator/s

#### Certification by the Chief Investigator/s

I/we certify that:

1. To the best of my/our 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/we consent to this application being peer-reviewed by persons who will remain anonymous.
3. I/we have read and agreed to the Privacy Notice above.

Name of Chief Investigator/s	Signature	Date

## C.2 Administering Institution

<b>Institution</b>	
<b>ABN</b>	

**Administering Institution contact person for management of the grant and funding**  
*(This would be a nominee from the Research Office or Finance Department; it can not be the applicant themselves)*

<b>Name</b>	
<b>Title</b>	
<b>Address</b>	
<b>Email</b>	
<b>Phone no.</b>	

## C.3 Certification by the Administering Institution

I certify that:

1. I am authorised to sign the application form on behalf of this Administering Institution.
2. I am prepared to have the Clinical Trials carried out in my institution/organisation under the circumstances set out in this application.
3. 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.
4. The Clinical Trials will be accommodated within the general facilities of this institution/organisation, and appropriate infrastructure is available.
5. The Clinical Trials will not be permitted to proceed until ethics and research governance clearance(s) (where appropriate) have been obtained.
6. All funds awarded for the Grant will only be spent in accordance with the executed agreement and original application.

<b>Name</b>	
<b>Title</b>	
<b>Signature</b>	
<b>Date</b>	

#### C.4 Certification by the Head, Clinical Trials Unit

I certify that:

1. I am authorised to sign the application form on behalf of this Clinical Trials Unit.
2. 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.
3. I consent to this application being peer-reviewed by persons who will remain anonymous.
4. I have read and agreed to the Privacy Notice above.
5. All funds awarded for the Grant will only be spent in accordance with the executed agreement and original application.
6. The Clinical Trials Nurse and Clinical Trials Data Managers Grant will not be permitted to proceed until ethics and research governance clearance(s) (where appropriate) have been obtained.

<b>Name</b>	
<b>Title</b>	
<b>Signature</b>	
<b>Date</b>	

**SECTION D - APPLICANT INFORMATION**

*(please repeat section D for each additional Investigator who runs trials through this unit).*

**D.1 Investigator**

<b>Title</b>	
<b>Given names</b>	
<b>Family name</b>	
<b>Work Address</b>	
<b>Work Phone</b>	
<b>Mobile</b>	
<b>Email</b>	

**D.2 Qualifications**

<b>Degree/Award</b>	<b>Year</b>	<b>Discipline/Field</b>	<b>Organisation and Country</b>

**D.3 Specialties**

<b>Specialities</b> <i>i.e. Surgical, Radiation, or Medical Oncology, Palliative Care, Psychosocial.</i>	<b>Sub-speciality</b> <i>i.e. breast colorectal (list all of the areas of interest for the investigator)</i>

## SECTION E – PROPOSAL CANCER TRIAL NURSE/ DATA MANAGER PROGRAM

- E.1 Eligibility and selection criteria** *(Address the selection criteria itemised in section 6.1 of the guidelines document, emphasising those points that provide the most compelling evidence supporting your application. Maximum of 3 pages).*

- E.2 Resources and Support** *(Provide a detailed account of the resources and support available for the requested position, including the governance structure eg reporting lines and the planned professional development for new and existing staff) Max 2 pages*

**SECTION F – CURRENT UNIT DETAILS/ACTIVITY**

**F.1 Current complement of all staff within the Clinical Trials Unit, including title/description**  
*(excluding investigators in Section D)*

Name	Position held	Qualifications	Award /Level	Year Appointed	FTE	Funding Source e.g. Industry, CCNSW or CINSW Grants, Trusts, Other: specify







### **F.5 Number of New Cancer Patients seen by Your Service**

*(Provide numbers of new patients seen within the department or discipline that is supported with clinical trials within your unit. Example: Oncology trials unit applying for funding should provide the number of new oncology patients seen by the institution/s that has access to the clinical trials)*

<b>Year</b>	<b>Number of New Patients</b>	<b>Comments</b>
<b>2006</b>		
<b>2007</b>		
<b>2008 - present</b>		

### **SECTION G – LETTER OF SUPPORT FROM THE DIRECTOR OF AREA CANCER SERVICES**

Please attach a letter of support from the Director of Area Cancer Service, maximum 1 page, to include the following:

- Details of the facilities that are available for the Clinical Trials Unit
- An overview of the longer-term strategic goals of the organisation that will be served through successfully attaining a NSW Cancer Trials Network Cancer Trial Nurse and/or the Data Manager Grant.

## SECTION H – APPLICATION CHECKLIST

The following checklist should be completed prior to submission.

Incomplete applications will not be accepted.

	<b>APPLICATION REFERENCE No.</b>	<b>ITEM</b>	√
1.	<b>C.1</b>	<b>All Investigator/s certification signed and dated.</b>	
2.	<b>C.2 &amp; 3</b>	<b>Administering Institution certification completed, signed and dated.</b>	
3.	<b>C.4</b>	<b>Head, Clinical Trials Unit certification completed, signed and dated.</b>	
4.	<b>G</b>	<b>Letter of support from the Director of Area Cancer Services</b>	
5.		<b>Application e-mailed to Research Secretariat (please refer to “Guidelines for Applicants” for electronic submission instructions).</b>	
6.		<b>8 copies provided (1 original plus 7 copies), double sided (please refer to “Guidelines for Applicants” for hard copy submission instructions).</b>	