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| G:\Research Strategy\3. Templates & Tools\Logo\NEW CCNSW LOGO_2018.JPG**Supplementary Questions**Cancer Council application form for grants commencing 2021**Closing Date: Wednesday, 24 June 2020** |
| **Applications to Cancer Councils comprise:** * NHMRC application for the Ideas Grant scheme
* This Supplementary Questions document - to be submitted by RAO as a PDF file to CancerCouncilGrants@cancervic.org.au
* If applying to CCNSW or CCWA, consumer review will be conducted. Complete and submit the Consumer Review Form to the respective states.

**Other compliance notes:*** The same application ID must be used on both the NHMRC application and the Supplementary Questions document.
* Name document [application ID]\_SuppQs\_[CIA Surname] eg 2191919\_SuppQs\_Smith. Insert application ID and CIA surname in the header
* To legally allow NHMRC to release application data to Cancer Council, you **must** select “Cancer Council” as one of the organisations from which funding is sought in the NHMRC application. If you do not, NHMRC won’t release the data and your application will not be considered.
* Only one Supplementary Questions document is permitted per NHMRC application ID.
* Use Arial 11-point font for all responses
* Place “X” next to relevant options in tables
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| 1. Which Cancer Council/s are you applying to?
* New advice. Cancer Council NSW Project Grant scheme is national and open to researchers from any Australian state/territory. For more information, click [here](https://www.cancercouncil.com.au/research/for-researchers/cancer-research-grants/project-grant-applications/).
* Researchers in SA and WA are eligible to apply to Cancer Council in their state AND to Cancer Council NSW.
* Researchers in all other states / territories are eligible to apply for Cancer Council NSW funding.
 |
|  | Cancer Council New South Wales |
|  | Cancer Council South Australia (administered by SAHMRI) |
|  | Cancer Council Western Australia |

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| 1. Chief Investigator A – contact details
 |
| Name |  |
| Department |  |
| Institution |  |
| Address |  |
| Suburb |  | State |  | Postcode |  |
| Telephone No |  | Email |  |

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| 1. Lay Title of your project
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| Click here to enter text. |

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| INVESTIGATORS |
| 1. List of all Investigators

Please list all Chief Investigators and Associate Investigators who will be named on the Cancer Council application, and their Institution. There can be NO changes to the list and sequence from the NHMRC listed Chief Investigators.  |
| **Chief Investigator(s)** (Title, First name & Surname) | **Institution** |
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*Insert additional rows as required*

|  |  |
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| **Associate Investigator(s)**(Title, First name & Surname) | **Institution** |
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*Insert additional rows as required*

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| 1. Administering Institution

Please include name and department address of the Institution’s Research Admin Officer (RAO) |
| Name of RAO |  |
| Department |  |
| Institution |  |
| Address |  |
| Suburb |  | State |  | Postcode |  |
| Telephone No |  | Email |  |

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| 1. What tumour type of cancer does your project focus on?

Identify a maximum of 3 tumour types where the research will be most relevant. Indicate the degree of relevance (percentage). The total should equal 100%  |
| All cancers |   | Cervical  |   | Liver |   | Neuroblastoma |   |
| Anal |   | Colorectal |   | Lung |   | Ovarian |   |
| Bladder |   | Endocrine |   | Lymphoma |   | Pancreatic |   |
| Bone |   | Head & neck |   | Melanoma |   | Prostate |   |
| Brain |   | Kidney  |   | Mesothelioma |   | Stomach |   |
| Breast |   | Leukaemia |   | Myeloma |   | Thyroid |   |
| Other, please name ….  |

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| 1. Relevance to the causes, diagnosis, treatment or prevention of cancer

Please include information on the relevance to cancer in your response, including how you might progress the results of your work and its translation into clinical practice. The application will be considered insufficiently relevant if the relevance and significance to another disease is greater than to cancer, or if the research is of such a fundamental nature that its likely short or medium term impact on cancer control is low. (½ page maximum) |
| Click here to enter text. |

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| 1. Specific SA and WA state criteria

Please address any specific criteria that the Cancer Council may have. For more information, please contact the Cancer Council to which you are applying. Note: not all Cancer Councils have state-specific criteria. (1 page maximum) |
| Click here to enter text. |

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| 1. Is your application also being considered for funding by the NHMRC and/or Cancer Australia?
 |
|  | Yes  |
|  | No  |

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| **NOTE: There are two Scope of Research and Budget sections: one for applicants applying to CCSA and CCWA, and one for applicants applying to CCNSW.** * Researchers in SA and WA applying for their state funding **only** must complete the first Scope of Research & Budgetsection *(SA and WA)*
* Researchers in SA and WA applying for **both** their state AND Cancer Council NSW funding must complete **both** Scope of Research & Budget sections.
* Researchers in ACT, QLD, Victoria, Tasmania and NSW applying for Cancer Council NSW funding must complete the CC*NSW: Scope of Research and Budget* section (CCNSW).
* Amounts offered by Cancer Councils vary. Please ensure you adhere to the maximum funding limits offered by the relevant state Cancer Council to which you are applying.

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| **Cancer Council** | **No. of Years** | **Amounts (maximum per year)** |
| Cancer Council NSW | 3 years | $150,000Note there is a minimum request of $300,000 for the life of the grant.  |
| Cancer Council SA  | Generally, for 1 year | $100,000 |
| Cancer Council WA | 1-2 years | $100,000 |

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| SA and WA:scope of research & BUDGET  |
| 9.a ModificationsWhat modifications to your project will be required in order for it to fit with the level of funding being offered by Cancer Council? If your application is not being considered by NHMRC and/or Cancer Australia, and there will be no modifications to your project, **state N/A.** Otherwise provide details about the aims that will be retained and the aims that will be removed due to the reduced level of funding and/or reduced number of years.(½ page maximum) |
| Click here to enter text. |
| **9.b Project Timeline**Include a timeline which details the measurable milestones you expect to achieve in each 6-month interval of your funding term.  To clearly demonstrate the expected progression of your project, please list every milestone you expect to achieve and when you expect to achieve it, including employment of staff, ethics approval, development of study measures, data collection (e.g. expected recruitment numbers within each 6-monthly interval), data analysis, manuscript preparation etc. (½ page maximum) |
| Click here to enter text. |

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| 9.c BudgetAmounts offered by Cancer Councils vary. Please ensure you adhere to the minimum and maximum funding limits offered by the relevant state Cancer Council to which you are applying.All CIAs requesting their own salary must include the date that their PhD (or equivalent) was awarded (does not apply to Cancer Council WA).  |
|  |  | **Year 1** | **Year 2** | **Year 3** |
| Personnel: |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
| Maintenance: |  |  |  |  |
|  |  |  |  |  |
| Equipment: |  |  |  |  |
| **Total** |  |  |  |  |
| **9.d Include explanatory details about the changes to budget from NHMRC application across the duration of your funding term (if applicable)** (½ page maximum) |
| Click here to enter text. |

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|  CCNSW: scope of research & BUDGET |
| **10.a Modifications**What modifications to your project will be required in order for it to fit with the level of funding being offered by CCNSW? If your application is not being considered by NHMRC and/or Cancer Australia, and there will be no modifications to your project, **state N/A.** Otherwise provide details about the aims that will be retained and the aims that will be removed due to the reduced level of funding and/or reduced number of years. (½ page maximum) |
| Click here to enter text. |
| **10.b Project Timeline**Include a timeline which details the measurable milestones you expect to achieve in each 6-month interval of your funding term.  To clearly demonstrate the expected progression of your project, please list every milestone you expect to achieve and when you expect to achieve it, including employment of staff, ethics approval, development of study measures, data collection (eg. expected recruitment numbers within each 6-monthly interval), data analysis, manuscript preparation etc. (½ page maximum) |
| Click here to enter text. |

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| 10.c Budget * Amounts offered by Cancer Councils vary. Please ensure you adhere to the minimum and maximum funding limits offered by the relevant state Cancer Council to which you are applying.CCNSW Project grants are valued between $300,000 to $450,000 over three years. There is a minimum budget request of $300,000.
* Applicants seeking CIA salary support must provide a justification (at 13.d). It is not the intention of CCNSW to enable institutions to make salary savings. If the application is successful, applicant will be required to provide written assurance from the administering institution that the duration of the CIA’s employment contract exceeds the duration of Project Grant funding requested.
 |
|  |  | **Year 1** | **Year 2** | **Year 3** |
| Personnel: |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
| Maintenance: |  |  |  |  |
|  |  |  |  |  |
| Equipment: |  |  |  |  |
| **Total** |  |  |  |  |
| **10.d Justification for salary requests** |
| Click here to enter text. |
| **10.e Include explanatory details about the changes to budget from NHMRC application across the duration of your funding term (if applicable)** (½ page maximum) |
| Click here to enter text. |

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| ETHICS AND OTHER APPROVALS |
| 11. Does the research proposal submitted to Cancer Council require/involve: A Yes/No response is required for each of the options below |
|  | Human Ethics  |
|  | Animal Ethics  |
|  | Organisms being genetically manipulated such that they fall under current guidelines issued by the Office of the Gene Technology Regulator |
|  | The use of carcinogenic or highly toxic chemicals |
|  | The use of human stem cells |
|  | The use of animal stem cells |

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| DATA COLLECTION |
| 12. Age groupSelect the most relevant age group(s) |
|  | Children (0-14) |
|  | Adolescent and Young Adults (15-24) |
|  | Adults (24+) |
|  | All ages |
| 13. Broad Research AreaSelect the most relevant research area (select one only) |
|  | Basic Science |
|  | Clinical Medicine and Science |
|  | Health Services |
|  | Public Health |
|  | Preventative Medicine  |
|  | Psychological |
| 14. Focus Indicate if your project focuses on the following populations or cancers |
|  | Aboriginal and Torres Strait Islander people |
|  | Culturally and linguistically diverse (CALD) |
|  | Low SES |
|  | Low survival cancers  |
|  | Rare Cancers |
|  | Regional and Rural |
|  | Other, please name:  |
| 15. Common Scientific OutlineThe NCI Common Scientific Outline (CSO) is an international classification system organized around six broad areas of scientific interest in cancer research to lay the framework for better coordination among research organizations and funding agencies. To view category descriptions in full, click [here](https://www.icrpartnership.org/cso). Identify a maximum of 3 **sub-categories** that best describes your project. Indicate the degree of relevance (percentage). The total should equal 100% |
|   | **Biology** |
|   | 1.1 Normal functioning |
|   | 1.2 Cancer initiation: Alterations in chromosomes |
|   | 1.3 Cancer initiation: Oncogenes and tumour suppressor genes |
|   | 1.4 Cancer progression and metastasis |
|   | 1.5 Resources and infrastructure |
|   | **Aetiology** |
|   | 2.1 Exogenous factors in the origin and cause of cancer |
|   | 2.2 Endogenous factors in the origin and cause of cancer |
|   | 2.3 Interactions of genes and/or genetic polymorphisms with exogenous and/or endogenous factors |
|   | 2.4 Resources and infrastructure related to aetiology |
|   | **Prevention** |
|   | 3.1 Interventions to prevent cancer: Personal behaviours that affect cancer risk |
|   | 3.2 Nutritional science in cancer prevention |
|   | 3.3 Chemoprevention |
|   | 3.4 Vaccines |
|   | 3.5 Complementary and alternative prevention approaches |
|   | 3.6 Resources and infrastructure related to prevention |
|   | **Early Detection, Diagnosis, and Prognosis** |
|   | 4.1 Technology development and/or marker discovery |
|   | 4.2 Technology and/or marker evaluation with respect to fundamental parameters of method |
|   | 4.3 Technology and/or marker testing in a clinical setting |
|   | 4.4 Resources and infrastructure related to detection, diagnosis, or prognosis |
|   | **Treatment** |
|   | 5.1 Localised therapies – Discovery and development |
|   | 5.2 Localised therapies – Clinical applications |
|   | 5.3 Systemic therapies – Discovery and development |
|   | 5.4 Systemic therapies – Clinical applications |
|   | 5.5 Combinations of localised and systemic therapies |
|   | 5.6 Complementary and alternative treatment approaches |
|   | 5.7 Resources and infrastructure related to treatment and the prevention of recurrence |
|   | **Cancer Control, Survivorship, and Outcomes Research** |
|   | 6.1 Patient care and survivorship issues |
|   | 6.2 Surveillance |
|   | 6.3 Behaviour |
|   | 6.4 Cost analyses and healthcare delivery |
|   | 6.5 Education and communication |
|   | 6.6 End-of-Life care |
|   | 6.7 Ethics and confidentiality in cancer research |
|   | 6.9 Resources and infrastructure related to cancer control, survivorship, and outcomes research |