Idea To Impact Research in Primary Care EOI

* indicates a required field

Expression of Interest

The Primary Care Research Unit (PCRU), a partnership between the Hunter New England Central Coast Primary Health Network (HNECC PHN) and Hunter Medical Research Institute (HMRI), is inviting primary care professionals across our region to present their ideas to improve patient outcomes in primary health care.

This opportunity aims to support the journey anywhere from idea to implementation and will guide successful participants through the research process, with a goal that research leads to tangible impact in primary care settings.

Please ensure you have read and understand the **Guidelines**.

We are accepting nominations via **video submission** in lieu of written submission.

Videos must be of a duration of no longer than three minutes and **must address the criteria** as outlined in the guidelines.

Please complete your contact details and requested information as well as uploading your video.

Incomplete EOI's and/or those received after the closing date (including videos) will not be considered.

If you require assistance or more information, please contact grants@thephn.com.au

Confirmation of Eligibility

I confirm that the applicant ...

- has read and understands the guidelines, and
- understands that Hunter New England Central Coast Primary Health Network reserves the right to decide any instance of perceived or actual conflicts of interest. This may lead to ineligibility of the EOI.

Please select below: *

○ Yes ○ No

You must confirm that all statements above are true and correct.

Do you wish to declare a conflict of interest? *

○ No
○ Yes

Conflict of Interest Details

Please outline the details of your conflict of interest. You can continue to complete the application and your conflict will be taken into account. *

Appplicant Details

* indicates a required field

Applicants Details

Applicant *
○ Individual ○ Organisation
Organisation Name

Title | First Name | Last Name

Applicant Phone Number for correspondence with this application

Must be an Australian phone number.

Applicant Email for correspondence with this application

Must be an email address.

Contact Person

Applicant Project Contact if the applicant is an organisation
Title | First Name | Last Name

Applicant Project Contact Position

Applicant Primary Address for the project *
Address

Address Line 1, Suburb/Town, State/Province, Postcode, and Country are required.

Please undertake your own due dilligence around the tax implications of this grant if you are successful.

All funds can only be paid to the applicant named in this application form in the section above. This cannot be changed once the application is submitted.

If you are an ABN holder and registered for GST, GST will be paid on the grant funds.

If you are an individual who is not applying under an ABN, an ATO Statement by Supplier Form will need to be completed (see below). All bank details provided must correspond to the applicant and /or ABN holder. Payment will not be made to third parties.

Are you applying under an ABN? *
○ Yes if I am applying under an ABN which is the ABN for the named applicant (organisation or individual)
○ No, as the named applicant I am not applying under an ABN

ABN Details

Applicant ABN if applicable

The ABN provided will be used to look up the following information. Click Lookup above to check that you have entered the ABN correctly.

Information from the Australian Business Register	
ABN	
Entity Name	
ABN Status	
Entity Type	
Goods & Services Tax (GST)	
DGR Endorsed	
ATO Charity Type	More information
ACNC Registration	
Tax Concessions	
Main Business Location	

Must be an ABN.

ATO Statement for non ABN holders

As a non ABN holder, you are required to complete the ATO Statement By A Supplier form. Please download the form.

ATO STATEMENT BY A SUPPLIER FORM

Please complete the form and upload the completed form below

Completed ATO Statement By A Supplier form for non ABN holders *
Attach a file:

What is your primary care profession? (You must be currently practicing in the HNECC region) *

Geographical Area that you are applying for *
- ○ Hunter, Central Coast and Manning
- ○ New England

Research Title - give your idea a name *

Short Summary of the Research Idea *

Word count:
Must be no more than 100 words.
Provide a short description (100 words recommended) of your project - what are you out to do?

Video Submission Details

For your video submission please **read the guidelines** and ensure you address the following criteria:

- Introduce yourself and the research idea,
- Describe the nature and size of the problem,
- Highlight the innovative features of the idea,
- Describe its potential impact, and
- Explain your vision for change,
- How the funds will be spent.

Please refer to the assessment criteria in Appendix 1 in the guidelines for details and weighting of answers

GUIDELINES

Please upload your video below.

Note: Videos must be of a no longer than 3 minutes and address the criteria as outlined above and in the guidelines.

Videos are required to be 25MB or less.

Video Application Upload *
Attach a file:

Certification and Feedback

* indicates a required field

Banking Details

To expediate payment if you are successful, please complete our Supplier Form and add in your banking details.

Note that submitting an EOI is no guarantee of success.

The Supplier Form can be downloaded here : SUPPLIER FORM

Upload the completed Supplier Form below *
Attach a file:

A minimum of 1 file must be attached.

Bank Name *

Applicant Primary Bank Account *
Account Name

BSB Number Account Number

Bank details must match the applicant and ABN holder/ATO Supplier form

Certification

I certify that to the best of my knowledge the statements made within this nomination are true and correct.

I agree * ○ Yes ○ No

Name of authorised person * Title First Name Last Name

Position *
Position held in applicant organisation.

Contact phone number *
Must be an Australian phone number.
We may contact you to verify that this application is authorised

Contact Email *
Must be an email address.

Date *
Must be a date

Applicant Feedback

You are nearing the end of the application process. Before you review your application and click the **SUBMIT** button please take a few moments to provide some feedback..

Please indicate how you found the online application process:

○ Very easy ○ Easy ○ Neutral ○ Difficult ○ Very difficult

How many minutes in total did it take you to complete this application?

Estimate in minutes i.e. 1 hour = 60

Please provide us with your suggestions about any improvements and/or additions to the application process/form that you think we need to consider.

Word count:
Must be no more than 250 words.