

# Suicide Prevention Research Scheme Grant Application.

## Form Preview

### Additional instructions

Please note before progressing to the next page

Please complete all fields in the form below, then UPLOAD a completed copy of your budget proposal at Page 7 (template provided in your invitation email), before submitting your finalised form.

Any additional attachments such as the letter of support from the school may be uploaded at Page 9. **Applications open 10:00am on Thursday 27 June 2024 Applications close at 10:00am on Monday 29 July 2024** Please do not share this private link with additional persons or organisations.

Extensions of time and amendments to applications will not be accepted at this time. For all technical queries please contact [contracts@qmhc.qld.gov.au](mailto:contracts@qmhc.qld.gov.au) via email.

### Authorisation to submit an application

\* indicates a required field

As the authorised representative of the organisation applying for a Suicide Prevention Research Scheme 2024-2026, I can confirm that:

I have read and understand all requirements of applying for a Suicide Prevention Research Scheme 2024-2026 Grant Opportunity Guidelines; and

**the organisation must:**

- have no outstanding financial liability, service delivery or performance issues for funding previously and/or currently provided by the Queensland Government.
- not be bankrupt or subject to insolvency proceedings (as relevant to the entity type).
- hold or will obtain the appropriate workers' compensation, public liability and professional indemnity insurance required to undertake this initiative and all related activities.
- not be an unincorporated association, a sole trader, or an individual.
- have a registered Australian Business Number, and be registered for GST purposes (where relevant)
- not accept any form of funding from tobacco and/or alcohol companies or their related foundations either directly or indirectly or promote the use of tobacco, alcohol or illicit drugs (organisations may be requested to provide further clarification regarding any research funding or similar that they may be receiving).
- not seek to promote political or religious views or ideologies.
- be a Queensland-based university.
- Nominate a Chief Investigator that is employed by the applying university in an academic capacity and of senior level (e.g., Principal Research Fellow, Associate Professor or above).
- provide a letter from relevant Head of School(s) detailing:
  - their support of the grant application.

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- confirming the academic employment status and professional title of the Chief Investigator

I \*

- ☐ Agree to the above statement
- ☐ Disagree to the above statement

As the authorised representative of the organisation applying for a Suicide Prevention Research Scheme 2024-2026, I confirm that the organisation will not use grant money for:

- PhD or Honours stipends (including stipend 'top ups')
- infrastructure/basic facilities that should normally be funded/provided by an eligible organisation
- equipment or consumables that are considered to be for broad general use (this includes standard software packages)
- non-essential travel
- costs not directly related to the project (e.g., professional membership fees, professional development courses, insurance, mobile phones and other indirect costs)
- organisational salary on-costs above standard salary on-costs
- organisational over-heads and operational costs, including salaries and wages for permanent and/or existing positions, general facility and accommodation related costs.

I

- ☐ Agree with the above statement
- ☐ Disagree with the above statement

## Organisation Details

\* indicates a required field

### Organisation name \*

Organisation Name

### Organisation Website

Must be a URL.

### Organisation legal status \*

### ABN \*

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

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## 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

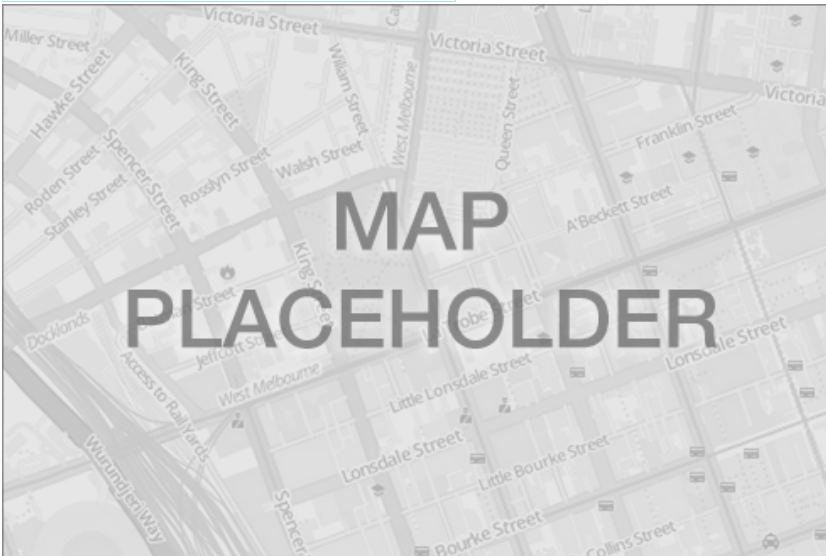
Main business location

Must be an ABN.

## QMHC Eftsure Vendor Number (if known)

## Organisation's Physical Address \*

Address

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

## If located interstate, does the Organisation have an office located in Queensland?

\*

## Please select all current insurances insurances that your Organisation holds \*

☐ Workers' Compensation Insurance

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- ☐ Public Liability Insurance (\$20M per occurrence)
  - ☐ Professional Indemnity Insurance (\$20M per occurrence)
- Certificates of currency will be requested during the contract stage

## Details of nominated Chief Investigator

\* indicates a required field

### New Section

#### **Applicant \***

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

#### **Preferred pronouns**

i.e. He/Him, She/Hers, They/Them etc

#### **Applicant Position of employment within University \***

Investigator must be employed by the university in an academic capacity and of senior level

#### **Applicant Primary Phone Number \***

Must be an Australian phone number.

#### **Applicant Primary Email \***

Must be an email address.

## Proposed Initiative Details and Criteria

\* indicates a required field

#### **Initiative title \***

#### **Please nominate any research domains that your initiative seeks to address \***

- ☐ Service delivery, including interventions (clinical and non-clinical)
- ☐ Risk assessments and risk as a broader concept
- ☐ Policy and system reform
- ☐ Practice
- ☐ Community
- ☐ Innovation and evaluation (including knowledge gaps)
- ☐ Socioeconomic determinants and etiology
- ☐ Technology

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## ☐ Lived Experience

for further clarification of the potential research areas relevant to the domains, please refer to the Grant Guidelines emailed to you.

## **Research Question and strategic alignment \***

Word count:

Must be no more than 250 words.

Consider: Alignment to Every Life Phase 2 and the problem you are seeking to solve.

## **Please identify which target group/s this proposed initiative will target:**

- ☐ People with lived experience of suicide
- ☐ People with lived experience of mental ill-health
- ☐ People who use alcohol and other drugs
- ☐ Families, carers and friends of people with lived experience of mental ill-health, alcohol and other drugs use and suicide
- ☐ Men
- ☐ Young people (18-24 years)
- ☐ Older people
- ☐ First Nations people
- ☐ People from culturally and linguistically diverse backgrounds
- ☐ LGBTIQ+ people
- ☐ People who live in regional, rural and remote locations

Identify (check) which of the target group/s this proposed initiative will target:

## **Initiative rationale and methodology \***

Word count:

Must be no more than 500 words.

Why do you need to do this initiative? What is the problem you are trying to address?

## **Innovation \***

Word count:

Must be no more than 250 words.

What is new and groundbreaking about this initiative? As this is non-recurrent funding, what is your approach to sustainability? What is new about this research? What value does it add?

## **Partnership approach \***

Word count:

Must be no more than 250 words.

Please outline any partners of the research and intended partnership agreements.

## **Research scope - Are there groups/areas that you will focus on or prioritise with this funding? \***

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Word count:

Must be no more than 500 words.

What research domains will you focus on or prioritise? What is the alignment with Every life Phase Two?

### **Research methodology \***

Word count:

Must be no more than 500 words.

What is your research methodology?

### **Research outcomes \***

Word count:

Must be no more than 250 words.

### **Research outputs \***

Word count:

Must be no more than 250 words.

### **Lived experience engagement and representation. \***

Word count:

Must be no more than 500 words.

Explain how your proposal will engage people with lived experience of suicide.

### **Cultural considerations \***

Word count:

Must be no more than 250 words.

Consider involvement of Aboriginal and/or Torres Strait Islander participants, Indigenous Data Sovereignty and Governance and cultural understanding and considerations.

### **Applicant capability and experience \***

Word count:

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Must be no more than 500 words.

### Proposed Initiative Details and Criteria Continued

\* indicates a required field

#### Key Milestones and Timeframes \*

Please provide all key milestones and timeframes relevant to the research in this section.

#### Key risks and mitigation strategies \*

Please provide any risks, the level of risk, and proposed mitigation strategies.

### Financial Information

\* indicates a required field

#### Total funding sought (\$ amount excluding GST) \*

This round is open for requests up to a maximum value of \$100,000 per application (excluding GST)

#### Upload Budget proposal template \*

Attach a file:

Please ensure you upload a copy of your COMPLETED file; the template was provided to all applicants in the invitation email

### References

\* indicates a required field

#### Referee 1 \*

Title      First Name      Last Name

<input type="text"/>	<input type="text"/>	<input type="text"/>
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#### Referee 1 Position \*

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### Referee 1 Primary Phone Number \*

Must be an Australian phone number.

### Referee 1 Primary Email \*

Must be an email address.

### Reasoning for this Referee \*

### Referee 2 \*

Title First Name Last Name

### Referee 2 Position \*

### Referee 2 Primary Phone Number \*

Must be an Australian phone number.

### Referee 2 Primary Email \*

Must be an email address.

### Reasoning for this Referee \*

## Supporting Documentation - Including letter of support

\* indicates a required field

### Additional File Upload 1 \*

Attach a file:

Please upload your letter of support here.

### Additional File Upload 2

Attach a file:



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## Form Preview

### Additional File Upload 3

Attach a file:

### Additional File Upload 4

Attach a file:

### Additional File Upload 5

Attach a file:

## Certification and Submission

\* indicates a required field

**As the authorised representative, I confirm that this application meets the above eligibility requirements and is complete, including all required supporting documentation \***

☐ Yes

**I certify to the best of my knowledge that the statements made within this application (including the uploaded budget proposal) are true and correct \***

☐ Yes

**I understand that if the applicant organisation is approved, we will be required to accept the terms and conditions of the grant as outlined in the funding agreement \***

☐ Yes