



Charlies

Foundation *for Research*

GETTING BETTER TOGETHER.

MID-RANGE GRANT FUNDING PROGRAM

(Discovery, Ray Florence Shaw Trust
and Bob Johnson and Jenny Llanos
Respiratory Grants)

2026-27

~~APPLICATIONS CLOSE 6pm 02nd September 2026~~

CLOSING DATE EXTENDED 15TH SEPTEMBER 2026

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Instructions to Applicants

Charlies Foundation for Research is offering funding of up to \$30,000 for Mid-Range Research Grants funding **Discovery Research Grants** to be conducted in the Sir Charles Gairdner Osborne Park Health Care Group (SCGOPHCG) for a maximum 18-months.

In addition, the Charlies Foundation for Research in collaboration with Ray Florence Shaw Trust is offering funding of up to \$30,000 for one project in **cardiovascular** research and \$30,000 for one project in **ophthalmology** research to be conducted as **Ray Florence Shaw Research Grants** at SCGOPHCG. We are pleased to provide two further funding allocations, up to the value of \$30,000 each, called the **Bob Johnson and Jenny Llanos Respiratory Grants**, awarded to the top two scoring applicants in Respiratory medicine.

Applications are invited in accordance with the conditions described below.

- The allocation of all grants is subject to funding being made available.
- Available to researchers, in the role of CI, employed within SCGOPHCG for minimum 0.25 FTE.
- Research must be conducted at SCGH or OPH.
- Research must be completed within 18 months
- Researchers are only allowed to be Chief Investigators on one application.
- **Application closing date is 6pm Tuesday 2nd September 2026 NOW TUESDAY 15TH SEPTEMBER 2026**
- Late or incomplete applications will not be accepted.
- The applications from must be typed in Arial font 11 point or larger.
- No hard copy submission is required.
- Please note the decisions of the Foundation and Department are final.

ONE electronic submission is to be emailed to the Department of Research at SCGH.ResearchGrants@health.wa.gov.au.

The application document name and the email subject line are to be as follows:

*CI SURNAME First name - 2026-27 - CFR - Mid-Range Grant Program –
Discovery OR Ray Florence Shaw*

*e.g. SMITH John – 2025-26 - CFR- Mid-Range Grant Program - Ray Florence
Shaw*

Queries regarding the application process should be directed to SCGOPHCG Research Grants and Partnerships Coordinator, Ondine Gordon
Ondine.Gordon@health.wa.gov.au.

Application Form

SECTION 1: PROPOSED PROJECT

Chief Investigator	
Are you eligible for the Ray Florence Shaw?	Yes No
Are you eligible for the Bob Johnson and Jenny Llanos Respiratory Grant?	Yes No
Project title	
Lay Title <i>This should be a simplified title that is intended for the understanding of the general public.</i>	
Amount requested <i>Must not exceed \$30,000 excl. gst.</i>	\$
Field of Research (ANZSRC 2020) Australian and New Zealand Standard Research Classification (ANZSRC), 2020 Australian Bureau of Statistics	
Lay Project summary <i>This should be a simplified summary that is intended for the understanding of the general public. Word Limit: 300</i>	

SECTION 2: RESEARCH TEAM

(i) Chief Investigator

Title, First Name, SURNAME <i>Please note: all correspondence will be sent to this person.</i>	
Email address(es)	
Phone number	
SCGOPHCG Department and Location (SCGH or OPH) SCGH OPH	
Position held and FTE	
CGNM Number <i>This will be used to verify employment.</i>	
Other Affiliations	
ORCID ID	
Role in this project	
What is the total amount of grant monies CI received in the last 5 years? <i>List the name of the funding body(s) and amount(s).</i>	
Has GCP training been completed? (please attach copy) <i>If no, this must be completed prior to funding being awarded.</i> <i>Free GCP Training Link: RET Program</i>	☐ Yes ☐ No <i>Please note: we recommend researchers familiarise themselves with The Australian Code for the Responsible Conduct of Research, 2018 (the 2018 Code)</i>

(ii) Other Research Team Members

In addition to the Chief Investigator listed above, please provide details (where applicable) for Associate Investigators.

Associate Investigator 1	
<i>Will be the next point of contact after the CI</i>	
Title, First Name, SURNAME	
Position held	
Institution and Location	
Email address	
Phone Number	
Role in this project	

Associate Investigator 2	
Title, First Name, SURNAME	
Position held	
Institution and Location	
Email address	
Role in this project	

Associate Investigator 3	
Title, First Name, SURNAME	
Position held	
Institution and Location	
Email address	
Phone Number	
Role in this project	

SECTION 3: ETHICS AND INSTITUTIONAL APPROVALS

It is the responsibility of the CI to ensure that all appropriate approvals, guidelines and requirements are met. If the research grant is successful, evidence of ethical and institutional approvals must be provided. Please list all approvals needed and indicate progress towards achieving these.

Word Limit: 400

SECTION 4: DETAILS OF PROJECT

Assessment Criteria 1 (30%): Project Quality and Methodology (word limit: 2000)

- i) Background
- ii) Research aims/objectives, hypotheses/research question
- iii) Methodology / research plan (including project feasibility)
- iv) Research project timeline

Assessment Criteria 2 (15%): Researcher Track Record (relative to opportunity), Future Plans, Development and Team (word limit 750).

Assessment Criteria 3 (30%): Research Impact (word limit: 1500)

- (i) Advancing Knowledge
- (ii) Research Capacity Building
- (iii) Informing Decision-Making
- (iv) Social Impacts (Equity, Diversity, Inclusion)
- (v) Health Impacts
- (vi) Economic Impacts

(Please write to your strongest 3 relevant criteria).

Assessment Criteria 4 (15%): Consumer and community engagement (word limit 650).

Assessment Criteria 5: (10%): Budget (word limit 450)

Advise N/A for any section of the budget that is not relevant and in-kind may be noted.

Please note: The grant does not cover the payment of GST in relation to purchases made using the grant funds. Up-to-date consumer honorariums must be used

Staff <i>Include levels, number of staff, hours per week and on-going costs e.g. RA level 4, 0.5 FTE + Admin Staff at G3, 1 FTE etc.</i> <i>Please note: Divisional finance officers are required to complete this section</i>		
Quarter 1:	Cost	Account Code
	\$	
Quarter 2:		
	\$	
Quarter 3:		
	\$	
Quarter 4:		
	\$	
What is your justification for the above Staffing		
Equipment		
	Cost	Account Code
1.		
	\$	
2.		
	\$	
What is your justification for the above Equipment		
Maintenance Supplies		
<i>Include plastic, stationery, reagents, service contract etc.</i>	Cost	Account Code
1.		
	\$	
2.		
3.		
What is your justification for the above Maintenance Supplies		
Consumer Involvement Costs		
	Cost	Account Code
1.		
	\$	
2.		
	\$	
3.		
	\$	

What is your justification for the above Consumer Involvement		
Other Costs	Cost	Account Code
1.	\$	
2.	\$	
3.	\$	
What is your justification for the above Other Costs		
Total Amount Requested for this Project		
<i>(Maximum \$30,000 excl. gst.)</i>		
ITEM	Cost	Account Code
	\$	

The above break-down of your budget must equal the amount you have requested.

All budget items must include account codes, please refer to the [Chart of Accounts](#) (please note this is an internal link).

Finance Business Officer Full Name	
Signature	Date

SECTION 5: CERTIFICATION BY RESEARCH TEAM

I confirm that:

- All information contained within this application is correct.
- I have discussed my project with my Head of Department or Divisional Director and have discussed the application with heads of any other departments involved in the research.

If this application is successful, I undertake to ensure that this research project:

- Will meet the terms of all Research Grant Agreement Guidelines and Requirements.
- Will obtain all relevant Ethical and Institutional approvals for the project
- Will be conducted as per the National Statement on Ethical Conduct in Human Research (2025) and national research standards as set out by the National Health and Medical Research Council and the Therapeutic Goods Administration.
- Will fulfill all obligations/undertakings as is required by the Charlies Foundation for Research and SCGOPHCG Research Department.
- Will participate in any public relations as requested by the Charlies Foundation for Research and SCGOPHCG Research Department.
- I accept that if I fail to complete my duties as a condition of receiving the grant I may be excluded from future Charlies Foundation for Research funding.

Chief Investigator

Full Name	
Signature	Date

Associate Investigator 1

Full Name	
Signature	Date

Associate Investigator 2

Full Name	
Signature	Date

add as needed

SECTION 6: CERTIFICATION BY HEAD OF DEPARTMENT

Head of Department cannot sign off on their own project as CI.

I certify that:

- a) The above project proposed by _____ (**Chief Investigator**) is acceptable and appropriate to the Department and I am prepared to have the project carried out in this area.
- b) That this project has my full approval and support.
- c) That this project will have no significant impact upon my Departments Operational Budget or resources
- d) I am responsible for notifying the Charlies Foundation for Research and SCGOPHCG Research Department of any changes to the project, should anything impact upon the Chief Investigator doing so.
- e)

Title, First Name, SURNAME	
Position	
Institution	
Signature	
Date	
Telephone number(s)	
Email address	

Please note: If more than one department, please provide signatures below.

Title, First Name, SURNAME	
Position	
Institution	
Signature	
Date	
Telephone number(s)	
Email address	

SECTION 7: CITED REFERENCES

SECTION 8: CURRICULUM VITAE

*Please attach the Curriculum Vitae of the **Chief Investigator and each Associate Investigator**. It is requested that an abridged version only be provided, with an upper limit of **two pages** each, including key publications from the last 5 years.*