



PATRON

Her Excellency the Honourable Dr Jeannette Young PSM

Governor of Queensland

GEORGE & JEAN HIGGS MEMORIAL FUND APPLICATION FORM

Closing Date for Applications: 30 September 2024

Applications received after this date will not be considered.

SECTION A: Personal Details

1. Full name of applicant

Title: Mr/Mrs/Miss/Ms/Dr

Surname

Christian or given names

2. Date of Birth

3. Current Work Address

Department:	
Address:	
	Postcode

Work telephone number / Email address

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4. Subject/title of research (no more than 100 characters)

5. Are you an Australian citizen?

Yes

No

If No,

(i) of which country are you a citizen?

(ii)

do you hold a permanent Australian resident status?

Yes

No

If Yes, evidence of permanent residency by Australian Immigration Authorities must be attached to this application.

Applicants should be current Australian citizens or hold permanent Australian residency at the time of application.

The Foundation was established in 1975 and its primary purpose is to provide opportunities for biomedical research in Queensland and Northern New South Wales. Grants/scholarships/funding are awarded by the Directors of the Foundation on the recommendation of a medical advisory committee and are based on the quality of the research, the research achievement and potential of the applicant.

SECTION B: Employment Details

6. Full address of the Australian institution for proposed study

	Postcode

7. Full address for your Proposed Administrator

	Postcode

Responsible office number Email

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8. Head of present laboratory (department)

Name

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Address

	Postcode

Head of laboratory (department) where work to be carried out (if different)

Name

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Address

	Postcode

9. Present position / Official designation level of appointment

10. Present salary

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(Please state amount in Australian dollars)

11. Source of salary / RegKey if NHMRC Grant

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NOTE. It is a condition of the successful applicant that regular progress reports shall be required by the Foundation Board on the results of the research projects.

SECTION B: Employment Details (Continued)

12. OTHER GRANT APPLICATIONS FOR SUPPORT

- (a) Current Grants from All Sources (Indicate source, type of award, title of research, names of any co-investigators, year of commencement, duration, amount)

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- (b) Applications pending or to be submitted this year (Indicate source, type of award sought, title of research, names of all applicants, duration, amount)

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- (c) PREVIOUS GRANTS FROM LIONS MEDICAL RESEARCH FOUNDATION to chief investigators or other participants. (Indicate title of research, year of commencement, duration, amount)

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SECTION C: Research Aims and Career Objectives

13. LIST THE SPECIFIC AIMS AND POTENTIAL SIGNIFICANCE OF THE RESEARCH. IF HYPOTHESES ARE TO BE TESTED, THEY SHOULD BE CLEARLY STATED. Indicate your career aims and how successful completion of the proposed research may advance these aims.

14. GIVE A SUMMARY OF THE RESEARCH IN NON-TECHNICAL TERMS HIGHLIGHTING ITS UNIQUE FEATURES

SECTION D: Research Plan

15. UNDER THE ABOVE HEADING DESCRIBE:

- (a) The background to the research and its significance including key references to the work of other scientists relevant to the project and
- (b) The proposed study and methods to be used.

The description should be explicit and succinct. **DO NOT EXCEED THE PAGE PROVIDED – (References only may be attached)** Arial, 10pt single line spacing)

SECTION E: Nomination of Referees

16. Referee Report requested from:

Name

Address

	Postcode

Telephone Number

Email Address

/	
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Referee Report requested from:

Name

Address

	Postcode

Telephone Number

Email Address

/	
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SECTION F: Certification

17. ETHICAL AND HAZARDOUS IMPLICATIONS OF THE RESEARCH

THE RESEARCH INVOLVES ONE OR MORE OF THE FOLLOWING (please tick box) Yes No

- (a) Experiment on human subjects
- (b) Experiment on animals
- (c) The use of potent Carcinogens or Teratogens
- (d) The use of Ionising Radiation
- (e) Non-exempt Recombinant DNA Work

I certify that if any of (a) – (e) are relevant and I am successful in obtaining the funding, the project related to the award will not commence until it has been approved by the relevant institutional committees, including the research ethics committee.

Successful applicants will be asked to provide evidence of such approval before grants are paid.

Applicant Signature _____

Chief Investigator Signature _____

Note: All chief investigators are required to certify.

18. CERTIFICATION BY HEAD OF DEPARTMENT

I certify that the research and the related research are appropriate to the general facilities in my department and that I am prepared to have the funding based, and the related project carried out in my department.

Name and Title _____ Department _____

Signature _____ Date _____

19. CERTIFICATION FROM PROPOSED INSTITUTION THAT WILL ADMINISTER THE FUNDS

I certify that this request satisfies all requirements of this institution and that the classification quoted for the funding is in accordance with the practices of this institution.

Signature of Head of Institution or responsible financial office _____

Appointment: _____ Date: _____

Name of Administering Institution: _____

20. SIGNATURE OF APPLICANT

I accept the Conditions of Award that pertain to research projects by Lions Medical Research Foundation

Signature _____ Date: _____

Curriculum Vitae – Researchers less than 10 years post PhD

21. Full Curriculum Vitae including professional experience and dates of degrees, diplomas and appointments of applicant. List all significant peer reviewed publications and all previous significant research grants not listed earlier in this application and on which the applicant has been a listed investigator or co-investigator, together with the names of any other investigators, the granting body concerned and the amount and duration of the grant. **(Extra pages for No. 21 only can be added)**