1. **Application Summary**
2. Please read the Stroke Foundation Research Grant Application Guide and then complete this application form. Questions marked with an asterisk (\*) indicate an eligibility condition.

|  |  |
| --- | --- |
| **Applicant Name:** |  |
| **Applicant Email:** |  |
| 1. **Activity/activities proposed:** Provide 1-2 lines in summary (e.g., travel, leadership training, formal mentoring, development/collaboration with lived experience contributors)
 |  |
| 1. **Funding requested:**(Up to a maximum value of $5,000 excluding GST)
 | 1. $
 |
| 1. **\*Administering Institution:**
 |  |
| 1. **\*Contact Person for Administering Institution:**(Not the Applicant.)
 |  |
| 1. **Contact’s Email Address:**
 |  |
| 1. **Administering Institution Physical Address:**
 |  |
| 1. **Administering Institution ABN:**
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**Applicant Summary**

Future Leader Grants are available to researchers and people with lived experience with no more than 7 full time equivalent (FTE) years of research experience, as at the grant round close date.

* 1. **Which Future Leader category is most applicable to you?** (If applicable, both may be selected.)

[ ]  **I am a person with lived experience**

In the box below, provide details of any activities related to research that you have been involved in, and the approximate total time of doing research activities (e.g., months/years). Time spent as a study participant or while doing a PhD can be excluded from the total time.

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[ ]  **I am an early- to early-mid-career (EMCR) researcher**

EMCR researchers are required to complete the EMCR qualification statement in the box below. This should be based on the time since the earliest research experience qualification date (e.g., PhD candidate, date of PhD award, medical school graduation, Masters or other graduation). If applicable, include details of anycareer disruptions or other extenuating circumstances that have affected your time in research, for consideration.

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| 1. **EMCR qualification statement**
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| **EMCR researchers:** In no more than **6 lines** provide a statement of your EMCR qualification: |
| **Provide details of your graduation date(s), key appointments, any career disruption and calculations of total FTE research experience.** (Insert more rows as needed) |
| 1. **Graduation / Key appointments / Career disruption details**
 | 1. **Start date**
 | 1. **End date**
 | 1. **Effective FTE**
 |
|  |  |  |  |
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|  |  |  |  |
| 1. **Total FTE research experience (post-graduation)**
 |  |  |  |
| 1. **Optional:** If applicable, provide an explanation of the impact that any career disruption or other extenuating circumstances had on your research career, in no more than 100 words.
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2. **How did you hear about Stroke Foundation’s grant round?***(This information will help to inform promotion channels for future rounds.)*

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**Section 1: Track Record and Leadership**

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| 1. **1.1. Provide a track record statement, relevant to this application and relative to opportunity, in no more than 300 words.**
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1. \_/300 words

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| 1. **1.2. Leadership experience:** In no more than **300 words**, outline previous leadership experience (e.g., Committee representation, etc.) Applicants are encouraged to provide an example of when you have demonstrated a commitment and/or engagement in a leadership role or activity.
 |
|  |

1. \_/300 words

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| 1. **1.3. Mentoring:** In no more than **500 words**, outline the mentoring arrangements that are in place or planned to help support the applicant.
 |
|  |

1. \_/500 words

**Section 2: Leadership Development Plan**

1. ***\*Section 2 can be no longer than 2 pages in length in size 11 Arial.*** *Applications exceeding this limit will be deemed ineligible.* *Please ensure that you focus on describing how the proposed activities will build your research leadership skills and lead to improved outcomes for people with stroke.*

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| 1. **2.1. Describe the objectives and components of your leadership development plan** (e.g., travel to a centre of excellence, leadership training, formal mentoring, developing skills in effective lived experience engagement and co-design)
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| 1. **2.2. Describe how these activities will develop your leadership abilities**
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| 1. **2.3. Describe your anticipated outcomes and how you will use your leadership skills in the future**
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**Section 3: Activity Timeline & Budget**

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| 1. **\*3.1. Provide the Activity Timeline in relation to the Grant Period (Future Leader Grant periods are effective one year from the start of the award year (i.e., 1 January 2025 to 31 December 2025).**Your response may include a table, image or text. The timepoints for commencement and completion (including final reporting due 31 December 2025) must be clearly shown.
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| **\*3.2. Activity Budget – Items requested:**1. Please add a new line for each item requested.
2. Note: A maximum of $5,000 can be requested for Future Leader Grants.
 | 1. **Amount requested**
2. **(ex GST)**
 |
|  |  |
|  |  |
|  | 1. **Total:**
 |

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| 1. **\*3.3. Budget Justification:**
2. Provide justification for the particular item requested. This must align with the proposed aims and timeline of the activity and be well justified.
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|  |

**(Optional) Section 4: References**

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| 1. References made within the Sections 1 and 2 can be optionally listed here (not a requirement)
 |
|  |

1. **\*Section 5: Certifications**
2. **Certification by the Applicant**
3. [ ]  I certify that to the best of my knowledge the details provided in this application form and in any supporting documentation are true and complete.
4. [ ]  I certify that I meet the eligibility criteria as outlined in the Stroke Foundation Research Grant Application Guide.

|  |  |  |
| --- | --- | --- |
| 1. **Name of Applicant**
 | 1. **Signature of Applicant**
 | 1. **Date**
 |
|  |  | 1. Click or tap to enter a date.
 |

1. **Certification by the Head of Department / Authorised Representative in the Administering Institution**
2. [ ]  I certify that:
* I support the activity to be carried out in the nominated institution/s under the circumstances set out by the applicant/s;
* To the best of my knowledge all details on this application form are true and complete;
* The amount of time which the applicant/s will be devoting to the activity is appropriate to existing workloads;
* This institution supports this application and if successful it will provide basic infrastructure as needed for the activity;
* The activity can be accommodated within the nominated facilities.

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| 1. **Name of Head of Department/ Authorised Representative**
 | 1. **Position**
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|  |  |
| 1. **Signature of Head of Department/Authorised Representative**
 | 1. **Date**
 |
|  | 1. Click or tap to enter a date.
 |

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| **#** | **Eligibility condition**(refer to the Application Guide for full details) | **Section of form** | **Applicant****check** | **Institution****check** |
|  | Application Summary table completed and institutional contact is not the applicant. | Application Summary |[ ] [ ]
|  | The applicant is within 7 years FTE of research experience. | Applicant Summary |[ ] [ ]
|  | The activity timeline does not exceed the grant period. | 3.1 |[ ] [ ]
|  | The activity budget is justified and does not include ineligible costs (i.e., infrastructure, indirect costs). | 3.2, 3.3 |[ ] [ ]
|  | The application adheres to the limits imposed within each Section. | All |[ ] [ ]
|  | The application template has not been modified. | All |[ ] [ ]
|  | The Certification page is fully signed and dated. | 5 |[ ] [ ]
| **Name:** |  |  |
| **Date:** | Click or tap to enter a date. | Click or tap to enter a date. |

Note: This checklist is strongly encouraged, but not required, to be completed prior to submission.