



Guidance for applicants

This application form is designed to assist applicants to provide all the relevant information required by the RANZCP to assess their application for this scholarship.

Applicant(s) are encouraged to read the scholarship Terms of Reference before preparing their application to ensure they meet the eligibility criteria and that their proposal is aligned with the overall objectives and purposes that the scholarship sets out to achieve. Applicant(s) are welcome to make early contact the RANZCP Foundation for any advice and guidance if needed by email at foundation@ranzcp.org or by phone +61 (03) 9640 0646.

All proposals received must address and advance both the objectives and purposes of the scholarship.

The scholarship has two **objectives**, namely to:

1. contribute to achieving better outcomes for Aboriginal and Torres Strait Islander parents and their children in the first 1000 days of their children's lives; and
2. expand current knowledge and build capacity in Aboriginal and Torres Strait Islander perinatal and infant psychiatry.

The scholarship may be used for the following **purposes**:

1. research into practices which bring better family support at times of family formation;
2. translation of evaluated existing programs which enhance Aboriginal and/or Torres Strait Islander perinatal mental health to other places within Australia;
3. developing or delivering mental health literacy initiatives for perinatal families in Aboriginal and Torres Strait Islander communities;
4. training or relevant educational activities in perinatal and infant psychiatry; or
5. another purpose that is directly linked to achieving the objectives of the scholarship.

What to include

To be received for assessment, an application must include:

1. This application form (addressing all parts)
2. Additional applicant background information (if available)
3. The current curriculum vitae of the primary applicant
4. At least one referee report and their contact details
5. Supervisor's details (if research-based) or supporting organisation/hospital (if not research based)
6. Evidence of Human Research Ethics Committee (HREC) approval, or confirmation of a pending HREC application.

A checklist is included at the conclusion of this application form.

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| Name (primary applicant or names of applicant team) | |
| Scientific project title | |
| Plain language project title | |
| Confirmation that the project/research location will be in Australia | <input type="checkbox"/> Yes |
| RANZCP Fellow/Associate (Trainee) member involvement (individual/team) Individual applicants: must identify as Aboriginal and/or Torres Strait Islander. Team of applicants: The primary researcher or project lead must be an RANZCP Fellow or Trainee member who identifies as Aboriginal and/or Torres Strait Islander. | |
| Address (primary applicant) | |
| Phone (primary applicant) | |
| Email (primary applicant) | |
| Current position (Name, title & role of primary applicant). Include supporting organisation/hospital/institution/department/faculty and position/current appointment. | |

APPLICANT INFORMATION

Excluded funding application types

I confirm that I understand that the RANZCP Foundation will not consider the following types of applications for funding under this scholarship:

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| Recurrent expenditure which was not considered as part of a previous application | <input type="checkbox"/> |
| Capital or endowment funds intended to provide a corpus for another entity | <input type="checkbox"/> |
| Auspicing arrangements where the organisation applying is not the one that will be responsible for delivering the project | <input type="checkbox"/> |

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| Proposals from applicants who have not successfully acquitted previous funding obligations to the RANZCP or Foundation | <input type="checkbox"/> |
| Applications to use the scholarship funds for top-up or additional funding for a research project currently being undertaken or being funded by another means. | <input type="checkbox"/> |
| Applications to use the scholarship funds to fund all or part of a salary of a current or future employment position. | <input type="checkbox"/> |

Additional information on background

This scholarship is intended to support RANZCP members who identify as Aboriginal and/or Torres Strait Islander to conduct research or projects that assist in improving perinatal and infant mental health outcomes in Aboriginal and Torres Strait Islander communities. If you are the primary applicant for this scholarship, we ask that you please provide some additional supporting information with respect to your background and that can demonstrate a link back to your community.

The RANZCP does understand that it can be difficult or sensitive for applicants to discuss or provide information about their background. Please feel free to raise this with us and we will help you further. Some examples of supporting information that can be provided include:

1. current or past membership of the Australian Indigenous Doctors' Association (AIDA);
2. information of past enrolment at a university where there was also recognition of your status;
3. information from your Elders, Community Shire Council, or Aboriginal Corporation;
4. information about your family provided by organisations such as Link-Up; or
5. any other type of information that you have available.

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| I confirm that I identify as Aboriginal and/or Torres Strait Islander and can provide some additional supporting information as part of this application. | <input type="checkbox"/> | Yes |
| I am either a past or a current member of the Australian Indigenous Doctors' Association (AIDA). | <input type="checkbox"/> | Yes |
| | <input type="checkbox"/> | No |

APPLICANT PROPOSAL

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| Project commencement date: | |
| Estimated project completion date: | |

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| Alignment with scholarship objectives (Maximum 300 words) <i>Please state the capacity of the proposal to achieve one or more of the objectives of the scholarship.</i> | |
| Alignment with scholarship purposes (Maximum 300 words) | |

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| <p><i>Please state how this proposal aligns with one or more of the purposes of the scholarship.</i></p> | |
| <p>Background, literature review, and rationale (Maximum 500 words)</p> | |
| <p>Project plan/methodology (Maximum 500 words)</p> <p><i>Please provide an outline of your project/research plan, including information on the analysis tool/s used and method of dissemination of findings (if applicable).</i></p> | |
| <p>Implementation plan or capacity for implementation to achieve scholarship objectives (Maximum 300 words)</p> <p><i>Please outline the capacity and capability of the proposal to be implemented towards achieving better outcomes for Aboriginal and/or Torres Strait Islander parents and their children in the first 1000 days of their children's lives.</i></p> | |

Administering institution/supporting organisation or hospital

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| <p><i>* Please indicate the support that you will be receiving for your proposal from your administering institution, supporting organisation or hospital.</i></p> <p><i>*Please also include the state and country/traditional lands where project is being undertaken.</i></p> |
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APPLICANT COMPLIANCE DECLARATION

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| Project/research plan and methodology | <i>I have provided a comprehensive project or research plan and methodology, including a budget of all proposed spending of the scholarship.</i> | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Previous or current funding disclosures | <i>I have not received funds from another individual, group or organisation that contributes to this project.</i> | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Conflicts of interest | <i>I declare that I have no conflicts of interest (actual or perceived) at the time of making this application. If 'yes' please provide in the additional information section of this form or appended to your application about the conflict identified and how it can be appropriately managed.</i> | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| RANZCP Foundation media consent | <i>I consent to the RANZCP Foundation publishing any approved projects across a range of RANZCP media, including social media.</i> | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Ethics compliance | <i>This application is compliant with established psychiatry research, ethics approvals, and consent protocols for conducting this research/project.</i> | <input type="checkbox"/> Yes <input type="checkbox"/> No |

APPLICATION CHECKLIST AND DECLARATION

Use this checklist to make sure you have provided everything that is required.

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| Curriculum vitae | <i>I have provided a current curriculum vitae as part of this application.</i> | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Referee's report | <i>I have provided at least one referee's report as part of this application.</i> | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Background information & AIDA membership | <i>I have provided supporting information that confirms my status or background as an Aboriginal and/or Torres Strait Islander*, and where possible, including past/current AIDA membership.</i> <i>*If providing this information is sensitive or difficult for you, please contact the RANZCP Foundation and we will help you.</i> | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Proof of HREC approval/application (if a research based proposal) | <i>I have provided evidence of approval from a Human Research Ethics Committee (HREC), or evidence of a pending HREC ethics application.</i> | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Form completed | <i>I have completed each part of this application form to ensure that my application can be assessed by the selection panel.</i> | <input type="checkbox"/> Yes |

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| RANZCP member compliance | <i>RANZCP Fellows only: I am compliant with all RANZCP CPD requirements, and for the 12 months preceding this grant application:</i> <i>*If you are unsure, please contact cpdhelp@ranzcp.org</i> |
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| | <input type="checkbox"/> Yes <input type="checkbox"/> No <i>I have met my RANZCP membership financial obligations, and have no overdue membership subscription fees owed at this time:</i> <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Applicant signature | |
| Date of declaration | / / 2022 |

Information on the assessment of your application

Your complete application will be assessed by the selection panel. You will be contacted if further information is required. All applicants will be provided feedback on their proposals.

Please direct any queries on your application to foundation@ranzcp.org.