

# 2020 Mary McConnel Career Boost Program Application Form

## Form Preview

### Researcher Details

\* indicates a required field

#### Completing your Application

**Before you commence your application, please review the [Application Guidelines for the 2020 Mary McConnel Career Boost Program for Women in Paediatric Research](#).** These guidelines contain all eligibility criteria, assessment criteria, acceptable uses for award funding, and tips for completing the application form. If you have any queries about applying for a Mary McConnel Career Boost Program grant, please direct them to your Research Management Office in the first instance.

#### Eligibility Criteria

**I hold a PhD (or equivalent) in a biomedical science or health-related field of research: \***

**I will be at postdoctoral Academic Level B or C at the time of grant commencement: \***

**I am actively working in the field of paediatric research: \***

**I am affiliated with an NHMRC Administering Institution: \***

**I have previously received a Mary McConnel Career Boost Program grant: \***

#### Applicant Details

**Applicant \***

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

**Primary Phone Number \***

Must be an Australian phone number.

**Primary Email \***

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### NHMRC-Approved Institution \*

Organisation Name

### Office Address \*

Address

  

Suburb State Postcode

  

Only include if the address has changed

### Educational Qualifications

Year Awarded	Qualification	Institution
<input type="text"/>	<input type="text"/>	<input type="text"/>

### Current Employment / Appointments

Start Year	Role	Institution / Organisation
<input type="text"/>	<input type="text"/>	<input type="text"/>

### Career Level

Academic Level B

Academic Level C

In order to be eligible, applicants must be either Academic Level B or Level C at the commencement of the grant.

### Key Research Areas

Please indicate the research area(s) addressed by the proposed research project:

\*

- Obesity and Diabetes
- Infant mortality
- Cancer
- Respiratory disease
- Infectious disease
- Injury and Trauma
- Neuro-development and Disability
- Psychiatric and Behavioural disorders
- Other

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If 'Other' is selected, please indicate the main area(s) of research addressed by the research project for which you seek support: \*

### Top 5 Publications

Provide your top 5 publications over the past 5 years (including journal impact factor and number of citations to date). Indicate what your contribution was to the research, why that was significant to the research and what was the importance of the research.

#### Reference

#### Journal Impact Factor

#### Citations to Date

#### What was your contribution (intellectual or technical) to the research?

Word count:

Must be no more than 50 words.

#### Why is your contribution to the research considered significant?

Word count:

Must be no more than 50 words.

#### What is the importance of the research?

Word count:

Must be no more than 50 words.

### Research Metrics

We collect these metrics as part of our standard processes. They may not necessarily contribute to the assessment of your application. Please refer to Section 5 of the guidelines for Assessment Criteria.

#### Metric

#### Response

Metric	Response
Total Number of Peer-Reviewed Journal Articles (past 3 years)	
Total Number of Citations (past 3 years)	
Current h-index	
Current i10 index	
Total Number of Clinical Guidelines / Policy Briefs etc (past 3 years)	
Number of Active Patents	

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Number of Grants Awarded as CI-A (past 3 years)	
Total Funding of Grants Awarded as CI-A (past 3 years)	
Number of media appearances and press releases (past 3 years)	

**Have you submitted at least one nationally competitive grant application (i.e. to an Australian funding body) as the lead chief investigator (CI-A)? \***

Yes  No

**If you've answered 'Yes' to the above question, please provide details and advise if these were successful:**

Please include applications submitted to Australian funding bodies only.

### **Career Disruption / Relative to Opportunity**

Describe career disruptions, relative to opportunity circumstances, barriers and field specific impacts that have hindered career progression/sustainability and/or impacted research outputs. Specifically address how these are specific to or amplified as a consequence of being a female academic.

\*

Word count:

Must be no more than 200 words.

## Supporting Documents

\* indicates a required field

### Letter of Support

As per the guidelines, to apply for a 2020 Mary McConnel Career Boost Grant, you must be able to confirm eligibility by providing a [letter of support](#) from your NHMRC Administering [Institution](#).

**Letter of support \***

Attach a file:

Please save and attach your Letter of Support as a PDF file using the following naming convention: WISXXXXXX\_LoS.pdf.

### Curriculum Vitae

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Please attach a curriculum vitae (maximum 2-pages) that is relevant to the current grant application.

### Curriculum Vitae \*

Attach a file:

Please save and attach your CV as a PDF file, using the following naming convention: WISXXXXXX\_CV.pdf

## Applicant's Research Program

\* indicates a required field

### Career Advancement

**Clearly articulate the intended impact that this grant will have on the progress of your proposed research \***

Must be no more than 40 words.

**As part of the Mary McConnel Career Boost Program grant, the successful applicant will receive one-on-one mentoring support from a leading research expert. The Foundation will assist the researcher in finding and contacting potential mentors. If possible, please note below the name(s) of leading research experts you would like to nominate as potential mentors:**

### Key Performance Indicators

The Children's Hospital Foundation recognises that the success of the funding awarded for the Mary McConnel Career Boost Program Grant scheme will be measured differently by each recipient. For example, recipients may consider grant success in one or more of the following ways:

- the grant enhanced her professional reputation and visibility in the research community
- the grant allowed for a greater work/life balance while working towards a career goal
- the grant allowed the applicant greater flexibility to her path to independence.

Please define up to 5 key performance indicators that you consider will best measure the success of this grant as it relates to your own career and goals. If possible and applicable, include milestone dates for each key performance indicator. The financial assistance requested for this grant will be assessed in the context of the key performance indicators defined.

### Key Performance Indicator: \*

Click 'add more' to enter additional Key Performance Indicators.

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**Milestone date for Key Performance Indicator (if applicable)**

Must be a date.

### Research Proposal

In no more than **800 words**, please provide an overview of your research plan over the 12 month funding period, including background, objectives / hypotheses, methods, and expected translational outcomes and impacts.

**Research Proposal Title**

**Research Proposal**

**Word count:**

Must be no more than 800 words.

You will be required to define how the Mary McConnel Career Boost Grant will assist with the progress of this research proposal under the heading "Award" of the application.

**Reference List**

Attach a file:

Please save and attach your Reference List as a PDF file using the following naming convention: WISXXXXXX\_RefList.pdf.

### Award

**Budget**

Attach a file:

Provide a budget for the proposed use of funding. Refer to Section 2.1 of the Guidelines for acceptable uses and budget limits. Other uses of funds will be considered as long as they are well justified to meet the aims of the scheme, research focused and appropriately costed in the budget. Please save and attach your Budget using the following naming convention: WISXXXXXX\_Budget.

**Budget Justification**

Summarise how the award will be used to overcome challenges that you previously identified as barriers to your career progression / sustainability and research delivery and dissemination. Justify your proposed use of funds specified in the budget provided.

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Word count:

Must be no more than 250 words.

## Declaration

\* indicates a required field

### Declarations and privacy statement

I certify that all details supplied in this application and in any attached documents are true and correct to the best of my knowledge, and that the application has been submitted with the full knowledge and agreement of the management of my organisation.

I have read the accompanying applicant guidelines provided with this application form process, confirm that this application complies with the guidelines in full, and agree that the terms of the guidelines are expressly incorporated into this application.

I agree that the Research Program complies with the '[National Statement on Ethical Conduct in Human Research 2007 \(Updated May 2015\)](#)'.

I agree that the Research Program will take responsibility to maintain all relevant compliance and safety approvals.

As a condition of this application, I certify and warrant that the terms and conditions of the contract relating to the award of a grant (the Contract) have been reviewed by my Administering Institution and that:

- 1.If awarded a grant, my [NHMRC-Administering Institution](#) agrees to execute the Contract without amendment; or alternatively;
- 2.I have submitted all requested amendments to the Contract (along with justification and reasoning as to why amendments are being sought) to [grants@childrens.org.au](mailto:grants@childrens.org.au) prior to the closing date for applications. I acknowledge and agree that any such requested amendments form a part of the application and will be considered in the context of the grant submission.

I agree that I will contact the Children's Hospital Foundation immediately if any information provided in this application changes or is incorrect.

Your Personal Information is being or has been collected by the Children's Hospital Foundation to facilitate provision of services related to research and grant opportunities to you and / or to keep you informed about Children's Hospital Foundation related activities. We respect your privacy and embrace the principles contained in the Privacy Act. We may contact you in the future for the promotion of Children's Hospital Foundation's messages and programs, research, fundraising purposes and invitations to events. If you attend our events you may be photographed or filmed and images &/or audio may be used in various mediums to promote the Children's Hospital Foundation. Please tell event staff if you do not wish to be photographed or filmed. Personal details may be provided to third parties where required by law or for the purpose of facilitating services contracted by us, in so doing your personal information may be disclosed to overseas recipients. Further information is available in our Privacy Policy or on request. Communications from us may include mail, email, social media, SMS or telephone contact and may also include messages on behalf of event sponsors and other third parties. By providing your information to us you agree that you have provided your indefinite consent to this contact. You may withdraw consent at any

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time though in doing so we may not be able to provide you with services requested. The Children's Hospital Foundation will not disclose your information to any third party for their marketing purposes.

If you do not want to receive further communication from us (other than information that relates to this service) or if you have any questions about privacy please contact our Privacy Officer via PO Box 8009 Woolloongabba, QLD 4102, [privacy@childrens.org.au](mailto:privacy@childrens.org.au) or by calling 1300 7425 5437. Our Privacy Policy sets out and details how you may complain about privacy issues and how we would deal with that complaint. It also explains how you can access, correct or update information we hold about you. A copy of our Privacy Policy is available at [www.childrens.org.au](http://www.childrens.org.au) or on request.

I understand that the information above will be used in accordance with relevant legislation and declare that this information is correct to the best of my knowledge.

**I am authorised to complete this application and have read and understood the declaration and privacy statement. \***

Yes

**Name \***

First Name

Last Name

**Position \***

**Date of Declaration \***

Must be a date