

GUIDELINES FOR LOCAL RESEARCH GRANT APPLICATIONS:

1. The Cancer Society of New Zealand, Southern Division (CSNZSD) will support local research through the giving of grants which demonstrates a strong relevance for people affected by cancer within the mission of the CSNZSD.

This research will be undertaken by researchers:

- active in clinical work relevant to cancer or who have strong collaborative links to clinicians
- at an early stage of their research "careers" i.e. without an established track record
- who may be in a defined training programme as part of their career
- who are unlikely, or have already failed, to obtain grants from larger granting bodies
- who demonstrate strong personal attributes and mentorship which makes success of their project highly likely
- 2. The CSNZSD's Research Grant is available to be applied for every 3 years.
- 3. Grant funding would be a contribution to a PhD students expenses per annum for 3 years as available. Consideration will also be given to suitable smaller projects of less than \$5,000 if appropriate. Grants will be made at the end of each quarter i.e. March, June, September and December of each year. It is contingent on applicants received and funds available. Note: It could take 4-5 weeks for applications to be processed. Applicants will be advised when they can expect to hear the outcome of their grant application.
- 4. References and peer review of the proposed project will be sought prior to committee review of the applications.
- 5. The Research and Grants Committee in making their decisions will take into account:
 - contribution to the work of the Society (research, support and cancer prevention, alleviation and cure of cancer etc)
 - the total cost of the project
 - · access to other avenues of funding
 - contribution of employer or other funders
 - relevance to the CSNZSD and its mission
 - contribution to the study of and/or treatment of diseases of cancer
 - benefit to the wider community and the CSNZSD

Note: No retrospective approval of research projects will be made.

- 6. If the grant is not used (fully or in part) the funds should be returned to the Society. The funding will not be extended beyond 3 years.
- 7. Written reports will be required within 3 months of the completion of the research project, outlining progress, outcomes and benefits to the researcher and the community. There will be an expectation that knowledge gained will be widely shared. Successful applicants must be willing to formally report back to colleagues and/or CSNZSD personnel.
- 8. The decision of the Research and Grants Committee will be made based on the applications received, the quality of the applications, the relevance to the CSNZSD's Mission, and available finance.



9.	Grant applications m	ust be received by email on th	e Research Grant Application form.



LOCAL RESEARCH GRANT APPLICATION:

•	Applicant:	[Title]	[Surname]	[First name			
	Position:	[Department]			[Hours/week]		
	Employer/I	nstitution:					
	Mailing Add	dress:					
		••••					
	Work:	Phone No:					
	Home:	Phone No:					
		Email:					
2.	Educationa	al History					
	Qualification	<u>ons</u>	<u>Instit</u>	<u>cution</u>	<u>Years</u>		
	•••••	•••••	•••••				
	•••••	•••••					
3.	Recent Em	Recent Employment History as it relates to this application. Include job title and full or part-time					
	Institution				<u>Years</u>		
	•••••	•••••					
	•••••						
1.	Research i	Project Detai	lS				
	Title:						
	General sta	atement re p	urpose/aim of this	s research project.			
	What acad	emic qualific	cation will success	sful completion lead to?			



Which academic institution will host your project?
Who will supervise this research and/or mentor you?
Name, address, affiliation
Name, address, affiliation
(add more as needed):
Provide a detailed outline of the planned project on a separate sheet including, where relevant:
 Introduction/background Experimental design or project outline Funding required/budget details Timeframe Success measures
Reporting back – The recipients of the CSNZSD award will be required to report back to the CSNZSD within 3 months of the completion of the research.
What other funding or support have you received or are applying for? Please give details of the agency and amount requested/received.
Have you applied for funding in relation to the current project and been declined? Please give details.
What contribution is your employer making?
Staff salaries [detail]
Project expenses [detail]

5.

6.

7.

8.

9.

Note – it is the responsibility of the applicant to advise the CSNZSD immediately of the outcome of any funding applications detailed above.



10.	Have you received any grants from the Canterbury-West Coast or CSNZSD in the last 5 years? YES/NO					
	If yes, describe purpose, amount and year:					
11.	What are your career intentions over the next 5 years?					
12.	What are the benefits for undertaking this project?					
	To you:					
	To your employer:					
	To the community:					
13.	Please name two referees we can contact to support this application: (include email address & phone number)					
	1					
	2					
Signe	ed:					
Date	:					
Pleas	se check that all the required material is included.					
Appli	ications must be received by email using the Local Research Application Form provided.					

Email to: grants@southerncancer.org.nz