

**AIM**

The Pharmacy Council of New South Wales offers Research and Project Grants to pharmacists with a NSW principal place of practice and NSW pharmacy students to assist them to fund research or projects relating to issues about the health, performance and conduct of pharmacists or pharmacy students.

**APPLICATION INFORMATION**

- Important dates:
  - Mid year round of funding: applications open 1 March; applications close 1 May
  - End of year round of funding: applications open 1 September; applications close 1 November
- Applications submitted after the closing date may be held for consideration in the next round of funding
- Maximum amount for any one Research and Project Grant is \$10,000.

1. **TITLE OF PROJECT**.....

**DURATION** ...../...../20.....to...../...../20..... **Amount of money requested \$** .....

*(Commencement date)*                      *(Completion date)*

2. **DETAILS OF CONTACT PERSON FOR THE GRANT APPLICATION**

**SURNAME** ..... **GIVEN NAMES** .....

**AHPRA REGISTRATION NUMBER** .....

**MAILING ADDRESS** .....

**Telephone** (.....)..... **Mobile** .....

**Email** .....

**PRESENT POSITION** .....

**EMPLOYER'S NAME** .....

3. **Have you received a Pharmacy Council Education and Research Grant before?**

Yes / No                      If yes, state the year(s) .....

4. **Have you applied for any other grant in regard to this activity?**

Yes / No                      If yes, give details .....

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5. **INTENDED RECIPIENT** .....

**TAX REQUIREMENTS**

1. IS THE INTENDED RECIPIENT REGISTERED FOR GST? \* *Tick as appropriate*  Yes  No

2. IF YES, PLEASE PROVIDE ABN .....

3. If the intended recipient is *NOT* registered for GST please provide a **“Statement by a supplier”** form developed by the Australian Taxation Office indicating on the form that income is of a private or domestic nature and therefore no ABN is provided. NOTE: The **“Statement by supplier”** form must be returned with this application form. **“Statement by supplier”** forms are available from the ATO.

**THE FOLLOWING INFORMATION/DOCUMENTATION IS TO BE INCLUDED WITH THE APPLICATION**

This application should be completed with reference to the Research and Project Grant guidelines.

	Page No(s)
(a) Name of applicant(s) and contact details, AHPRA Registration number(s)	
(b) Descriptive title of project	
(c) Description of the project aims, significance, background, methods, expected outcomes and benefits, and relevance to the health, performance or conduct of pharmacists or pharmacy students (no more than 3 pages, minimum font size of 10pts)	
(d) Budget and justification for the budget items (one page maximum)	
(e) Reference list of publications cited in application	
(f) A statement by employer/Ethics Committee confirming that research approval has been granted for this project (where relevant)	
(g) <i>A curriculum vitae</i> of each named applicant including: AHPRA Registration number(s) and years registered, academic qualifications, previous positions held, professional memberships, previous awards and grants and authored publications	
(h) Completed referee report form (see appendix A)	

Incomplete applications will not be considered and will be returned to the applicant.

Applications submitted after the closing date may be held for consideration in the next round of funding.

Applicant's signature .....

Date .....

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Applications are to be forwarded to the Pharmacy Council of NSW by the nominated closing date:

**Post to:**

The Secretariat  
Pharmacy Council of NSW  
Locked Mail Bag 20  
HAYMARKET NSW 1238

**Hand delivery to:**

Pharmacy Council of NSW  
Health Professional Councils Authority  
Level 6, 477 Pitt Street  
SYDNEY NSW 1238

**Email:** [mail@pharmacycouncil.nsw.gov.au](mailto:mail@pharmacycouncil.nsw.gov.au)

**EDUCATION & RESEARCH  
RESEARCH & PROJECT GRANT  
REFEREE REPORT FORM**

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Referee Report forms from two (2) referees must be completed and forwarded with your application by the nominated closing date.

**APPLICANT**

NAME: .....

**REFEREE**

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

EMAIL: \_\_\_\_\_

QUALIFICATIONS: \_\_\_\_\_

ORGANISATION: \_\_\_\_\_

POSITION HELD: \_\_\_\_\_

**PROJECT TITLE:** .....

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Please give brief details of your assessment of the applicant's Research/ Project proposal with regard to the following:

**1. RELEVANCE**

Please comment on the relevance of the proposal to:

- (a) The applicant
  
  
- (b) issues relating to the health, performance and conduct of pharmacists or pharmacy students

**2. SIGNIFICANCE & ORIGINALITY**

How would you rate the significance and originality of the proposal?

**3. COMPLETION**

Is the proposal likely to be completed as outlined (with reference to time frame, budget and the skills of the applicant)?

**4. OTHER COMMENTS**

Any other pertinent comments that will assist the Pharmacy Council of NSW to reach a decision as to funding.

**5. RATING**

How would you rate the Research or Project proposal?  
(please tick appropriate box)

Poor	Satisfactory	Good	Very good	Excellent

Referee's signature: ..... Date: .....

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