



## Expression of interest for The Sterilizing Industry

### Applying for a Research Grant

FEDERATION STERILIZING RESEARCH ADVISORY COUNCIL OF AUSTRALIA

INVITE ALL FINANCIAL MEMBERS OF SRACA to apply for a research grant of up to \$1400.00

This package includes;

- Information
- Guidelines
- Application form

You can request your package from your State Secretary, or download from your State or Federal website.

## **Purpose**

To provide financial assistance, to promote research and develop skills to ensure the sterilizing industry is contributing to quality patient care.

Value

Maximum \$1,400.00

### **1. Selection criteria**

- Financial assistance will be considered for projects which would be relevant and beneficial to both the applicant and those involved in the field of sterilization.

### **2. Eligibility**

- Highly developed written and oral skills
- State SRACA membership number and proof you are a current active member.
- Be a full member of a state SRACA and have been a member of a state SRACA for a minimum of two years immediately prior to submitting an application
- Be currently employed in the field of sterilization and have been employed in the field of sterilization for a minimum of two years immediately prior to submitting an application
- Has attended SRACA meetings and educational activities during the two years immediately prior to submitting an application.
- Be actively involved in his/her state SRACA. Active involvement is considered to include but is not limited to:-
  - Willingness to serve on SRACA committee or sub-committee
  - Promotion of SRACA activities
- Applicants shall submit information about any application for funding from an alternative source/s for the same purpose.
- Only one research grant will be awarded annually.

### **3. Application Guidelines**

- Application forms are available from both FSRACA and SRACA State secretaries
- Applicants should submit a completed type written application form
- Comprehensive Curriculum Vitae, which show details of work and education qualifications.
- Full details of the project, including the objectives, the methodology of the research, the outcome and how the research can enhance sterilization and the estimated or actual budget.
- The proposed project must have commenced within 12 months from receipt of the research grant.
- Within four weeks of completing the research project the recipient will need to submit a type written report outlining the project
- The recipient of a FSRACA grant shall:
  - Be prepared to speak on the funded project at FSRACA and /or SRACA meetings, conferences or workshops
- The report may be published in the "Sterilization in Australia" Journal or in an appropriate national professional Journal at the discretion of the editor.
- The recipient will submit progress reports to FSRACA if requested to do so.
- Papers and reports shall not be returned to the grant recipient by FSRACA committee.
- Projects involving human bioethics shall show proof of permission by the people and/or organization/s concerned.
- The grant may fund all or part of the project
- The grant will be available only once to any individual.

#### **4. Selection**

- Completed application forms together with all supporting documentation shall be submitted to the Secretary of the state SRACA of which the applicant is a member, by 31 December each year.
- The state SRACA committee will determine whether eligibility requirements (as set out in this document) have been met.
- All applications will be forwarded by SRACA to the FSRACA Secretary together with a State committee recommendation.
- The applications shall be assessed at a meeting of the FSRACA committee.
- The decision of FSRACA committee shall be final and binding on all matters.
- Confidentiality of the selection process shall be upheld by all those involved.
- The names of successful applicants, together with an outline of project and funds granted, will be published in the minutes of FSRACA meeting.

#### **5. Publication**

- Grant recipients shall retain copyright of all papers/reports submitted to FSRACA

#### **6. Financial Considerations**

- Applicant shall submit a statement of proposed expenditure for the proposed project.
- FSRACA committee reserves the right to cancel the grant and request return of any monies granted should the recipient fail to pursue the purpose for which the grant was awarded.

#### **7. Alternative Funding**

- FSRACA financial grants are conditioned upon the applicant informing FSRACA at any time should funding received exceed the total cost of the project.
- FSRACA committee reserves the right to request the return of monies over and above full funding.

(Please circle your title)

Title Ms, Miss, Mrs, Mr., Dr

Surname \_\_\_\_\_

Given Names \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_ Post code \_\_\_\_\_

Email address \_\_\_\_\_

Phone number. \_\_\_\_\_

Current occupation and years of experience \_\_\_\_\_

\_\_\_\_\_

Amount of Funding requested \$ \_\_\_\_\_

I have/have not made application to alternative sources for funding **YES/NO**

If YES from whom and what support has been requested/granted: \_\_\_\_\_

\_\_\_\_\_

If funding is granted I \_\_\_\_\_ agree to abide by the terms and  
Conditions of FSRACA "Guidelines for Financial Grants"

SIGNATURE: \_\_\_\_\_ DATE \_\_\_\_\_

\_\_\_\_\_

**OFFICE USE ONLY**

Received by \_\_\_\_\_ State SRACA Secretary on \_\_\_\_\_

State SRACA comments regarding eligibility (as per financial grant guidelines)

\_\_\_\_\_

\_\_\_\_\_

SIGNED: \_\_\_\_\_ POSITION: \_\_\_\_\_ DATE: \_\_\_\_\_

Received by FSRACA Secretary on \_\_\_\_\_ DATE: \_\_\_\_\_

Presented to FSRACA meeting on \_\_\_\_\_ DATE: \_\_\_\_\_

FSRACA Action: \_\_\_\_\_

\_\_\_\_\_

SIGNED: \_\_\_\_\_ POSTION: \_\_\_\_\_ DATE: \_\_\_\_\_

**Attachments**

- Current SRACA Membership
- Curriculum Vitae
- 2 x Professional Referees
- Proposed Project
- Budget Plan

Applicant \_\_\_\_\_

1= Criteria not met

5= Criteria fully met

**Criteria Rating Comment**

1. Documentary evidence.

(Circle correct answer)

- |   |        |
|---|--------|
| <input type="checkbox"/> Current membership and active member State group | YES/NO |
| <input type="checkbox"/> Two relevant references supplied                 | YES/NO |
| <input type="checkbox"/> Curriculum Vitae supplied                        | YES/NO |
| <input type="checkbox"/> Project details                                  | YES/NO |
| <input type="checkbox"/> Budget Plan                                      | YES/NO |

2. Essential Qualifications supplied

YES/NO

3. Communication skills

- |                                  |           |
|----------------------------------|-----------|
| <input type="checkbox"/> Written | 1,2,3,4,5 |
| <input type="checkbox"/> Oral    | 1,2,3,4,5 |

Summary \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

(Circle the correct answer)

Approved/not approved

Amount granted \$ \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_