



Suicide Prevention  
Australia

**Application Form  
Innovation Research Grant**

*The Suicide Prevention Research Fund  
is Proudly Supported by*



**Australian Government**  
**Department of Health**

## Key steps

1. Review the application guidelines
2. Review the application checklist
3. Complete application form in your preferred format
4. Cross reference the application guidelines and checklist to ensure you have addressed all criteria
5. Submit the application and supporting documentation to [sprf@suicidepreventionaust.org](mailto:sprf@suicidepreventionaust.org) by **11:59pm (AEST) on 6 December 2023**

## Guidelines

To assist with completing the application please refer to the guidelines on the Suicide Prevention Australia [website](#).

## Key dates

<b>Application period</b>	<b>Open 6 November 2023</b>	<b>Close 6 December 2023</b>
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## Formatting requirements

Applicants must:

1. Address all questions below using this template
2. Take note of word limits for each section – word limits are exclusive of spaces and supporting materials. Supporting materials such as diagrams, graphs, tables and figures may be attached as an appendix
3. Complete forms in Calibri 11pt
4. Use the file naming conventions below:

Document type	File naming convention
a) Application	Application - First name Surname - Administering Institution
b) CV	CV - First name Surname
c) References	Reference - First name Surname
d) Letter of Support	Letter of Support - Administering Institution
e) Letter of Involvement (if applicable)	Letter of Involvement - Partner Organisation

5. Supply supporting documents as separate files in Word or PDF format

## Enquiries

If you have enquiries regarding the Innovation Research Grant please contact Suicide Prevention Australia on +61 (2) 9262 1130 or email [sprf@suicidepreventionaust.org](mailto:sprf@suicidepreventionaust.org)

**1. Executive summary** *(max 500 word limit)*

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**2. The Project Team****Lead Investigator/Applicant**

Position:
Title:
First name:
Last name:
Primary contact number:
Email address:

*Note: A CV and one written reference must be provided at time of application*

**Citizenship**

Are you an Australian Citizen?

- Yes  
 No

If no, evidence that you have a legal right to work and reside in Australia will be required prior to being awarded the grant.

### 3. The Administering Institution

#### Administering Institution details

Institution name:
Institution address:

*Note: A Letter of Support from the Administering Institution must be provided at time of application*

#### Research Administration Officer (RAO) details

Position:
Title:
First name:
Last name:
Primary contact number:
Email address:

**Is the application being submitted by the RAO on behalf of the Applicant?**

- Yes  
 No

### 4. The Partner Organisation *(if applicable)*

#### Partner Organisation details

Organisation name:
Organisation address:

*Note: A Letter of Involvement must be provided at time of application if the applicant will be partnering with an organisation for the duration of the research period*

#### Partner Organisation contact details

Position:
Title:
First name:
Last name:
Primary contact number:
Email address:

## 5. Project detail

### Primary Area of Research

Please indicate the primary area of research focus by making one selection from each of the below.

The categories have been developed in reference to the World Health Organisation report - [Preventing suicide: A global imperative, 2014](#)<sup>1</sup> and Public Health Models.

World Health Organisation <i>(select one)</i>	
<input type="checkbox"/> Means Access Reduction	<input type="checkbox"/> Education and Community Engagement
<input type="checkbox"/> Media and Communications	<input type="checkbox"/> Resilience and Wellbeing
<input type="checkbox"/> Public Awareness	<input type="checkbox"/> Training
<input type="checkbox"/> Crisis Intervention	<input type="checkbox"/> Postvention for Communities
<input type="checkbox"/> Crisis Aftercare	<input type="checkbox"/> Bereavement Support
<input type="checkbox"/> Personal Support	<input type="checkbox"/> Lived Experience and Peer Support
<input type="checkbox"/> Clinical Care	<input type="checkbox"/> Information and Referral Services
<input type="checkbox"/> Data surveillance, screening and reporting	<input type="checkbox"/> Oversight and Coordination

Public Health Models <i>(select one)</i>	
<input type="checkbox"/> Universal Population	<input type="checkbox"/> Selective Population
<input type="checkbox"/> Indicated Population	<input type="checkbox"/> Recovery Population
<input type="checkbox"/> Infrastructure Services	

### Length of funding requested

The duration of funding will be up to 2 years

- 1 year  
 2 years

<sup>1</sup> [https://apps.who.int/iris/bitstream/handle/10665/131056/9789241564779\\_eng.pdf](https://apps.who.int/iris/bitstream/handle/10665/131056/9789241564779_eng.pdf)

**Ethics Approval**

Is ethics approval required?

- Yes
- No

If yes, do you have ethics approval at this time?

- Yes
- No

**6. Responses to Selection Criteria**

**Project title** (*maximum 50 words*)

**Full project synopsis** (*maximum 500 words*)

**Criteria 1**

**Describe how the proposed project supports the priorities of the Suicide Prevention Research Fund**  
(*maximum 750 words*)

**Objectives** (*maximum 750 words*)

**Criteria 2**

**Rationale** (*maximum 750 words*)

**Methodology** *(maximum 1000 words)***Key deliverables** *(maximum 500 words)***Evaluation process** *(maximum 500 words)***Criteria 3****Knowledge translation and dissemination strategy** *(maximum 500 words)***Criteria 4****Incorporating Lived Experience**

Please indicate how lived experience will be incorporated into the research project. You may select all that apply.

- Co-Ideation: The project is collaboratively ideated with lived experience
- Co-Design: The project is collaboratively designed with lived experience
- Co-Implementation: The project is collaboratively implemented with lived experience
- Co-Evaluation: The project is collaboratively evaluated with lived experience
- Co-Creation: The project collaborates with lived experience through all 4 stages above

**Please provide detail as to why each of the above selections have or have not been made** *(maximum 500 words)*

*Note - Different projects have different needs and as such assessment for this section is overall and not for the most number selected.*

**Criteria 5**

**Track record of research team**

*(maximum 500 words)*

**7. Project logistics**

**Project sustainability requirements** *(maximum 750 words)*

**Potential risks & risk mitigation strategies** *(maximum 500 words)*

**Timeline of research activity** *(maximum 500 words)*

**Budget summary and justification** *(maximum 500 words)*

**8. References**

**Please add references below** *(maximum 500 words)*



## Chief Investigator Signature

The Chief Investigator must ensure the application is accurate and meets all the eligibility requirements, as set out in the grant guidelines. Applications that do not meet these eligibility requirements may be ineligible and may be excluded from further consideration.

Signature	
Name:	Date: