

## Research grant

ACORN is committed to supporting perioperative nursing practice, including research. Through research, perioperative nurses can demonstrate practice that is based on current best evidence. We understand that research takes time, commitment and funds; therefore, in order to support and encourage perioperative research, we offer a research grant of up to \$20 000 each year.

The grant is available to:

- higher degree research students (master's or doctoral level)
- beginning and experienced researchers
- research teams with
  - at least one researcher who belongs to their local perioperative nursing association (A researcher may become a member in order to be eligible for the grant but must maintain membership for at least five years.)
  - at least one researcher who is a beginning perioperative nurse researcher.

Researchers that have previously been awarded an ACORN research grant are not eligible to apply.

**The research topic must be directly related to perioperative nursing practice and ethics approval must be obtained prior to funding being allocated.**

The grant will be paid into a designated grant account set up for that purpose. Payment will be in three instalments: half payment on receipt of signed agreement, a quarter payment 12 months later and the final quarter when an article about the research has been accepted for publication in the ACORN journal.

ACORN maintains the right to request a progress report and budget expenditure report every six months until the project is complete.

ACORN will not claim intellectual property rights to the research but the researcher will be required to:

- submit an article for publishing in the ACORN journal
- present at an ACORN biennial conference (Costs associated with attending the conference must be included in the project budget.)
- acknowledge ACORN funding in all publications and presentations.

Permission must be sought from ACORN before using the ACORN logo on any article or presentation.

The application form should be completed by the chief investigator.

Please ensure the following are included with the application:

1. a project timeline
2. the project budget
3. details of the aim, significance and research methodology of the project
4. evidence of university enrolment (if applicable) and details of academic supervisor or mentor
5. a letter from local association president confirming that one of the research team is a member of the association
6. a letter from the hospital or facility approving the research project
7. evidence that the project has ethics approval (if available at the time of application).

**Note:** Ethics approval must be sighted before the grant will be paid.

Please submit two copies of the application:

1. Electronic copy

Combine the form and all inclusions one document (Word or pdf).

Email the document to [kylee.carmody@acorn.org.au](mailto:kylee.carmody@acorn.org.au).

2. Hard copy

Use Arial 11 pt.

Print the form and all inclusions using double-sided printing.

Staple all pages together.

Post to PO Box 899, Lyndoch, SA 5351.

**Applications must be received by close of business on 31 January 2018.**

# Research grant

## Application form

Please complete this form and submit it by the close of business on 31 January 2018.

You should send two copies

- email an electronic copy, with the form and all inclusions as one document, to [kylee.carmody@acorn.org.au](mailto:kylee.carmody@acorn.org.au)
- post a hard copy, with the form and all inclusions stapled together, to PO Box 899, Lyndoch, SA 5351.

If you have any enquiries please contact Kylee Carmody on [kylee.carmody@acorn.org.au](mailto:kylee.carmody@acorn.org.au).

### Research project

Project title: .....

Please provide a brief description (up to 300 words) of the project, in lay terms.

**Chief investigator**

Name: .....

Qualifications: .....

Contact phone number: .....

Email address: .....

Postal address: .....

.....

.....

Employer: .....

Please provide a summary of the chief investigator's previous research experience and publications.

**Local association membership**

Please provide details of the research team member who belongs to a local perioperative association.

Name: .....

Local association: .....

Membership number: .....



**Supervision/mentorship**

Is this project part of a higher degree research study?  Yes  No

If yes, what degree at which university?

Name of degree: .....

University: .....

Please provide details of the chief investigator's supervisor or mentor, as applicable.

Name: .....

Qualifications: .....

Contact phone number: .....

Email address: .....

Please provide a summary of the supervisor or mentor's previous research experience and publications.

If the supervisor or mentor belongs to a local perioperative association provide details below.

Local association: .....

Membership number: .....

**Research team** (Attach extra pages as necessary)

**NOTE: At least one team member must be a beginning perioperative nurse researcher.**

**Researcher 1**

Name: .....

Qualifications: .....

Contact phone number: .....

Email address: .....

Local association (if applicable): ..... Membership number: .....

**Researcher 2**

Name: .....

Qualifications: .....

Contact phone number: .....

Email address: .....

Local association (if applicable): ..... Membership number: .....

**Researcher 3**

Name: .....

Qualifications: .....

Contact phone number: .....

Email address: .....

Local association (if applicable): ..... Membership number: .....

## Funding

Is this the primary source of funding for the research?

Yes

No

If no, please identify the other areas of funding that have been or may be granted to assist this research.

## Project details

What is the expected time frame for this project?

Start date: .....

Estimated completion date: .....

Once the project is complete, how will you be disseminating the findings and who will be the target audience?

Please attach details of the following to this form:

1. the aim of your research project (300 words)
2. the significance of this project to perioperative nursing (300 words)
3. the methodological approach you will use and how the data will be analysed (1500 words)
4. a timeline for completing the project.



**Budget**

Please indicate how you expect the ACORN grant will be spent and provide a justification for the budget. Attach a detailed budget including salaries, equipment, travel and any other costs.

Applicant's name: .....

Applicant's signature: .....

Supervisor/mentor's name: .....  
(where applicable)

Supervisor/mentor's signature: .....

Thank you for your submission, if you have any enquiries please contact Kylee Carmody on [kylee.carmody@acorn.org.au](mailto:kylee.carmody@acorn.org.au).

