

**Research grants program 2026**

**ELISABETH MACDONALD MEMORIAL AWARD**

**application form**

* Please consult the Information and Instructions for applicants document provided as you complete this application form.
* Please ensure all attachments listed in the application attachments checklist (page 3) are included when the application is submitted.
* **Applications close: 11:59 pm Sunday 4 January 2026 (AEDT)**

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ATTACHMENTS CHECKLIST

Before completing the attachment checklist, please review the Information & Instructions document.

**Attachment A (Ethics approval)** must be provided in the application – if available – or if not, prior to the research commencing.

**Attachment B** (**Host Institution letter)** must be included in the application.

**Attachments C (Certifications) and D (Nomination of possible peer reviewers/assessors):** MDFA templates can be downloaded from the MDFA website and must be emailed together with the completed Application form.

Please complete all forms using 11-point Arial.

References can be in 10-point font or smaller.

Please use a 2 cm margin, formatted for A4 paper for ease of printing.

If inserting scanned pages, ensure that the font size is equivalent to 11-point font in the final document.

|  |  |  |
| --- | --- | --- |
| **Included?** | **Attachment** | **Description** |
|  | **Attachment A** | **Ethics clearances (Applicant to provide – if available)** |
|  | **Attachment B** | **Host Institution letter (Applicant to provide)** |
|  | **Attachment C** | **Certifications (MDFA Template provided)** |
|  | **Attachment D** | **Nomination of possible peer reviewers (MDFA Template provided)** |

# **APPLICATION COVERSHEET**

|  |  |
| --- | --- |
| **Applicant** | |
| **Given name** | Font: Arial 11 pt |
| **Surname** |  |
| **Professional title** |  |
| **Institution** |  |
| **Department** |  |
| **Postal address** |  |
| **Phone numbers** |  |
| **Email** |  |

### Project title

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### Project summary

(Insert Project summary information from Part 3: Research Project details)

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### Total grant amount requested

(Excluding GST; maximum total grant award is $100,000)

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### Expected duration of project

(Please note the Elisabeth Macdonald Memorial Award has a maximum duration of 3 years)

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Institution Information

# **Part 1: Applicant and Institution information**

### Project title

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### Details of Primary Investigator

|  |  |
| --- | --- |
| **Surname** | Arial 11 pt |
| **Given name** |  |
| **Professional title** |  |
| **Institution** |  |
| **Department** |  |
| **Phone number** |  |
| **Email** |  |
| **Qualifications (include year/s, awarding institution)** |  |
| **Current appointment (include level)** |  |
| **Are you an Australian citizen or permanent resident?** |  |

|  |  |
| --- | --- |
| **Alternative contact for this application (if applicable)** | |
| **Surname** | Arial 11 pt |
| **Given name** |  |
| **Professional title** |  |
| **Institution** |  |
| **Department** |  |
| **Postal address** |  |
| **Phone numbers** |  |
| **Email** |  |

### Previous appointments

Insert additional rows if necessary

|  |  |  |  |
| --- | --- | --- | --- |
| **Appointment, Level** | **Institution** | **Department/Centre** | **Dates** |
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|  |  |  |  |

### Details of Co-Investigator(s)

Insert additional copies of this page for each additional co-investigator

|  |  |
| --- | --- |
| **Surname** | Arial 11 pt |
| **Given name** |  |
| **Professional title** |  |
| **Institution** |  |
| **Department** |  |
| **Phone number** |  |
| **Email** |  |
| **Qualifications (include year/s, awarding institution)** |  |
| **Current appointment (include level)** |  |

**Previous appointments**

Insert additional rows if necessary

|  |  |  |  |
| --- | --- | --- | --- |
| **Appointment, Level** | **Institution** | **Department/Centre** | **Dates** |
| Arial 11 pt |  |  |  |
|  |  |  |  |
|  |  |  |  |

### Host/Administering Institution details

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Name of host/Administering Institution** | Arial 11 pt | | | | |
| **Address** |  | | | | |
| **ABN** |  | | | | |
| **Website** |  | | | | |
| **Is the Host/Administering Institution registered as an Administering Institution with the NHMRC and/or the ARC?** | | Yes |  | No |  |

### Research environment

Description of the research environment provided by the Host/Administering Institution and impact on proposed research (250 words max.)

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# **Part 2: Primary investigator’s QUALIFICATIONS**

### Previous research output

Please include details of your peer-reviewed publications, patents and/or commercialisation activity in the **past 5 years**. Most recent work first.

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### Previous and current grants

Please include details of any MDFA grants and/or other funding awarded in the past 5 years. List funding sources, project title, duration and level of funding. Please list the most recent award first.

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### Evidence of your impact and contributions to the field

(500 words max.)

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### Benefits of your research to people with a macular or retinal disease living in rural and regional Australia

(500 words max.)

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### Describe your research vision for the next 5 years

(250 words max.)

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### Outcomes of previous MDFA research funding (if relevant)

(250 words max.)

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### Career interruptions that have impacted your track record (if applicable)

(250 words max.)

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### Primary Investigator capability statement

(250 words max.)

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# **Part 3: RESEARCH Project Details**

### Project title

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### Project summary

(250 words max.)

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### Ethical and safety considerations

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Does the project involve the use of:** | | | | |
| Humans? | Yes |  | No |  |
| Animals? | Yes |  | No |  |
| Dangerous materials (e.g. radioactive or bio-hazardous materials, known or potential teratogens etc.)? | Yes |  | No |  |
| Genetic manipulation? | Yes |  | No |  |
| Human stem cells? | Yes |  | No |  |
| Are there any issues that could be considered sensitive or controversial? | Yes |  | No |  |

If the answer is ‘yes’ to any of the above questions, please explain how any potential risk(s) will be minimised and managed.

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### Ethical approval

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Has the project been approved by an appropriate Institutional ethics committee? | Yes |  | No |  |

If ‘Yes’, ensure ethics clearance documents are included as Attachment A.

If ‘No’, please explain when and how the appropriate approvals will be obtained.

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### Conflict of Interest

Detail any actual or potential conflict(s) of interest relating to everyone named in this application.

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# **Part 4: Research Plan**

Ensure that **all** required content, as described in the *Information and instructions for applicants* document is included, and in the form described.

Please ensure the Research plan information does not exceed 8 pages (excluding references).

### Background and magnitude of the problem being addressed

Please include references, images, or figures as a separate page if relevant.

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### Hypothesis and aims of the project

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### Research approach, methods and stage of project

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### Outcome measures and potential significance of findings

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### Project milestones

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### Alignment of this research with MDFA’s strategy and funding areas

(Please refer to *Information and Instructions* *for applicants* document for MDFA research funding areas)

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### References

Include all relevant references after the 8-page research plan. References may be in Arial 10-point font or smaller.

**REMINDER: This Research plan section must not exceed eight pages (excluding references).**

# **Part 5: Community PERSPECTIVE**

Ensure that **all** required content, as described in the *Information and Instructions* *for applicants* document is included, and in the form described.

Responses to the community perspective criteria must be written in consumer-friendly language and include sufficient information so that this section can stand alone and can be read without referring to information submitted in the rest of the application.

### Project title

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### Plain language summary of the research project

(250 words max.)

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### Background to the project and magnitude of the problem

(250 words max.)

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### How will this research benefit people with a macular or retinal disease living in rural and regional areas?

(250 words max.)

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### Consumer participation in this research

(250 words max.)

Please describe how you have considered and/or consulted people with a macular or retinal disease living in a rural, regional or remote area in designing your project, and how these community members will be involved in the project. Note: we expect the level of consumer involvement to vary depending on the nature of the research.

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### Potential translation or application of this research

(Please provide details of how this research could be translated or applied in practice; 250 words max.)

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# **Part 6: Budget**

Please add additional budget lines as needed (applies to all Budget tables below)

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Overall project budget totals | | | | | |
| **Item** | **This grant** | **Administering Institution** | | **Other funding sources (if applicable)** | |
|  | Cash | Cash | In-kind | Cash | In-kind |
| **Personnel** |  |  |  |  |  |
| **Consumables** |  |  |  |  |  |
| **Equipment** |  |  |  |  |  |
| **Travel** |  |  |  |  |  |
| **Other** |  |  |  |  |  |
| **TOTAL (excl. GST)** |  |  |  |  |  |
| **TOTAL (incl. GST)** |  |  |  |  |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Budget breakdown: YEAR 1 | | | | | |
| **Item** | **This grant** | **Administering Institution** | | **Other funding sources, if applicable** | |
|  | Cash | Cash | In-kind | Cash | In-kind |
| **Personnel** |  |  |  |  |  |
| **Consumables** |  |  |  |  |  |
| **Equipment** |  |  |  |  |  |
| **Travel** |  |  |  |  |  |
| **Other** |  |  |  |  |  |
| **Total (excl. GST)** |  |  |  |  |  |
| **Total (incl. GST)** |  |  |  |  |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Budget breakdown: YEAR 2 (if applicable) | | | | | |
| **Item** | **This grant** | **Administering Institution** | | **Other funding sources, if applicable** | |
|  | Cash | Cash | In-kind | Cash | In-kind |
| **Personnel** |  |  |  |  |  |
| **Consumables** |  |  |  |  |  |
| **Equipment** |  |  |  |  |  |
| **Travel** |  |  |  |  |  |
| **Other** |  |  |  |  |  |
| **Total (excl. GST)** |  |  |  |  |  |
| **Total (incl. GST)** |  |  |  |  |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Budget breakdown: YEAR 3 (if applicable) | | | | | |
| **Item** | **This grant** | **Administering Institution** | | **Other funding sources, if applicable** | |
|  | Cash | Cash | In-kind | Cash | In-kind |
| **Personnel** |  |  |  |  |  |
| **Consumables** |  |  |  |  |  |
| **Equipment** |  |  |  |  |  |
| **Travel** |  |  |  |  |  |
| **Other** |  |  |  |  |  |
| **Total (excl. GST)** |  |  |  |  |  |
| **Total (incl. GST)** |  |  |  |  |  |

### Budget justification

(1 page max.)

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### Other information relevant to the Budget

Details of any other funding sources for project (250 words max.)

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### Financial accountability

Describe procedures to ensure financial accountability for the proposed research (250 words max.)

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