

Translating Research and Community Knowledge for Aged Care

Grants Opportunity Publishing date and time	9:00 am AEST, 30 June 2025
Application Portal Opens	July 2025 (Please register through the TAFE Centre of Excellence Applied Research page to receive updates on the Portal Opening)
Application Portal Closing date and time	11:59PM AEST 31 July 2025 ¹ Note: The TAFE Centres of Excellence may amend the closing date and time at its own discretion by issuing a notice through the Application Portal
Administering Entity	TAFE Centre of Excellence Health Care and Support
Enquiries	If you have any questions, contact the TAFE Centre of Excellence Health Care and Support at HealthCareSupportTCE@tafeqld.edu.au
Use of information	The TAFE Centre of Excellence Health Care and Support may use the information provided to comply with Australian Government requirements to publish details of all grant recipients on the TAFE Centre of Excellence Health Care and Support's website, inform the establishment of Agreements and inform future assessments. All information provided may be shared with other Commonwealth and law enforcement agencies for the prevention and detection of fraud.
Submission	This form is provided for reference purposes, to help you understand the information and supporting documentation required for your application. <u>Applicants must complete and submit the official online Application Form once the Application Portal opens.</u> The completed application and all required attachments must be submitted via the Application Portal by the specified closing date and time. You should keep a copy of your application and any supporting documents. Receipt of applications will be acknowledged by email. If you do not receive an email acknowledging receipt of your application (automated or otherwise) within two business days of lodgement, please contact the centre via email at: HealthCareSupportTCE@tafeqld.edu.au
Type of grant opportunity	Open competitive (by application)

¹ Technical support for applications will close at 2:00pm AEST 31 July 2025

1. Before you begin

i) Use of information

Requested Information	Applicant Consent
<p>The TAFE Centre of Excellence Health Care and Support may use the information, other than personal information, provided in this Application Form to assist it to:</p> <ul style="list-style-type: none">• comply with the Australian Government requirements to publish the details of all grant recipients on the TAFE Centre of Excellence Health Care and Support website and meet reporting requirements• inform negotiating and establishing an agreement as it pertains to risks and issues that need to be addressed in the Grant Agreement for that program• inform future assessments for Applications. <p>All information, including personal information provided in this Application, may be shared with other Commonwealth and law enforcement agencies for the purpose of preventing and detecting fraud. This includes personal information of any third party provided in this Application. You can only apply if you agree to the use of the information you provide in this form for the purposes listed above and that you have read and acknowledged the Privacy Policy, and all relevant material (including the Grant Opportunity Guidelines) as they related to the collection and handling of personal information.</p>	<p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p>

ii) Checklist

Requested Information	Applicant Response
<p>You confirm that you have read and understood the entire Grant Opportunity package on the TAFE Centre of Excellence Health Care and Support Applied Research Grants Round 1:</p> <ul style="list-style-type: none">• Grants Opportunity Guidelines• Frequently Asked Questions• Application Form (this document)• Template Letter of Offer	<p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p>
<p>You confirm that your application meets the eligibility criteria set out in Section 5 of the Grant Opportunity Guidelines.</p>	<p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p>
<p>You have ensured all mandatory fields within this document are completed and the Declaration is signed by an authorised representative.</p>	<p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p>

2. Applicant Details

Requested Information	Applicant Response
The legal/registered entity name of the organisation.	
The organisation's Australian Business Number (ABN) and ABN Branch Number (if applicable) or Applicant's registered charity number (ACNC).	
The organisation's Legal Entity Type (only select one).	<input type="checkbox"/> Aboriginal Community Owned and Controlled Organisation <input type="checkbox"/> Company <input type="checkbox"/> Cooperative <input type="checkbox"/> Corporate Commonwealth Entity <input type="checkbox"/> Corporate State or Territory Entity <input type="checkbox"/> Local Government <input type="checkbox"/> Non-corporate Commonwealth Entity <input type="checkbox"/> Non-Corporate State or Territory entity <input type="checkbox"/> Registered Charity
Is the organisation registered for GST?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Does your organisation operate as a non-for-profit?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Registered business address including: Floor/Building, Unit, Apartment Street number, name, and type or PO Box Suburb / Town State Postcode	
Postal Address if this is different from above Floor/Building, Unit, Apartment Street number, name, and type or PO Box Suburb / Town State Postcode	

We require the information of two preferred authorised contacts who will be overseeing the proposed research activities. At least one of these contacts must have the capacity to sign a Funding Agreement.

Preferred Authorised Contact	
Title	
First Name	
Last Name	
Position	
Telephone	
Mobile	
Email Address	
Alternative Authorised Contact	
Title	
First Name	
Last Name	
Position	
Telephone	
Mobile	
Email Address	



3. Eligibility Requirements

Requested Information	Applicant Response
Which priority area will the proposed research activity and related outcomes address?	<p>Stream 1: Education and Training</p> <p><input type="checkbox"/> Workplace safety</p> <p><input type="checkbox"/> Health equity</p> <p><input type="checkbox"/> Accessible education and training</p> <p><input type="checkbox"/> Cultural responsiveness</p> <p>Stream 2: Attraction and Retention</p> <p><input type="checkbox"/> Strengthening clinical governance</p> <p><input type="checkbox"/> Workforce pathways</p> <p><input type="checkbox"/> Professional development</p> <p><input type="checkbox"/> Digital literacy and capability</p>
Is your organisation an Australian owned entity with the capacity to enter into a legally binding agreement?	<p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p>
Is your organisation in possession of a banking account with an Australian financial institution?	<p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p>



4. Applied Research Project Proposal

For an overview of the type of information that should be included in the Project Proposal, please refer to Grant Proposal Supporting Guide. In-text citations can be used throughout the body of your Proposal, with full references recorded in the allocated section.

Requested Information	Applicant Response
Project title (15 words)	
Name and position title of the project lead / chief investigator	
Names and position titles of co-investigators and/or support staff	
Project summary (200 words)	
Examples of previous projects/experience (200 words)	

Background (400 words)
Research Objectives (250-300 words)
Key Research Questions (250 words)
Methodology (400 words)
Project Limitations (150 words)
Deliverables, Timeline and Dissemination Strategies (500 words)
Reference List

5. Ethics and Risk Mitigation

Human Research Ethics

Ethical approval must be sought for research that involves human participants, their data, biospecimens, or observations about them. The approval must be sought from Applicant or Partner organisations. If Applicants or Partner organisations do not have an established procedure for human research ethics clearance, Applicant may seek ethics clearance through NHMRC registered Human Research Ethics Committees (HREC).

If successful, Grantee will provide the TAFE Centre of Excellence Health Care and Support the evidence of ethics approval or exemption via Request to Recognise External HREC Approval.

☐ I understand my requirement to provide the Centre the evidence of ethics approval, or exemption, via Request to Recognise External HREC Approval, where my research includes human participants (Form will be available upon request).

Risks and Mitigation Strategies

Please complete the Applied Research Grants Risk Management Plan template available via <https://tafeqld.edu.au/tce-grants>.



6. Financial Details

i) Proposed Funding Amount and Allocations

Provide a breakdown of the proposed funding amount applied for:

Provide an overview of the estimated budget needed for covering research costs, stakeholder engagement, resources, and dissemination of findings.

If a project-lead organisation and/or partner organisation will make matching funds and/or in-kind contributions to the project, please include them in the budget.

* *Note:* budget contingency and management fee combined should not be more than 10% of the amount of grants sought.

Please complete the Applied Research Grants Budget template available via <https://tafeqld.edu.au/tce-grants>.

7. Governance

Requested Information	Response
Has any senior official or person to be involved in delivering the Activity been involved in any of the following events in the last five years?*	<ul style="list-style-type: none"><input type="checkbox"/> Governance Investigation of relevant person(s).<input type="checkbox"/> Any business failure of relevant person(s) including business failure of entities in which they hold, or held at the time of the event, a management or board position. Examples of a business failure include a Court Ordered or a Crediton Voluntary Administration Liquidation, External Administration, or Receivership.<input type="checkbox"/> Bankruptcies of relevant person(s).<input type="checkbox"/> Bankruptcy proceedings, including part IX Debt Agreement or Part X Insolvency Agreements, against relevant person(s).<input type="checkbox"/> Litigation against relevant person(s) including judgement debts.<input type="checkbox"/> Been convicted of any crime. <p>or</p> <ul style="list-style-type: none"><input type="checkbox"/> None of the above apply and there is no adverse information on any relevant person associated with this entity.

Requested Information	Response
<p>Select the appropriate box(es) that relate to any events to which your entity may have been subjected in the last five (5) years.*</p>	<p><input type="checkbox"/> Governance Investigation of your organisation or related entities.</p> <p><input type="checkbox"/> Litigation or liquidation proceedings.</p> <p><input type="checkbox"/> A contract with your entity terminated by the other party.</p> <p><input type="checkbox"/> Contingent liabilities of a material amount</p> <p><input type="checkbox"/> Overdue tax liabilities</p> <p><input type="checkbox"/> Factors which might impact on your entity. For example, pending significant litigation, business commitments, collections by debt collection agencies on behalf of creditors, or potential liquidation proceedings.</p> <p><input type="checkbox"/> Any significant change in your entity's financial position not reflected in the financial statements provided.</p> <p><input type="checkbox"/> Any other particulars which are likely to adversely affect your capacity to undertake this project</p> <p>or</p> <p><input type="checkbox"/> None of the above events apply and there is no adverse information on my entity.</p>

7. Declaration

Requested Information	Applicant Response
<p>Applicant confirms they have uploaded the Resume of the lead investigator.</p> <p>* Please do not include personal information such as your date of birth, home address, phone numbers, or any identification numbers in your resume.</p>	<p><input type="checkbox"/> Yes (attached)</p>
<p>Applicant confirms they have uploaded the Budget template.</p>	<p><input type="checkbox"/> Yes (attached)</p>
<p>Applicant confirms they have uploaded the Risk Management Plan.</p>	<p><input type="checkbox"/> Yes (attached)</p>

Applicant confirms that Letter of Support (if relevant) is attached.	<input type="checkbox"/> Yes (attached) <input type="checkbox"/> No (not applicable)
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Requested Information	Applicant Response
Does the Applicant have any conflicts of interest that may occur related to or from submitting this application? * <i>If 'Yes,' please provide details in the next response</i>	<input type="checkbox"/> No <input type="checkbox"/> Yes
Detail Conflict of Interest	
I declare that: <ul style="list-style-type: none"> the information contained in this form is true and correct I have read, understood, and agree to abide by the Grant Opportunity Guidelines I have read, understood, and agree to the general terms of the Grant Letter of Offer, should this Application be successful I have read, understood, and agree to the information provided in this Application being used for the purposes detailed in the Use of information. If and where any personal details of a third party are included, the third party has been made aware of, and given their permission for those details to appear in this Application and for their personal information to be used and disclosed as detailed in the Use of Information I give consent to the TAFE Centre of Excellence Health Care and Support to make public the details of the Applicant and the funding received, should this Application be successful I consent to receive correspondence, legal notices, grant agreements and any subsequent letters of variations to the agreement electronically. I understand and agree that my electronic correspondences constitute a valid and legally binding method for interacting under the grant agreement and the <i>Electronic Transactions Act 1999 (Cth)</i>. 	
I understand and agree to the declaration above	[insert Yes/No]
Signature of Authorised Representative * <i>This Declaration must be signed by an authorised representative of the Applicant (or, if this Application is a joint/consortium Application, an authorised representative of the lead organisation). The authorised representative should be a person who is legally empowered to enter into contracts and commitments on behalf of the Applicant</i>	
Full name of Authorised Officer *	



Position of Authorised Officer *	
Date *	

