

**EXPRESSION OF INTEREST FORM - PREVIEW ONLY - DO NOT SUBMIT**

Please note that form logic is used, and not all question fields may be relevant to you.

**CRF Annual Grants 2026 - Expression of Interest****EOI SECTION A: CHIEF INVESTIGATOR (CI)****Personal Title (CI)** (required)

Select...

**First Name** (required)**Surname** (required)**Preferred pronouns** (required)

- ☐ She/Her
- ☐ He/Him
- ☐ They/Them

**Are you of Aboriginal or Torres Strait Islander origin?** (required)

- ☐ No
- ☐ Yes, Aboriginal
- ☐ Yes, Torres Strait Islander

For persons of both Aboriginal and Torres Strait Islander origin, mark both 'yes' boxes.

**Academic Qualifications** (required)

Enter the official abbreviations (academic postnominals) of the degrees conferred, e.g. BSc.

**Conferring institution** (required)**Year conferred** (required)

The year in which the qualification was officially conferred; this might not be the year of completion.

**Early Career Researcher** (required)

- ☒ Yes
- ☐ No

Select **Yes** if you meet the below criteria, regardless of the level of funding you seek.

1. Applicants with a PhD of no more than five years' duration, allowing for career disruption.
2. Medical applicants who are undertaking a PhD or MD

3. Non-medical applicants who have honours, masters or are undertaking a PhD or MPhil
4. Applicants must not have been the Lead Chief Investigator of a significant peer reviewed grant in the past for organisations such as NHMRC, ARC, CRF, Cancer Council etc.

**CI Position title** (required)

Enter the formal title of the position held by the CI at the administering institution.

**Department** (required)

**Phone Number - Chief Investigator** (required)



**Email - Chief Investigator** (required)

It is preferable for the CI to be listed as the submitter.

If the submitter is not the CI, please note that EOI lodgement confirmation and EOI outcomes notification are sent to the SUBMITTER'S e-mail address.

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## EOI SECTION B: ASSOCIATE INVESTIGATOR/S

**Do you have any Associate Investigators?** (required)

☒ Yes

☐ No

The Chief Investigator can include a maximum of ten Associate Investigators on the team.

For each AI, provide the following detail: Title, First Name, Surname, Academic Qualifications (Postnominals), Institution and Time on project. (eg Dr Chris Jones, PhD, University Name, 50%)

**Associate Investigator 1**

List each Associate Investigator as follows: Title, First Name, Surname, Academic Qualifications (Postnominals), Institution and Time on project.  
eg Dr Chris Jones, PhD, University of xxx, 50%

**Associate Investigator 2**

**Associate Investigator 3**

**Associate Investigator 4**

**Associate Investigator 5**

Associate Investigator 6

Associate Investigator 7

Associate Investigator 8

Associate Investigator 9

Associate Investigator 10

EOI SECTION C: PROJECT

Project title (required)

Limit: 300 characters

The project title should not exceed 200 characters (including spaces) and should clearly describe the nature of the project in language understandable to the general community.  
The title cannot be changed once submitted.  
Avoid using specialist characters and symbols because they may not transfer successfully to other computer systems.

Significance (required)

Limit: 100 words

Writing in general, non-scientific terms, briefly describe the potential significance of the project, and its relevance to the health and well-being of children. This summary may be used in future media releases, on the website and/or the Annual Report.

Impact (required)

- ☐ Education
- ☐ Health
- ☐ Welfare

Tick all that apply

Research category (required)

Select...

Discipline (required)

Select...

## SUMMARY OF AIMS, HYPOTHESES, BRIEF RESEARCH PLAN, IMPACT AND BUDGET

Ensure that the information you provide will enable the Research Committee, who may not necessarily be experts in your field, to determine how the proposal is **relevant to children**.

Additional space to expound on these summaries will be available in the Grant Application form if the EOI is shortlisted to proceed to the grant application stage.

The shortlist will be determined based on the information provided in this EOI.

### AIMS (required)

Limit: 150 words

### HYPOTHESIS or RESEARCH QUESTION (required)

Limit: 100 words

### BRIEF RESEARCH PLAN (required)

Limit: 500 words

### IMPACT STATEMENT (required)

Limit: 200 words

Describe here the potential impact of your research on children's health, education or welfare.

### RELATED RESEARCH (required)

Limit: 350 words

Provide details of any similar peer-reviewed research being undertaken in this field by others. Provide references (with comment on the referenced research if considered helpful) to similar work being done in the field of the application by other researchers in Australia. The question is not related to research done (or to be done) by the applicant.

### Project duration (required)

☐

1 year

☐

2 years

### Budget estimate (required)

AU\$

AUD

Enter the estimated budget total for the project as a whole dollar value, without punctuation: e.g. 75000  
Full budget details will be sought if the EOI is shortlisted to proceed to the grant application stage.

**Administering Institution** (required)

Select...



Select the Administering Institution from the drop-down list.

If the administering institution is not listed, select the option in the next question to obtain further instructions.

**My institution wasn't in the list. Register a new one?** (required)

Yes, register a new institution



Not applicable

If a new institution is to be added, please email the details to [crf@crf.org.au](mailto:crf@crf.org.au)

**Instructions to add New Institution**

1. If a new institution is to be added, email the request to [crf@crf.org.au](mailto:crf@crf.org.au) (<mailto:crf@crf.org.au>)
2. You will need the Institution Name, ABN, business address, Research Administration Office contact details (one per organisation).
3. After registering the new institution, return to this question and select the institution from the dropdown list.

**ABN** (required)**Business Address** (required)

Country (required)

Select...



Address (required)

Address Line 2 (optional)

City (required)

State, Province, or Region (required)

Zip or Postal Code (required)

**Research administration office contact**

**ONE CONTACT PER ORGANISATION.** Please confirm the correct contact details with your Administering Institution's research administration office.

**Personal Title (RAO contact)** (required)

Select...

**First name** (required)**Surname** (required)

**Preferred pronouns** (required)

- ☐ She/Her
- ☐ He/Him
- ☐ They/Them

**Position title (RAO contact)** (required)

**Phone Number - research administration office** (required)



Include area code

**Email - research admin office** (required)

**Institution where the work will be conducted** (required)

- ☐ Work will be conducted at the Administering institution
- ☒ Other location

If the research project won't be primarily conducted at the administering institution, please name the host organisation.

**Host Institution name** (required)

**Chief Investigator Position at host institution** (required)

Enter the formal title of the position held at the host institution.

**Department** (required)

**Host Institution Business Address** (required)

Country (required)

Address (required)

Address Line 2 (optional)

City (required)

State, Province, or Region (required)

Zip or Postal Code (required)

EOI SECTION E - PERSON AUTHORISING EXPRESSION OF INTEREST

The administering institution's representative CERTIFIES that the project is appropriate to the facilities available and would be carried out strictly in accordance with the agreement and research guidelines.

Personal Title (authoriser) (required)

Select...

▼

First name (required)

Surname (required)

Preferred pronouns (required)

- ☐ She/Her
- ☐ He/Him
- ☐ They/Them

Position title (authoriser) (required)

Institution (required)

Phone Number - authoriser (required)

 ▼

Include area code

Email - authoriser (required)

email@example.com

Save Draft

Submit Form

Drafts may be visible to the administrators of this program.