# 2024 Seeding grants of ‘integration of Rongoā Māori practice, TCM and Western medicine’

# Application Form

## instructions:

Read the 2024 seeding grant guidelines of **‘Integration of Rongoā Māori practice, TCM and Western medicine’** before preparing your application. TCM refers to Traditional Chinese Medicine.

The grant closes at **1pm, Wednesday May 8th 2024**.

The application form and all accompanying documents must be submitted by this date.

The boxes in the application form will expand with typing – delete any *italicised instructions* in the boxes after reading.

In the header on page 2, write the Principal Investigator(s) surname(s) and the Category (1 or 2) of the application.

**Category 1. Diversity of Rongoā Māori and its collaboration with Western medicine**. Research will assist inunderstanding the diversity of Rongoā Māori and explore its possible applications in Western medical settings, which may lead to trialing the application of Rongoā Māori in medical practice in future funding rounds.

**Category 2. Exploring how Rongoā Māori compares and contrasts with TCM.** Research will clarify the similarities and differences between Rongoā Māori and TCM for betterunderstanding of how potentially Rongoā Māori, TCM and Western medicine can work collectively to improve health outcomes for all New Zealanders.

To submit your application:

1. Save this form as a pdf.
2. Hard copies of any supplementary documents should be scanned.
3. Include a covering list of any accompanying documents.
4. Email to: **research@waitematadhb.govt.nz**

PLEASE NOTE: Late applications, incomplete applications, applications sent in the wrong format, using the incorrect version or which exceed the maximum length may not be considered.

***SECTION 1: PROJECT DETAILS***

**1. Principal Investigator(s)**

|  |  |
| --- | --- |
| Name |  |
| Organisation / Department |  |
| Name |  |
| Organisation / Department |  |

**2. Application Category (tick one)**

|  |  |
| --- | --- |
| Category 1 |  |
| Category 2 |  |

**3. Full Project Title**

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**4. Brief Project Title**

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| *Maximum 30 characters (including spaces)* |

**5. Total Grant Amount Requested**

|  |  |
| --- | --- |
| **$** | Maximum available for each category: **$15,000**.  |

**6. Co-Investigators / Advisors (add more rows if required)**

|  |  |
| --- | --- |
| Name |  |
| Iwi (if applicable) |  |
| Department |  |
| Organisation |  |
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| Name |  |
| Iwi (if applicable) |  |
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| Name |  |
| Iwi (if applicable) |  |
| Department |  |
| Organisation |  |
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| Name |  |
| Iwi (if applicable) |  |
| Department |  |
| Organisation |  |

### 7. Health NZ - Waitematā Department(s) / Specialities (if applicable)

|  |
| --- |
| Department (s) / specialties where research will be undertaken  |

### 8. Summary of Proposed Research

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| --- |
| Describe in up to **250 words** the nature of your proposed research in plain English for an educated lay audience. This should be a clear, stand-alone summary of the context, objectives, methods and potential outcomes/benefits of the project. |

### 9. Keywords

|  |
| --- |
| List up to 6 keywords that describe your proposed research  |

### 10. Project Duration (maximum 12 months)

|  |  |
| --- | --- |
| Start date (dd / mm / yyyy) |  |
| End date (dd / mm / yyyy) |  |
| Project duration (in months) |  |

### 11. Health NZ - Waitematā Institutional Approval

Has this research already been registered with the Waitematā District Research & Knowledge Centre?

|  |  |  |
| --- | --- | --- |
| **YES** |  | State the 5 digit Waitematā project registration number: \_ \_ \_ \_ \_.Attach the signed existing Approval of Research form, or if this is not signed, complete Section 8 of this application form.  |
|  |  |  |
| **NO** |  | Submit evidence of manager and / or clinical leader sign-offs (e-mailed approvals or signed form) with your grant application. See Section 8 of this application form for details.  |

### 12. Ethics Approval

Has an application been submitted to either a Health & Disability Ethics Committee (HDEC), Auckland Health Research Ethics Committee (AHREC) or other Institutional Ethics Committee (IEC)?

|  |  |  |
| --- | --- | --- |
| **YES** |  | *State Ethics Committee name and Ethics application reference.*  |
|  |  |  |
| **NO** |  | Funds cannot be released until any necessary Ethics approvals are obtained and Waitematā Locality Approval processes completed.  |
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| **N/A** |  | This project has been assessed as not requiring any Ethics Committee approval.  |

## SECTION 2A: Proposal

The Proposal section of the application, excluding references, must not exceed **six (6)** pages in length using Arial font size 12.

This section must include the following headings and evidence of any co-design / community consultation at any of the stages of the research development.

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| **Rationale for research***What is the research gap, and describe how you discovered this. Illustrate what is currently known about this issue and the significance of this.*  |

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| **Research design and methods***Describe research methodology, participant population and recruitment strategy, data collection or generation method (data source, data points, amount, or survey questions / interview schedule), analysis methods (including information, if necessary, on sample size and effect size, or qualitative theory / frameworks / methodology), input from specialists, and study team roles at each stage.* *Include a* ***timeline*** *to determine likelihood of study completion within grant duration.*  |

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| **Research Impact***Describe: 1.) the benefits that will result from this research and who or what these relate to, and 2.) the dissemination and knowledge transfer plan for the research outcomes.*  |

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| **Expertise and track record of research team***Give details of the research team and their research experience and/or professional / clinical skills and knowledge that will support the timely and successful completion of the research project.*  |

## SECTION 2B: EQUITY

For this section answer the following two questions. There is a maximum of 1 page for this section.

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| **What are the equity issues in your research area?**  |

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| --- |
| **How will the collaborative research address and contribute to these?**  |

## Section 3: References

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| List all references using an appropriate referencing format (APA, Harvard, Vancouver etc.). There is no page limit for references.  |

## SECTION 4: Proposal Research Budget

### 1. Budget

Items that are eligible to be funded by this grant are described in the Contestable ‘Integration of Rongoā Māori Practice, TCM and Western Medicine’ Research Grant Guidelines. The budget must be reviewed by Health NZ – Waitematā District Research Management Accountant and viewed by the Service Manger or Operations Manager at sign-off of Section 8 of this application form.

Itemise all materials and research expenses being requested and the time these are required (e.g. Quarter 1, Quarter 2, etc.). Also list any items / costs covered by another funding source and identify the source. Give further details under **2. Other Funding.**

Include justification for the materials and research expenses requested from this grant.

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| **Materials and research expenses requested from this grant:** |
| **Materials and research expenses covered by other grants:** |
| **Justification of costs.** |

### 2. Other Funding

Have other funding partners been approached or agreed to partially fund (in kind or financial) this application? (Please tick.)

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|  | **NO**  |  |  | **YES**  |  | Please give further details below. |

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| *Provide details including funding body / organisation approached, dollar amounts or FTE requested, deadline for result (if outcome not already known) and impact on this study if this support is not successful.* |

## SECTION 5: REFEREES

List two (2) referees and their current contact details.

Do not include a colleague working in your current department, current collaborators or supervisors or anyone you have a close working association with.

|  |  |
| --- | --- |
| Name  |  |
| Title |  |
| Organisation |  |
| Postal Address |  |
| Telephone No. |  |
| Email |  |
| Current / past relationship of applicant to referee |
| Include details of previous collaborations, supervisory arrangements or working relationships. |

|  |  |
| --- | --- |
| Name  |  |
| Title |  |
| Organisation |  |
| Postal Address |  |
| Telephone No. |  |
| Email |  |
| Current / past relationship of applicant to referee |
| Include details of previous collaborations, supervisory arrangements or working relationships. |

## SECTION 6: BIOGRAPHICAL SKETCHES

Only use the form below, up to a **MAXIMUM of three (3) pages**for each named investigator / advisor.

### Principal Investigator

|  |
| --- |
| CONTACT DETAILS |
| Surname |  | Address for Correspondence:  |
| First Name |  |
| Title |  |
| Organisation / Department / Specialty |  |
| Phone |  |
| Email |  |
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| QUALIFICATIONS AND AWARDS |
| Degrees / Diplomas | University | Year Conferred |
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| Honours / prizes / scholarships etc | Year Awarded |
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| Position | Institution | From | To |
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| PUBLICATIONS |
| Number of publications (exclude abstracts, proceedings or letters published)  |  |
| List in chronological order (starting with most recent) all publications for last 5 years.  |

### Principal Investigator / Co-Investigator / Advisor (*delete whichever is not applicable)*

|  |
| --- |
| CONTACT DETAILS |
| Surname |  | *Address for Correspondence:*  |
| First Name |  |
| Title |  |
| Organisation / Department / Specialty |  |
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| PUBLICATIONS |
| Number of publications (exclude abstracts, proceedings or letters published)  |  |
| *List in chronological order (starting with most recent) all publications for last 5 years.*  |

### Co-Investigator / Advisor *(delete whichever is not applicable)*

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| --- |
| CONTACT DETAILS |
| Surname |  | Address for Correspondence:  |
| First Name |  |
| Title |  |
| Organisation / Department / Specialty |  |
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| PUBLICATIONS |
| Number of publications (exclude abstracts, proceedings or letters published) |  |
| List in chronological order (starting with most recent) all publications for last 5 years.  |

### Co-Investigator / Advisor *(delete whichever is not applicable)*

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| CONTACT DETAILS |
| Surname |  | Address for Correspondence:  |
| First Name |  |
| Title |  |
| Organisation/Department / Specialty |  |
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| PUBLICATIONS |
| Number of publications (exclude abstracts, proceedings or letters published) |  |
| List in chronological order (starting with most recent) all publications for last 5 years.  |

### Co-Investigator / Advisor *(delete whichever is not applicable)*

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| CONTACT DETAILS |
| Surname |  | Address for Correspondence:  |
| First Name |  |
| Title |  |
| Organisation/Department / Specialty |  |
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| PUBLICATIONS |
| Number of publications (exclude abstracts, proceedings or letters published) |  |
| List in chronological order (starting with most recent) all publications for last 5 years.  |

## SECTION 7: supporting information

### 1. Supporting Statement / Additional Information

|  |
| --- |
| *Applicants are invited to include any additional information or supporting statement relevant to this application that they wish to be taken into account when assessors review the application.* ***Maximum 250 words.*** |

### 2. List of Supporting Documents

|  |
| --- |
| *List all supporting documents that accompany this application. Supporting documents must either have* ***file names or headers / titles*** *that match the list.*  |

## SECTION 8: SIGNATURES

### Principal Investigator

I confirm the information provided in connection with this proposal is complete and accurate, and I accept all terms, conditions and notices contained in the guide and notices regarding use of funds if successful.

**Name:**

**Signature:** **Date:**

### \* Clinical Director / Clinical Team Leader / Professional Leader

I confirm that the study design and methodology are sound, the resources adequately identified and accounted for, the investigator(s) is/are capable of undertaking the research, the proposed timeline is feasible and the research participants identified for this study are not over researched.

**Name:**

**Signature:** **Date:**

### Service / Operations Manager or Head of Department

I confirm that the project has been clinically evaluated and approved by the Clinical Director / Clinical Team Leader / Professional Leader, that it is relevant to the Health NZ – Waitematā District strategic direction and that I have reviewed the budget and all resources are adequately identified.

**Name:**

**Signature:** **Date:**

\* If the applicant is one of these roles, this sign-off must be completed by a Divisional Clinical Lead.