# Safety of People with Disability 2025 Round 1 Application Form

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# Page 1 of form: NDRP Research Funding Round 1 2025

### Application Number

*Form function note: this field is read only.*

The identification number or code for this submission.

## About the grant

Research projects about safety of people with disability

|  |  |
| --- | --- |
| Project timeframe | 6-10 months.  |
| Grant amount | Up to $60,000, excluding GST.  |
| Total funds available for the Grant Round | $600,000, excluding GST. |

Submit your application by 5:00 PM Australian Eastern Standard Time (AEST) Monday 28 April 2025.

We will not accept late applications.

📣 Outcomes will be announced by the end of June 2025.

🌱 Funded projects must start no later than August 2025.

## About this form

**We fund and support people and organisations to work in partnerships.**

This form is set out in a way that helps us understand how the people and organisations on your team are related. It may not feel like a standard research grant application form.

**In this order, the form asks about:**

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**People and organisations**

The Project Lead

* their organisation and its role
* all other team members from the same organisation

Each organisation with a formal role

* the team members from that organisation
* Team members joining as individuals

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**The project**

Title, summary and responses to assessment criteria.

A high-level project plan and budget.

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## To-do before you fill in this form

📝 Make a list of:

* Project Team Members and the organisations they are from. Team members need to choose just one main organisation for you to include in this form.
* organisations with a formal role in your project.

❓ Decide which organisation will be the Lead Organisation. They will get and administer the funding if your application is successful.

🤝 Get a letter of support from the organisations who will join the project as Partner Organisations. You will need to upload these letters before you can submit the form.

**ℹ️** Read the NDRP 2025 Research Grant Funding Overview and the Grant Guidelines [on our website.](https://www.ndrp.org.au/research/2025-research-funding)

# Page 2 of form: Introduction

#### \* indicates a required field.

## Who should submit this form?

**📌 The Project Lead** should submit this application form. The Project Lead is the key contact person for this application.

There are details on who should or can be the Project Lead in the [Grant Guidelines](https://www.ndrp.org.au/research/2025-research-funding#:~:text=summary%20in%20Auslan-,2025%20NDRP%20Research%20Funding%20Round%201%20Grant%20Guidelines,-Download%20the%202025).

## Project Lead eligibility

I confirm I am the Project Lead and:

* I am based in Australia
* I am authorised to fill out this application form on behalf of the Lead Organisation who will receive the funding if we are successful
* I have developed this application in partnership with the people and organisations whose information I will be including in this form
* The people and organisations included know what information I am including about them in this form and have given me permission to include it.
* I am only applying as Project Lead on one project in this Round.

Note: You are allowed to be included as an ordinary team member on other applications in this Round, but not as Project Lead on another application.

### \*

### Yes

# Page 3 of form: The Project Lead

**\* indicates a required field.**

## Project Lead Details

**💜 Inclusivity note:** we are not asking any questions about sex or gender in this form. There are other important details about people we decided not to ask at this early stage of the grant application process. If we connect with you during the application process, we will let you know our pronouns, and we will use and respect yours.

### Your Name \*

#### Title, First Name, Last Name

### Extra space for your name

If the format or name fields above do not fit your name properly, please write out your full name, as you would like us to use it.

### Your email \*

Must be an email address.

### Your phone number \*

Must be an Australian phone number.

**Your accessibility requirements, for when we communicate with you about this application.** Select all that apply.

* Auslan interpreter
* Live captioning
* Easy Read materials
* Screen reader friendly materials
* Adjustable font size
* Other [add details]:

### Your organisation's name, including the centre, institute or group where relevant \*

E.g. Institute for Social Change, University of Tasmania (not just University of Tasmania), or, organisation name

### Your position in the organisation \*

E.g., Policy Manager, Research Assistant

### Is your organisation the Lead Organisation for this application? \*

The Lead Organisation will get and manage the grant funding if your application is successful.

* Yes
* No

### What is the organisation type/s? \* Select all that apply.

* Aboriginal community-controlled organisation
* Community organisation
* Consultancy
* Disability advocacy or consumer organisation or peak body
* Disability Representative Organisation (DRO) or Disabled Person’s Organisation
* Disability support or disability services organisation
* Government (please note that Lead organisation cannot be a government organisation)
* Health services organisation (including Primary Health Networks and Allied Health)
* Research institute or organisation
* University
* Other [add details]:

### Your organisation's Australian Business Number (ABN) \*

[there is an ABN lookup button in the form, that displays the Australian Business Register information for the ABN entered into the field.]

### Your organisation's website

Must be a URL.

### Other organisations you have a role with, relevant to this application.

Only relevant roles, e.g., Board Director of an organisation that is a partner on this application. If you are not sure, leave this blank.

### Do you identify as a person with disability, d/Deaf, neurodivergent or chronically ill? \*

* Yes
* No
* Prefer not to say

### What experience will you bring to this project? Select all that apply. \* Note: you will have space to provide details about your experience and capacity to lead the project later in the application.

* I am a researcher with academic or professional qualifications or experience
* I am a research higher degree student (Masters or PhD)
* I have direct lived experience of the topic, issue or opportunity that this project will address
* I have a role with a Disability Representative Organisation (DRO) or Disabled Person’s Organisation
* I have a role with a disability advocacy or consumer organisation or peak body
* I have a role with an organisation that provides services to people with disability
* I have a role with a government organisation, a regulator, or work in a policymaking role
* I have lived experience as a person with disability in a ‘consumer research partner’, ‘co-researcher’ or ‘co-designer’ role
* Other [add details]:

### If you are a researcher, what is your career stage? Leave this blank if you are not sure.

* Early-mid career
* Late career

*Form function note: If you, as the Project Lead, answered that your organisation is the Lead Organisation for this project, you will be directed to the next page, titled, ‘For Project Leads from the Lead Organisation.*

*If you, as Project Lead are not from the Lead Organisation, you will instead be directed to page 5 of form, titled ‘For Project Leads not from the Lead Organisation’.*

# Page 4 of form: For Project Leads from the Lead Organisation

## Lead Organisation Eligibility

### At the time of applying for this grant, the Lead Organisation:

* has an Australian Business Number (ABN)
* is based in Australia and is not a government organisation
* is not a sole trader
* has documented organisational and financial policies and procedures
* has a business and/or strategic plan
* has insurances including public liability insurance and professional indemnity
* complies with all relevant state/territory and Australian legislation and standards relevant to the project
* has in place existing policies and systems that comply with the [*Australian Code for the Responsible Conduct of Research*](https://www.nhmrc.gov.au/about-us/publications/australian-code-responsible-conduct-research-2018), or has these through a formal partnership with an organisation on the project team that does have these in place.

### ****If we ask you, you will need to provide copies of the above documentation within 7 days.****

### As the Project Lead and on behalf of the Lead Organisation, I confirm that all statements above are true and correct. \*

* Yes

### Outline how this project aligns with the Lead Organisation's purpose, vision or objectives. \* Must be no more than 300 words. Can just be a statement.

### Please upload a copy of the Lead Organisation's most recent Annual Report.

### Who is the person at the Lead Organisation authorised to sign a funding agreement? \* Must be a senior staff member, trustee or appropriately authorised volunteer.

* I am (Project Lead)
* A different person

*Form function note: If you, as the Project Lead select the answer ‘A different person’ above, the following fields will appear.*

## Name of person at Lead Organisation authorised to sign a funding agreement

### Name \*

#### Title, First Name, Last Name

### Extra space for their name

If the format or name fields above do not fit their name properly, please write out their full name, as they would like us to use it.

### This person's position at the Lead Organisation \*

### Must be a senior staff member, trustee or appropriately authorised volunteer.

### This person’s email \*

Must be an email address.

### This person’s phone number \*

Must be an Australian phone number.

*Form function note: go to page 6 of form.*

# Page 5 of form: For Project Leads not from the Lead Organisation

## Is your organisation a formal Partner Organisation for this project?

See the [Grant Guidelines](https://www.ndrp.org.au/research/2025-research-funding#:~:text=summary%20in%20Auslan-,2025%20NDRP%20Research%20Funding%20Round%201%20Grant%20Guidelines%C2%A0,-Download%20the%202025) for details on who should or can be a Partner Organisation.

### Is your organisation a Partner Organisation? \*

* Yes
* No

*Form function note: If you select ‘Yes’ above, the following fields will appear. If you select no, go to form page 6.*

## Partner Organisation - contribution to the project

### What kind of contribution will your organisation make to the project? \*

Must be no more than 150 words.

### Upload letter of support \*

Letter must include: the organisation's Australian Business Number (ABN), an outline of how the organisation has agreed to be involved in this project and a statement about how this project aligns with their purpose, vision or objectives. It must be signed by an authorised person at the organisation, e.g. CEO, Chair or similar.

# Page 6 of form: Other Team Members from the Project Lead's Organisation

## Are there other Project Team Members from YOUR organisation?

E.g., if you belong with Organisation X, and there are Team Members who also belong with Organisation X for their role on this project, select 'Yes' to add them here.

If everyone else on the team is from a different organisation to you, select 'No'.

See the [Grant Guidelines](https://www.ndrp.org.au/research/2025-research-funding#:~:text=summary%20in%20Auslan-,2025%20NDRP%20Research%20Funding%20Round%201%20Grant%20Guidelines%C2%A0,-Download%20the%202025) for details on who should or can be a Project Team Member.

### Are there other Project Team Members from your organisation? \*

* Yes
* No

*Form function note: if you select ‘Yes’ above, the following fields will appear. If you select ‘No’, go to form page 9, ‘Partner Organisations’*

## Project Team Members from your organisation - details

### Name \*

#### Title, First Name, Last Name

### Extra space for name

If the format or name fields above do not fit their name properly, please write out their full name, as they would like us to use it.

### Email \*

Must be an email address.

### Position at organisation \*

E.g., Policy Manager, Research Assistant

### Does the team member identify as a person with disability, d/Deaf, neurodivergent or chronically ill? \*

* Yes
* No
* Prefer not to say

### What experience will the team member bring to this project? \*

* I am a researcher with academic or professional qualifications or experience
* I am a research higher degree student (Masters or PhD)
* I have direct lived experience of the topic, issue or opportunity that this project will address
* I have a role with a Disability Representative Organisation (DRO) or Disabled Person’s Organisation
* I have a role with a disability advocacy or consumer organisation or peak body
* I have a role with an organisation that provides services to people with disability
* I have a role with a government organisation, a regulator, or work in a policymaking role
* I have lived experience as a person with disability in a ‘consumer research partner’, ‘co-researcher’ or ‘co-designer’ role
* Other [add details]:

### Team member experience, expected role and/or contribution to this project \*

Must be no more than 50 words.

### For researchers only - their career stage

Leave this blank for team members who are not researchers or are not sure what their career stage is.

* Early-mid career
* Late career

*Form Function note: click ‘Add more’ down the bottom right corner of the page to add more Project Team Members from the same organisation as the Project Lead*

# Page 7 of form: If the Project Lead is not from the Lead Organisation

## Name the Lead Organisation for this Project

### Lead Organisation's name, including the centre, institute or group where relevant \*

E.g. Institute for Social Change, University of Tasmania (not just University of Tasmania), or, organisation name

## Lead Organisation eligibility

### At the time of applying for this grant, the Lead Organisation:

* has an Australian Business Number (ABN)
* is based in Australia and is not a government organisation
* is not a sole trader
* has documented organisational and financial policies and procedures
* has a business and/or strategic plan
* has insurances including public liability insurance and professional indemnity
* complies with all relevant state/territory and Australian legislation and standards relevant to the project
* has in place existing policies and systems that comply with the [*Australian Code for the Responsible Conduct of Research*](https://www.nhmrc.gov.au/about-us/publications/australian-code-responsible-conduct-research-2018), or has these through a formal partnership with an organisation on the project team that does have these in place.

### ****If we ask you, you will need to provide copies of the above documentation within 7 days.****

### As the Project Lead and on behalf of the Lead Organisation, I confirm that all statements above are true and correct. \*

* Yes

**Lead Organisation details**

### What is the organisation type/s? \*

### Lead Organisation Australian Business Number (ABN) \*

### Must be an ABN.

### Lead Organisation's website

Must be a URL.

### Outline how this project aligns with the Lead Organisation's purpose, vision or objectives. \* Must be no more than 300 words. Can just be a statement.

### Please upload a copy of the Lead Organisation's most recent Annual Report.

## Lead Organisation authorised person

### Name of person at Lead Organisation authorised to sign a funding agreement \*

We may contact this person to verify this application is authorised by the Lead Organisation.

### Extra space for their name

If the format or name fields above do not fit their name properly, please write out their full name, as they would like us to use it.

### This person's position at the Lead Organisation \*

Must be a senior staff member, trustee or appropriately authorised volunteer.

### This person's phone number \*

Must be an Australian phone number.

### This person's email \*

Must be an email address.

# Page 8 of form: Project Team Members from this Lead Organisation

### Project Team Members from this Lead Organisation – details

See the [Grant Guidelines](https://www.ndrp.org.au/research/2025-research-funding#:~:text=summary%20in%20Auslan-,2025%20NDRP%20Research%20Funding%20Round%201%20Grant%20Guidelines%C2%A0,-Download%20the%202025) for details on who should or can be a Project Team Member.

### Name \*

#### Title, First Name, Last Name

### Extra space for name

If the format or name fields above do not fit their name properly, please write out their full name, as they would like us to use it.

### Email \*

Must be an email address.

### Position at Lead organisation \*

E.g., Policy Manager, Research Assistant

### Does the team member identify as a person with disability, d/Deaf, neurodivergent or chronically ill? \*

* Yes
* No
* Prefer not to say

### What experience will the team member bring to this project? \*

* I am a researcher with academic or professional qualifications or experience
* I am a research higher degree student (Masters or PhD)
* I have direct lived experience of the topic, issue or opportunity that this project will address
* I have a role with a Disability Representative Organisation (DRO) or Disabled Person’s Organisation
* I have a role with a disability advocacy or consumer organisation or peak body
* I have a role with an organisation that provides services to people with disability
* I have a role with a government organisation, a regulator, or work in a policymaking role
* I have lived experience as a person with disability in a ‘consumer research partner’, ‘co-researcher’ or ‘co-designer’ role
* Other [add details]:

### Team member experience, expected role and/or contribution to this project \*

Must be no more than 50 words.

### For researchers only - their career stage

Leave this blank for team members who are not researchers or are not sure what their career stage is.

* Early-mid career
* Late career

*Form Function note: click ‘Add more’ down the bottom right corner of the page to add more Project Team Members from the Lead Organisation*

# Form page 9: Partner Organisations

## Guidance on Partner Organisations

At least one Partner Organisation is needed.

There is no maximum number of Partner Organisations. However, this form only allows 3. Please contact us to discuss, if you want to include more than 3.

See the [Grant Guidelines](https://www.ndrp.org.au/research/2025-research-funding#:~:text=summary%20in%20Auslan-,2025%20NDRP%20Research%20Funding%20Round%201%20Grant%20Guidelines%C2%A0,-Download%20the%202025) for details on who should or can be a Partner Organisation.

💡 Do think carefully about how many named Partner Organisations will be right for your project. Partner Organisations must have a specific, material role in the project. Think about what you can do realistically, feasibly and safely in a timeframe of 6-10 months.

*Form function note: If, as the Project Lead, your organisation is a Partner Organisation, an extra question asking if you want to add another partner organisation will display. If you choose yes, you will see the following pages. If you choose no, you will go to page 13.*

# Page 10 of form: Add a Partner Organisation

## Partner Organisation Details

### Organisation name, including the centre, institute or group where relevant. \*

E.g., Institute for Social Change, University of Tasmania (not just University of Tasmania), or organisation name.

### What is the organisation type/s? \* Select all that apply.

* Aboriginal community-controlled organisation
* Community organisation
* Consultancy
* Disability advocacy or consumer organisation or peak body
* Disability Representative Organisation (DRO) or Disabled Person’s Organisation
* Disability support or disability services organisation
* Government (please note that Lead organisation cannot be a government organisation)
* Health services organisation (including Primary Health Networks and Allied Health)
* Research institute or organisation
* University
* Other [add details]:

### Website

Must be a URL.

### What kind of contribution will this organisation make to the project? \*

Must be no more than 150 words.

### Upload letter of support \*

Letter must include: the organisation's Australian Business Number (ABN), an outline of how the organisation has agreed to be involved in this project and a statement about how this project aligns with their purpose, vision or objectives. It must be signed by an authorised person at the organisation, e.g. CEO, Chair or similar.

**Project Team Members from this Partner Organisation - details**

### Name \*

#### Title, First Name, Last Name

### Extra space for name

If the format or name fields above do not fit their name properly, please write out their full name, as they would like us to use it.

### Email \*

Must be an email address.

### Position at organisation \*

E.g., Policy Manager, Research Assistant

### Does the team member identify as a person with disability, d/Deaf, neurodivergent or chronically ill? \*

* Yes
* No
* Prefer not to say

### What experience will the team member bring to this project? \*

* I am a researcher with academic or professional qualifications or experience
* I am a research higher degree student (Masters or PhD)
* I have direct lived experience of the topic, issue or opportunity that this project will address
* I have a role with a Disability Representative Organisation (DRO) or Disabled Person’s Organisation
* I have a role with a disability advocacy or consumer organisation or peak body
* I have a role with an organisation that provides services to people with disability
* I have a role with a government organisation, a regulator, or work in a policymaking role
* I have lived experience as a person with disability in a ‘consumer research partner’, ‘co-researcher’ or ‘co-designer’ role
* Other [add details]:

### Team member experience, expected role and/or contribution to this project \*

Must be no more than 50 words.

### For researchers only - their career stage

Leave this blank for team members who are not researchers or are not sure what their career stage is.

* Early-mid career
* Late career

*Form Function note: click ‘Add more’ down the bottom right corner of the page to add more Project Team Members from the Lead Organisation*

## Add more Partner Organisations

### Do you want to add another Partner Organisation? \*

* Yes
* No

Form function note: If you select ‘Yes’, you will go to page 11 ‘Add another Partner Organisation’. If you select ‘No’, you will go to page 13.

# Page 11 of form: Add another Partner Organisation

## Partner Organisation Details

### Organisation name, including the centre, institute or group where relevant. \*

E.g., Institute for Social Change, University of Tasmania (not just University of Tasmania), or organisation name.

### What is the organisation type/s? \* Select all that apply.

* Aboriginal community-controlled organisation
* Community organisation
* Consultancy
* Disability advocacy or consumer organisation or peak body
* Disability Representative Organisation (DRO) or Disabled Person’s Organisation
* Disability support or disability services organisation
* Government (please note that Lead organisation cannot be a government organisation)
* Health services organisation (including Primary Health Networks and Allied Health)
* Research institute or organisation
* University
* Other [add details]:

### Website

Must be a URL.

### What kind of contribution will this organisation make to the project? \*

Must be no more than 150 words.

### Upload letter of support \*

Letter must include: the organisation's Australian Business Number (ABN), an outline of how the organisation has agreed to be involved in this project and a statement about how this project aligns with their purpose, vision or objectives. It must be signed by an authorised person at the organisation, e.g. CEO, Chair or similar.

**Project Team Members from this Partner Organisation - details**

### Name \*

#### Title, First Name, Last Name

### Extra space for name

If the format or name fields above do not fit their name properly, please write out their full name, as they would like us to use it.

### Email \*

Must be an email address.

### Position at organisation \*

E.g., Policy Manager, Research Assistant

### Does the team member identify as a person with disability, d/Deaf, neurodivergent or chronically ill? \*

* Yes
* No
* Prefer not to say

### What experience will the team member bring to this project? \*

* I am a researcher with academic or professional qualifications or experience
* I am a research higher degree student (Masters or PhD)
* I have direct lived experience of the topic, issue or opportunity that this project will address
* I have a role with a Disability Representative Organisation (DRO) or Disabled Person’s Organisation
* I have a role with a disability advocacy or consumer organisation or peak body
* I have a role with an organisation that provides services to people with disability
* I have a role with a government organisation, a regulator, or work in a policymaking role
* I have lived experience as a person with disability in a ‘consumer research partner’, ‘co-researcher’ or ‘co-designer’ role
* Other [add details]:

### Team member experience, expected role and/or contribution to this project \*

Must be no more than 50 words.

### For researchers only - their career stage

Leave this blank for team members who are not researchers or are not sure what their career stage is.

* Early-mid career
* Late career

*Form function note 1: click ‘Add more’ down the bottom right corner of the page to add more Project Team Members from the Lead Organisation*

*Form Function note 2: This form has space for 3 Partner Organisations.*

*If, as the Project Lead, your organisation is a formal Partner Organisation for this project, you will go directly from here to form page 13, ‘Do you have Project Team members joining as individuals?’*

*If your organisation is not a Partner Organisation, the following question will display.*

## Add more Partner Organisations

### Do you want to add another Partner Organisation? \*

* Yes
* No

*Form function note: If you select ‘Yes’, you will go to form Page 12, ‘Add final Partner Organisation (not applicable if Project Lead’s organisation is a Partner Organisation)’*

# Page 12 of form: Add final Partner Organisation (not applicable if Project Lead's organisation is a Partner Organisation)

## Partner Organisation Details

### Organisation name, including the centre, institute or group where relevant. \*

E.g., Institute for Social Change, University of Tasmania (not just University of Tasmania), or organisation name.

### What is the organisation type/s? \* Select all that apply.

* Aboriginal community-controlled organisation
* Community organisation
* Consultancy
* Disability advocacy or consumer organisation or peak body
* Disability Representative Organisation (DRO) or Disabled Person’s Organisation
* Disability support or disability services organisation
* Government (please note that Lead organisation cannot be a government organisation)
* Health services organisation (including Primary Health Networks and Allied Health)
* Research institute or organisation
* University
* Other [add details]:

### Website

Must be a URL.

### What kind of contribution will this organisation make to the project? \*

Must be no more than 150 words.

### Upload letter of support \*

Letter must include: the organisation's Australian Business Number (ABN), an outline of how the organisation has agreed to be involved in this project and a statement about how this project aligns with their purpose, vision or objectives. It must be signed by an authorised person at the organisation, e.g. CEO, Chair or similar.

**Project Team Members from this Partner Organisation - details**

### Name \*

#### Title, First Name, Last Name

### Extra space for name

If the format or name fields above do not fit their name properly, please write out their full name, as they would like us to use it.

### Email \*

Must be an email address.

### Position at organisation \*

E.g., Policy Manager, Research Assistant

### Does the team member identify as a person with disability, d/Deaf, neurodivergent or chronically ill? \*

* Yes
* No
* Prefer not to say

### What experience will the team member bring to this project? \*

* I am a researcher with academic or professional qualifications or experience
* I am a research higher degree student (Masters or PhD)
* I have direct lived experience of the topic, issue or opportunity that this project will address
* I have a role with a Disability Representative Organisation (DRO) or Disabled Person’s Organisation
* I have a role with a disability advocacy or consumer organisation or peak body
* I have a role with an organisation that provides services to people with disability
* I have a role with a government organisation, a regulator, or work in a policymaking role
* I have lived experience as a person with disability in a ‘consumer research partner’, ‘co-researcher’ or ‘co-designer’ role
* Other [add details]:

### Team member experience, expected role and/or contribution to this project \*

Must be no more than 50 words.

### For researchers only - their career stage

Leave this blank for team members who are not researchers or are not sure what their career stage is.

* Early-mid career
* Late career

*Form function note 1: click ‘Add more’ down the bottom right corner of the page to add more Project Team Members from the Lead Organisation*

# Page 13 of form: Do you have Project Team members joining as individuals?

## Are there people joining your project team as individuals?

Are there people joining your team who are not from either the Lead Organisation, or a Partner Organisation, for their role in this project?

Select 'Yes' to add these people to your team.

See the [Grant Guidelines](https://www.ndrp.org.au/research/2025-research-funding#:~:text=summary%20in%20Auslan-,2025%20NDRP%20Research%20Funding%20Round%201%20Grant%20Guidelines,-Download%20the%202025) for details on who can or should be a Project Team Member.

### Do you want to add Project Team Members joining as individuals? \*

* Yes
* No – that’s everyone!

*For function note: If you select ‘Yes’, you will go to form page 14 ‘Add Project Team Member joining as an individual’. If you select ‘No’, you will go to page 17, ‘Project Details’.*

## Page 14 of form: Add Project Team Member joining as an individual

## Project Team Member Details

### Name \*

#### Title, First Name, Last Name

### Extra space for name

If the format or name fields above do not fit their name properly, please write out their full name, as they would like us to use it.

### Email \*

Must be an email address.

📌 If the Project Team Member is **not linked to any organisation** for their role on this project, **write 'individual'** in the fields for 'Organisation name' and 'Position at organisation'.

### Organisation name, including centre, institute or group where relevant. \*

E.g., Institute for Social Change, University of Tasmania (not just University of Tasmania), or organisation name.

### Position at organisation \*

E.g., Policy Manager, Research Assistant

### What is the organisation type/s? \* Select all that apply.

* Aboriginal community-controlled organisation
* Community organisation
* Consultancy
* Disability advocacy or consumer organisation or peak body
* Disability Representative Organisation (DRO) or Disabled Person’s Organisation
* Disability support or disability services organisation
* Government (please note that Lead organisation cannot be a government organisation)
* Health services organisation (including Primary Health Networks and Allied Health)
* Research institute or organisation
* University
* Individual person - not an organisation
* Other [add details]:

### Organisation's website

Must be a URL.

### Does the team member identify as a person with disability, d/Deaf, neurodivergent or chronically ill? \*

* Yes
* No
* Prefer not to say

### What experience will the team member bring to this project? \*

* I am a researcher with academic or professional qualifications or experience
* I am a research higher degree student (Masters or PhD)
* I have direct lived experience of the topic, issue or opportunity that this project will address
* I have a role with a Disability Representative Organisation (DRO) or Disabled Person’s Organisation
* I have a role with a disability advocacy or consumer organisation or peak body
* I have a role with an organisation that provides services to people with disability
* I have a role with a government organisation, a regulator, or work in a policymaking role
* I have lived experience as a person with disability in a ‘consumer research partner’, ‘co-researcher’ or ‘co-designer’ role
* Other [add details]:

### Team member experience, expected role and/or contribution to this project \*

Must be no more than 50 words.

### For researchers only - their career stage

* Early-mid career
* Late career

Leave this blank for team members who are not researchers or are not sure what their career stage is.

## Add More

### Add another team member? \*

* Yes
* No – that’s everyone

*Form function note: if you select ‘Yes’, you will go on to page 15 ‘ Add another Project Team Member joining as an individual. If you select ‘No’, you will go straight to page 17, ‘Project Details’.*

## Page 15 of form: Add another Project Team Member joining as an individual

## Project Team Member Details

### Name \*

#### Title, First Name, Last Name

### Extra space for name

If the format or name fields above do not fit their name properly, please write out their full name, as they would like us to use it.

### Email \*

Must be an email address.

📌 If the Project Team Member is **not linked to any organisation** for their role on this project, **write 'individual'** in the fields for 'Organisation name' and 'Position at organisation'.

### Organisation name, including centre, institute or group where relevant. \*

E.g., Institute for Social Change, University of Tasmania (not just University of Tasmania), or organisation name.

### Position at organisation \*

E.g., Policy Manager, Research Assistant

### What is the organisation type/s? \* Select all that apply.

* Aboriginal community-controlled organisation
* Community organisation
* Consultancy
* Disability advocacy or consumer organisation or peak body
* Disability Representative Organisation (DRO) or Disabled Person’s Organisation
* Disability support or disability services organisation
* Government (please note that Lead organisation cannot be a government organisation)
* Health services organisation (including Primary Health Networks and Allied Health)
* Research institute or organisation
* University
* Individual person - not an organisation
* Other [add details]:

### Organisation's website

Must be a URL.

### Does the team member identify as a person with disability, d/Deaf, neurodivergent or chronically ill? \*

* Yes
* No
* Prefer not to say

### What experience will the team member bring to this project? \*

* I am a researcher with academic or professional qualifications or experience
* I am a research higher degree student (Masters or PhD)
* I have direct lived experience of the topic, issue or opportunity that this project will address
* I have a role with a Disability Representative Organisation (DRO) or Disabled Person’s Organisation
* I have a role with a disability advocacy or consumer organisation or peak body
* I have a role with an organisation that provides services to people with disability
* I have a role with a government organisation, a regulator, or work in a policymaking role
* I have lived experience as a person with disability in a ‘consumer research partner’, ‘co-researcher’ or ‘co-designer’ role
* Other [add details]:

### Team member experience, expected role and/or contribution to this project \*

Must be no more than 50 words.

### For researchers only - their career stage

* Early-mid career
* Late career

Leave this blank for team members who are not researchers or are not sure what their career stage is.

## Add More

### Add another team member? \*

* Yes
* No – that’s everyone!

*Form function note: if you select ‘Yes’, you will go on to page 16 ‘Final page for Project Team Members’. If you select ‘No’, you will go straight to page 17, ‘Project Details’.*

## Page 16 of form: Final page for Project Team Members

## Guidance for finalising project team

There is no maximum number of team members. However, this is the last the form allows. You can contact us if you want to add more team members.

🧐 Do think carefully about how many named Project Team Members will be right for your project. Think about what you can do realistically, feasibly and safely in a timeframe of 6-10 months.

## Project Team Member Details

### Name \*

#### Title, First Name, Last Name

### Extra space for name

If the format or name fields above do not fit their name properly, please write out their full name, as they would like us to use it.

### Email \*

Must be an email address.

📌 If the Project Team Member is **not linked to any organisation** for their role on this project, **write 'individual'** in the fields for 'Organisation name' and 'Position at organisation'.

### Organisation name, including centre, institute or group where relevant. \*

E.g., Institute for Social Change, University of Tasmania (not just University of Tasmania), or organisation name.

### Position at organisation \*

E.g., Policy Manager, Research Assistant

### What is the organisation type/s? \* Select all that apply.

* Aboriginal community-controlled organisation
* Community organisation
* Consultancy
* Disability advocacy or consumer organisation or peak body
* Disability Representative Organisation (DRO) or Disabled Person’s Organisation
* Disability support or disability services organisation
* Government (please note that Lead organisation cannot be a government organisation)
* Health services organisation (including Primary Health Networks and Allied Health)
* Research institute or organisation
* University
* Individual person - not an organisation
* Other [add details]:

### Organisation's website

Must be a URL.

### Does the team member identify as a person with disability, d/Deaf, neurodivergent or chronically ill? \*

* Yes
* No
* Prefer not to say

### What experience will the team member bring to this project? \*

* I am a researcher with academic or professional qualifications or experience
* I am a research higher degree student (Masters or PhD)
* I have direct lived experience of the topic, issue or opportunity that this project will address
* I have a role with a Disability Representative Organisation (DRO) or Disabled Person’s Organisation
* I have a role with a disability advocacy or consumer organisation or peak body
* I have a role with an organisation that provides services to people with disability
* I have a role with a government organisation, a regulator, or work in a policymaking role
* I have lived experience as a person with disability in a ‘consumer research partner’, ‘co-researcher’ or ‘co-designer’ role
* Other [add details]:

### Team member experience, expected role and/or contribution to this project \*

Must be no more than 50 words.

### For researchers only - their career stage

* Early-mid career
* Late career

Leave this blank for team members who are not researchers or are not sure what their career stage is.

# Page 17 of form: Project Details

## About your project

### Project Title \*

Must be no more than 25 words. Your title should be short but descriptive.

### Select the funding stream for your project \*

* Stream 1: Co-design research proposals
* Stream 2: Knowledge synthesis projects

If you are unsure, please read the [Grant Guidelines](https://www.ndrp.org.au/research/2025-research-funding#:~:text=summary%20in%20Auslan-,2025%20NDRP%20Research%20Funding%20Round%201%20Grant%20Guidelines,-Download%20the%202025).

### Please provide a short summary of your project in Plain English. \*

Must be no more than 150 words.

### Project start date - no later than August 2025 \*

Must be a date and no earlier than 30/6/2025.

### Project end date - must be finished before June 2026 \*

Must be a date.

# Page 18 of form: Assessment Criteria

## Guidance for Assessment Criteria

This section asks for information about your project. It asks you to provide information about how your project meets key assessment criteria.

The information you include here will be scored by the people who will review your application. Under each criterion there is a percentage % weighting in brackets. This tells you how much each Assessment Criterion counts towards your application's total score.

You can find information about what to write in this section in the [Grant Guidelines](https://www.ndrp.org.au/research/2025-research-funding#:~:text=summary%20in%20Auslan-,2025%20NDRP%20Research%20Funding%20Round%201%20Grant%20Guidelines%C2%A0,-Download%20the%202025).

## Assessment Criterion 1 – Impact on policy, practice or programs

**(25% weighting)**

Think about:

* The importance of the issue or opportunity the project will address
* If funded, how will the project potentially lead to changes in policy, practice or programs that will improve the safety of people with disability?

### Describe your project's impact on policy, practice or programs. \*

Must be no more than 600 words.

**Assessment Criterion 2 – Impact of the project’s process**

**(15% weighting)**

Think about what outputs, outcomes, or benefits the project and process would have if funded.

### Describe the impact of the project's process. \*

Must be no more than 600 words.

## Assessment Criterion 3 - Project methods

**(30% weighting)**

Think about:

* The activities you will do in the project
* How the activities will be done, or which methods will be used
* Why you will take these approaches.

### Describe your project's methods. \*

Must be no more than 1000 words.

## Assessment Criterion 4 - Capacity and resources to deliver the project

**(30% weighting)**

Think about:

* What skills, knowledge, experience and resources the Lead organisation, the research team and their partners will contribute to the project
* Does the team have the capacity to make the project a success?

### Describe the Project Lead's capacity to lead the project. \*

Must be no more than 400 words.

### Describe the Team's capacity and capability to deliver the project. \*

Must be no more than 600 words.

## Assessment Criterion 5 – Overall value and risk

**(not weighted)**

**The Research Committee will consider responses in this section for shortlisted applications that have scored highly.**

Think about:

* Are there any key risks that may impact the timely and successful delivery of the project?
* What steps will you take to minimise these risks?
* Anything else to help show us your project idea and budget request is a good investment for the NDRP.

### Describe your project's overall value and risk. \*

Must be no more than 300 words.

# Page 19 of form: Project Plan

## A note on flexibility

We have asked you to use co-design approaches. Therefore, we expect you will need flexibility in how you work through the activities in your project plan.

See the [Grant Guidelines](https://www.ndrp.org.au/research/2025-research-funding#:~:text=summary%20in%20Auslan-,2025%20NDRP%20Research%20Funding%20Round%201%20Grant%20Guidelines,-Download%20the%202025) for more information on what your project deliverables are, depending on the funding stream.

## Your high-level project plan

Include just enough detail to help reviewers see the project you described in your methods section is realistic, feasible and will be done inclusively and safely.

**Use the following format:**

Month 1

* key activities
* any milestones for this month
* any deliverables for this month

Month 2

* key activities
* any milestones for this month
* any deliverables for this month

...and so on.

**You must either**

* Type this out in the text box below, or
* upload a Plain Text document, no more than 1 page.

📌 **If you choose to upload a document, please write 'Project Plan uploaded' in this field.**

### Set out a month-by-month plan for your project \*

Must be no more than 300 words.

### Optional - upload a Plain Text document with your project plan (eg a Word document)

Attach a file

Must be no more than 1 page. Do not upload as a pdf. Documents must be accessible to screen readers.

# Page 20 of form: Project Budget

## Project Budget

Please outline your project budget below. All amounts should be GST exclusive**.**

Use the 'Notes' column for any additional information you think we should be aware of.

|  |  |  |
| --- | --- | --- |
| Expense description | Notes | Expense amount  |
| Provide clear descriptions for each budget item. E.g., 'Research Assistant salary', 'co-designer salaries' 'Auslan interpreting and captioning for meetings', 'taxis and travel for in-person workshops', 'catering' | Add notes if you need to provide more context. | Must be a dollar amount. Enter the total amount to be expended on this budget item. |

*Form Function note: click ‘Add more’ down the bottom right to add rows to the project budget table.*

**Grant funding you need for this project**

### Total amount requested

This number/amount is calculated.

*Form Function note: this field is read-only and populates automatically based on the budget above*

**In-kind support**

Will goods, services, support or resources be donated or provided in-kind by people or organisations? List these here with their actual or approximate value.

Examples:

* The normal cost of wages for people who are able to work on the project as part of another paid role, who will not draw a wage from the grant
* Volunteers' time/expertise
* Equipment or use of facilities
* Other in-kind contributions.

|  |  |
| --- | --- |
| Description | Value |
| Describe the donated or in-kind contribution. | Must be a dollar amount. Use real cost where possible, or approximate value. |

*Form Function note: click ‘Add more’ down the bottom right to add rows to the in-kind support table.*

# Page 21 of form: Certification and Feedback

## Certification

As the Project Lead, I certify that to the best of my knowledge the statements made within this application are true and correct.

I understand that if this application is successful, the NDRP will enter into a research agreement with the Lead Organisation. The Lead Organisation will then get and administer the grant funding.

### I agree \*

* Yes

## Feedback about this application process

You are nearing the end of the application process. Before you review your application and click the **SUBMIT** button please take a few moments to provide some feedback.

**Please indicate how you found the online application process.**

* Very easy
* Easy
* Neutral
* Difficult
* Very difficult

### Do you have suggestions for improvements and/or additions to the application process or form that you think we need to consider?

No word limit.

# Submit