

## **Green Lane Research and Educational Fund**

# **A Guide to Applicants for Research and Other Support**



*Clinical Excellence Through  
Research and Education*

*Charities Commission registration  
CC21111*

# A Guide to Applicants for Research & Other Support

*This publication is to guide those who may wish to apply for financial support from the Green Lane Research and Educational Fund.*

## ***The Green Lane Research and Educational Fund Board***

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## 1. GENERAL INFORMATION

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### 1.1 The Green Lane Research and Educational Fund

The Green Lane Research and Educational Fund (**'the Fund'**) was established at Green Lane Hospital on 24<sup>th</sup> June 1971 and incorporated under the Charitable Trusts Act on 25<sup>th</sup> August 1976. The Fund is a registered charitable entity under the NZ Charities Act 2005. The relevant sections of the Aims and Objects of the Fund, taken from the Constitution, are as follows:

#### 1.1.1 Aims and Objects of the Fund

The aims of the Fund are to advance medical education and research associated with the work of the departments of Cardiothoracic Surgery, Cardiothoracic Anaesthesia, Cardiology, Paediatric Cardiology & Surgery, and Respiratory Medicine within ADHB.

#### 1.1.2 Research Funding

Contestable support will be awarded by the Trustees in the following categories:

- One **Senior Fellowship** of up to \$120,000 per year, tenable for a maximum of 3 years
- **Project support** of up to \$50,000 per year, tenable for a maximum of 2 years
- **Limited Budget support** one-off support up to \$20,000

Eligible applicants must be clinical employees of ADHB from one of the above 5 departments represented by the Trustees, whose research will be conducted on ADHB premises. Applications will be assessed by a review committee, comprising the Trustees and external reviewers, and graded in order of academic merit.

The Green Lane Research & Educational Fund Board will administer the allocation of all research funding deposited with the Fund, periodically updating recipients of current spending and remaining monies.

#### 1.1.3 PhD Scholarships

One PhD Scholarship may be awarded each year. The scholarship provides a tax-free annual stipend of \$30,000 and payment of university fees up to \$5000 plus GST each year, tenable for a maximum of 3 years.

#### 1.1.4 Travel Support

Financial assistance to attend national and international conferences will be awarded by the Trustees to a collective maximum total value of \$50,000 annually.

Additionally each of the five departments may award annually one travel award, known as the Green Lane Travel Award and valued at \$3000, to a deserving staff member. The award may be shared if desired.

All travel support must be used while a current employee at ADHB and cannot be used for travel to and from an overseas base.

#### 1.1.5 Centennial Travel Award for Nurses, Technicians and Paramedical Staff

A single award of up to \$5000 may be awarded annually to a nurse, technician or other paramedical staff member to allow a period of education and observation at an overseas hospital. Attendance at an international conference may also be included.

#### 1.1.6 The Mornington Brennan Nurses Scholarship

The Mornington Brennan Nurses Scholarship provides financial assistance to nursing staff doing post-graduate study.

The late Mr Mornington Brennan was a former patient of Green Lane Hospital who wished to show his respect and appreciation for the nurses who cared for him over many years by

leaving a bequest for the purpose of furthering nurse education. His wishes were to assist particularly those who suffer financial hardship to whom other assistance to meet course fees is not available.

The Mornington Brennan Scholarship will be awarded annually to any registered nurse who has worked for a minimum of 2 years in one of the 5 departments supported by GLREF (CTSU, Cardiology, PCCS, Cardiac Anaesthesia and Intensive Care and Respiratory Services). The nurse will be currently undertaking, or planning to undertake, post-graduate study.

The annual scholarship is valued at \$5000 and will be used to reimburse course fees only. It may be shared among one or more deserving persons. Applications will close in 2014 on 19 September for review by the Trustees in October.

## **1.2 Administration of Supports**

### **1.2.1 General Policy of Administration**

Auckland District Health Board ("ADHB") in supporting an application undertakes to administer the award and to abide by the conditions of the Administrative Agreement. Copies of all documents relevant to the administration of an award are sent to ADHB. Expenditure is subject to the administrative procedures imposed by ADHB and the rules imposed by the Fund. Some Limited Budget Supports may not need to be administered by ADHB, depending on the circumstances.

### **1.2.2 Goods and Services Tax (GST)**

**BUDGETS SUBMITTED BY APPLICANTS MUST BE EXCLUSIVE OF GST.** Claims from ADHB must be supported by copies of tax invoices, where appropriate.

### **1.2.3 Methods of Payment of Support**

Awards are not generally paid out in a lump sum, but an advance may be made to ADHB. Thereafter, expenditure properly chargeable to the award may be recovered at intervals arranged by mutual agreement between the Fund and ADHB, on submission of statements of expenditure. Some Limited Budget Support awards may be paid in a lump sum, depending on the circumstances.

### **1.2.4 Accounts**

Each award is unique and related expenditure must be recorded and claimed separately from other awards. The Support Number must be quoted in all relevant correspondence.

### **1.2.5 Equipment and Capital Items**

Unless otherwise stated, all equipment and capital items become the property of ADHB from the commencement of the award. The purchase of equipment should be made through the channels normally used by ADHB.

### **1.2.6 Over-expenditure**

Any over-expenditure of the award is the responsibility of the Applicant.

### **1.2.7 Unexpended Funds**

At the expiry of the support period, any unexpended funds remain with the Fund. The principal investigator may subsequently make formal application to utilise surplus funds for new research or educational initiatives, within the deed of trust aims. Such applications will be judged on scientific or educational merit by the standards normally applied. The disposal of any unexpended consumable supplies will be a matter for discussion between the applicant, ADHB and the Fund.

### **1.2.8 Unutilised Support**

**All awards are to be taken up within one year from the date of the approval letter or funding will lapse.** Take up is signalled by receipt by the GLREF administrator of the first

request for payment of expenses. In exceptional circumstances the Trustees will consider an application in writing from the principal investigator for deferment of funding for one year, such an application being received before the 12-month take-up period has expired.

Furthermore, if the timeline of actual expenditure differs appreciably from that submitted in the support application, the Trustees reserve the right to request a report and review ongoing funding.

### **1.2.9 Intellectual Property**

The Fund agrees and acknowledges that it will not acquire any rights of any kind with respect to any copyright, inventions, discoveries, innovations or other intellectual property arising directly or indirectly as a result of activity funded. The applicant should refer to ADHB policy "Intellectual Property Protection – Technology Transfer" to establish the situation for ADHB employees.

### **1.2.10 Extension of Research Support**

The Fund reviews existing awards at its December meeting. If an Applicant wishes to apply for an extension, it must be clearly stated in the annual report submitted to the Fund at the end of the calendar year. A new administrative agreement is not required unless requested by the Chairman of the Fund. If the original completion date has passed and no extension has been approved, then the award will be closed.

### **1.2.11 Resignation, Transfer or Absence of Applicant**

If the principal Applicant resigns from ADHB or from an association with the award, the Fund must be notified. Appropriate alternative arrangements will be made or the award will be terminated.

If the principal Applicant transfers to a different institution within New Zealand, the original award is normally terminated, unless otherwise approved by the Fund.

If the principal Applicant is to be absent from the research for a period of more than two months, the Chairman of the Fund, ADHB and the ethics committee must be notified to assure the Fund that satisfactory arrangements have been made for supervision of the research and its administration.

### **1.2.12 Leases**

The Applicant and ADHB may not enter into any agreement, lease or other similar commitment implying any liability on the part of the Fund, without its express authority.

### **1.2.13 Presentation of Research Findings**

Recipients of research funding will be asked at the conclusion of their research to present their findings at the next suitable Green Lane Scientific Session.

## **1.3 Ethical Aspects of Research**

### **1.3.1 General**

All research supported by the Fund on human participants or animals must conform to the following ethical principles which are based on those of the Health Research Council.

The Fund expects investigators to conduct and report their work with objectivity and scientific honesty, bearing in mind and reporting on the limitations of the research design. As part of the obligation to the research participants and (where relevant) the community concerned and the public at large, investigators must ensure that the results of the research and an account of the methods employed are adequately disseminated. They must refrain from making claims or advancing conclusions that are not supported by evidence. Investigators must also recognise the boundaries of their professional competence and must not undertake research of any kind that they are not qualified to carry out.



It is a basic tenet of research with human participants that their interests, whether individual or collective, must always take precedence over the interests of others. Where conflict may arise, particularly concerning the larger public good, open discussion must be invited.

Investigators must periodically review the ethics of their research and, if any variations to the protocol have occurred or if the interim results of the research indicate that it may not be ethical to continue, they must approach their local ethics committee at an early stage for comment and further discussion.

**Research protocols must not be modified without an amendment being approved or a new approval being obtained from the ethics committee, the Fund and ADHB.**

### **1.3.2 Ethics Approval**

In any research project involving experimentation on human or animal subjects, the Applicant must submit an approval by an appropriate independent ethics review committee or indicate that this process is in progress. A copy of the ethics committee's approval must be forwarded with the application. Awards will not be activated without this approval. In all cases the ethics committee must also certify that the trial is not conducted principally for the benefit of the manufacturer or distributor of the medicine or item being trialled (if any), thereby to ensuring ACC coverage.

### **1.3.3 Obtaining and use of Privileged Information**

All information that can be related to an identified individual must be treated as confidential and may be communicated only to investigators who are engaged in research in the interests of the health of the community and only if, in the opinion of the professional practitioner holding that information, such communication will not harm the participant's interests.

The transfer of confidential medical information between members of the medical profession is an accepted practice in certain contexts. The Fund accepts that non-medically qualified investigators do, at times, have access to such information and must ensure that their studies are reviewed by a properly constituted ethics committee and particularly that care is taken to ensure confidentiality of material passed to them during the course of their research.

The results of investigations must never be presented in such a way that identification of individual participants might be possible.

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## 2. SENIOR FELLOWSHIP AND PROJECT SUPPORT

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### 2.1 Senior Fellowship

Senior Fellowships are primarily directed towards graduate health professionals who are seeking additional training for a career in clinical research in New Zealand. Applicants may include, but may not be restricted to;

- Those who wish to undertake an appropriate postgraduate qualification that has a significant research component e.g. medical graduates who have, or are about to, complete vocational training, and intend to enrol in an MD or PhD e.g. nurses or other health professionals progressing to a MHS, or PhD
- Those recently awarded a postgraduate research qualification who wish to further their research training i.e. a post-doctoral position
- Those returning to a clinical position in New Zealand after undertaking research overseas, and wish to continue their research
- Preference will be given to full time applicants but part time applicants will be considered. This would include those appointed to a position without substantial research components
- Established investigators will not normally be regarded as appropriate applicants

### 2.2 Project Support and Eligibility

- Substantive detail should be provided of the specific research to be undertaken during the tenure of the Support to assist the committee in rating the application
- Applications should include any referees' comments from prior unsuccessful applications to HRC, AMRF or HF.

The GLREF provides support for research and continuing professional education. To be eligible for financial support from GLREF, applicants must be clinical employees of ADHB from one of the following five departments:

- Adult Cardiology
- Cardiothoracic Surgery
- Cardiothoracic Anaesthesia/Cardiothoracic and Vascular Intensive Care
- Paediatric and Congenital Cardiac Services
- Respiratory Medicine

Research must pertain to the activities of one of the five departments and the applicants must be a member of one of these five departments. However, applicants may apply with co-investigators who are not members of one of the five departments as long as the applicant is actively involved in the research. The GLREF does not fund activities related to routine clinical care including database development. Application forms and guidelines for submission are provided below.

### 2.3 Conditions

#### 2.3.1 Closing Dates

**Senior Fellowship:** only one Fellowship can be current at any time, so the Administrator will advertise when the Fellowship is next available. Usually, but not always, the Fellowship **closing date is 25 January** in the year preceding availability, **it will not be advertised in 2022**. Applications are then reviewed early September and the outcome made known shortly thereafter.

**Project Support:** The closing dates are **18 February and 29 July (if funding available after earlier round)** for consideration in April and September respectively. Applications received after one closing date will not be considered until the subsequent meeting.

#### 2.3.2 Method of Application

Applications should be in typescript on A4 paper and follow the format set out in Part **2.3.10**. The **original (hard copy with signatures)** should be sent to The Chairman, Green Lane Research and Educational Fund Board, PO Box 110042, Auckland City Hospital, Grafton, Auckland or delivered to the Fund's administrator at her office c/o Cardiology Department, Level 3, Auckland City Hospital and **1 electronic copy to email: [SOConnell2@adhb.govt.nz](mailto:SOConnell2@adhb.govt.nz)**. Applications must be presented in a **clear** and **concise** manner with sufficient detail to enable

the Trustees to be fully appraised of the project. Estimates of costs should be realistic, having regard to inflation and the time likely to pass before the project is commenced.

### **2.3.3 Assessment Procedures**

Applications will be considered by the Review Committee in April and September. The Review Committee includes five senior medical staff in addition to the Trustees.

The main assessment criteria used by the Fund are:

- The scientific merit of the project.
- The relevance of the project to the aims of the Fund (1.1.1).
- The demonstrated ability of the investigators to carry out the project.

### **2.3.4 Support Activation and Completion Dates**

The activation date is taken as the date that the first request for payment of expenses is received by the Fund. An award will not be activated unless ethics approval and a signed administration agreement (2.3.5) have been obtained. The duration of the support is stated on the original letter of notification about the award from the Fund. The completion date will be taken as the duration after the activation date. An award which has not been activated within one year after being awarded will be closed, unless otherwise approved by the Fund.

### **2.3.5 Administrative Agreement - General Information**

The application should be accompanied by signed approval form the Head of the relevant department and the Manager Research and Development Office.

#### **Applicant**

The Applicant is a clinical employee of ADHB for the period of the fellowship who accepts scientific responsibility for the conduct of the research project supported by the Fund. The Applicant is responsible to the Administrative Head of ADHB and, through that officer, to the Fund for the direction of the research and for the associated expenditure. In cases where more than one person has applied for an award, one of these must sign the Agreement as the Applicant. This person will be administratively responsible for the awarded funding.

#### **Head of Department**

The Head of the appropriate Department must sign. If the Applicant is a Head of Department he should also sign this section.

#### **ADHB**

Where the research is to be carried out in ADHB, the Manager of the Research & Development Office would be the appropriate signatory.

ADHB is responsible for the research and employs the personnel involved. ADHB agrees to make available basic research facilities including accommodation, heat, light, power, gas, water, laundry, cleaning, general maintenance and financial accounting services.

Refer to [http://www.adhb.govt.nz/ResearchOffice/Budget/develop\\_a\\_budget.htm](http://www.adhb.govt.nz/ResearchOffice/Budget/develop_a_budget.htm) for the list of overhead charges for different types of projects. For simple investigator initiated public good funded projects (level II), a fixed fee of \$1500 is applied.

### **2.3.6 Reports on Support**

The Applicant must submit an annual report to the Fund and to ADHB, to include evidence of ongoing ethics committee approval of the project. Support reports must be submitted independently of any new application. A report incorporated within a new application is not acceptable. Annual reports will be requested at the end of each year, irrespective of the date of commencement.

### **2.3.7 Publications**

Publications should carry an acknowledgement of the Fund's support but responsibility for the direction of the research should not be ascribed to the Fund. The acknowledgement should be in the following form:

***"This research was supported by an award from The Green Lane Research and Educational Fund Board."***

**2.3.8 Presentation of Research at the Green Lane Scientific Sessions**

Recipients of Fellowship and Project Support will be asked at the conclusion of their research to present their findings at the next suitable Green Lane Scientific Session (usually held in September of each year).

**2.3.9 Conditions**

Awards are subject to the conditions set out herein, but may also be subject to special conditions imposed by the Fund and may be withdrawn if the conditions are not complied with.

**2.3.10 Format for Senior Fellowship and Project Support applications**

All applications should be prepared using the information provided on the following pages.

# GREEN LANE RESEARCH AND EDUCATIONAL FUND BOARD

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## SENIOR FELLOWSHIP APPLICATION FORM

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START EACH SECTION ON A NEW PAGE - *It will not be advertised in 2022*

**Section 1:** Senior Fellowship - Application Summary

Name of Applicant: \_\_\_\_\_  
(Principal Investigator)

Names of Co-Applicants: \_\_\_\_\_  
\_\_\_\_\_

Postal address: \_\_\_\_\_  
\_\_\_\_\_

Tel: \_\_\_\_\_ Mobile: \_\_\_\_\_ Email: \_\_\_\_\_

ADHB Department where research will be carried out:

\_\_\_\_\_

Summary of amount requested	Year 1	Year 2	Year 3
-----------------------------	--------	--------	--------

Salaries			
Equipment			
Working expenses			

Totals requested (GST excl):	\$	\$	\$
------------------------------	----	----	----

Grand total (GST excl):

\$
----

Period covered by the Application:

\_\_\_\_\_

Commencement Date

\_\_\_\_\_

Duration

# GREEN LANE RESEARCH AND EDUCATIONAL FUND BOARD

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## SENIOR FELLOWSHIP ADMINISTRATIVE AGREEMENT

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The Applicant understands and agrees that any support received as a result of this application is subject to the conditions of the Fund, as set out in the Fund's booklet, *A Guide to Applicants for Research Support*, and that the support funds will not be expended for any other purpose than that described in the application. The Applicant agrees to supply a report annually, on request, to the Fund. The Applicant has read the section *Ethical Aspects of Research* in the Fund's booklet and agrees to abide by the principles outlined therein.

The Applicant also understands that support from ADHB for the project, such as accommodation, basic facilities for research and services, will be consistent with its internal policies and that risks will be managed in accordance with standard ADHB and ACC procedures.

**Signed:** \_\_\_\_\_ **Date:** \_\_\_\_\_  
(Applicant)

The Head of Department approves the application and agrees to accept this research within the Department, if an award is made.

**Name:** \_\_\_\_\_

**Signed:** \_\_\_\_\_ **Date:** \_\_\_\_\_  
(Head of Department)

ADHB approves the application and agrees to support the project(s) described in this application on the basis that where a clinical trial is involved prior ethics committee approval is obtained and that in all cases the ethics committee must also certify that the trial is not conducted principally for the benefit of the manufacturer or distributor of the medicine or item being trialled (if any), thereby to ensuring ACC coverage.

ADHB understands that any award received as a result of this application will be subject to the conditions set out in the Fund's booklet, *A Guide to Applicants for Research and Other Support*.

# GREEN LANE RESEARCH AND EDUCATIONAL FUND BOARD

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## PROJECT SUPPORT APPLICATION FORM

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**START EACH SECTION ON A NEW PAGE - Closing dates: 18 February, 29 July (if funding available after earlier round)**

### Section 2: Project Support - Application Summary

Name of Applicant: \_\_\_\_\_  
(Principal Investigator)

Names of Co-Applicants: \_\_\_\_\_  
\_\_\_\_\_

Postal address: \_\_\_\_\_  
\_\_\_\_\_

Tel: \_\_\_\_\_ Mobile: \_\_\_\_\_ Email: \_\_\_\_\_

ADHB Department where research will be carried out:  
\_\_\_\_\_

Short title of Project: \_\_\_\_\_

Key words: \_\_\_\_\_

Summary of amount requested	Year 1	Year 2	Year 3
-----------------------------	--------	--------	--------

Salaries  
Equipment  
Working expenses

Totals requested (GST excl):	\$	\$	\$
------------------------------	----	----	----

Grand total (GST excl):	\$
-------------------------	----

Period covered by the Application:

_____	_____
Commencement Date	Duration

**Section 3: Other Support**

This section is intended to provide an overall summary of support for this research. Details of previous awards and applications awaiting decision for the support of this or closely related research should be provided under the appropriate headings. Awards from all sources should be listed. Title, commencement date, duration, total dollar value and agency should be noted for each award.

**Section 4: Proposed Investigation**

The following format should be used in the preparation of the application. The application must be self-supporting. All information required by external assessors must be included. Font size must be no smaller than 10 cpi or 12 point.

**Part 1. Abstract**

The abstract should be written in **plain English**, avoiding abbreviations where possible, and should cover aims, proposal, and significance of the research. **No more than 100 words in length.**

**Part 2. Report of previous awards (if relevant)**

If the research proposed in this application arises directly from research undertaken on previous projects, provide a statement of the original aims and objectives of those projects and the degree to which these were met. If the research did not progress as anticipated, please provide explanations. **Use no more than two pages.**

**Part 3. Aims**

**Part 4. Background**

In addition to relevant work by Applicants and other workers, include further information essential for the assessment of the application.

**Part 5. Research design**

Include goals and specific objectives, hypotheses, methodological detail, sample size calculations (where relevant) and statistical analyses. Consultation with a senior statistician is strongly recommended prior to submission.

**Part 6. Timeline**

Include a timeline indicating how the research will be staged over the duration of the award, if appropriate.

**Part 7. Significance**

Include relevance to ongoing research efforts or significance to the overall research field.

**Part 8. How results will be disseminated**

Describe how research results will be disseminated.

**Part 9. References**

Key references cited in the text should be supplied. An asterisk should be placed beside Applicant's publications.

**Section 5: Budget Requested**

While occasionally unforeseen circumstances may impact on the budget once research is underway, the committee expects a high level of responsibility from the applicant(s) in accurately costing all aspects of the research and allowing for reasonable contingencies. The Trust will have a high threshold for subsequent requests for additional funding of approved projects.

The budget for each year requested and the total should be shown in a table under the following headings:



### **Part 1. Staff**

Details of all staff (including names where known) who will be associated with the research should be included and whether or not a salary is being requested. Indicate the percentage full-time equivalent (% FTE) for each staff member. Grades and levels of positions should be noted. If increases in grades are anticipated these should be accounted for in the salary estimations. ACC levies should be included under working expenses. Casual salaries should be requested under working expenses. **Quote GST exclusive amounts.**

### **Part 2. Equipment**

Only items of value greater than \$500 should be individually itemised. Items below this value should be budgeted as working expenses. Written quotations must be supplied. **Quote GST exclusive amounts.**

### **Part 3. Working expenses** (See 2.2.4)

Estimates of costs should be itemised under appropriate headings such as: Materials and Consumer Items (under \$500 in value); Animal Costs; Computer Charges; ACC Levies; Transport Costs; Telephone/Fax; Stationery; Postage and Freight, etc. Include, if appropriate, conference costs for presentation of research. Indirect costs must be covered by ADHB. **Costs should be current direct costs. Quote GST exclusive amounts.**

### **Part 4. ADHB charge for overhead costs**

Refer to [http://www.adhb.govt.nz/ResearchOffice/Budget/develop\\_a\\_budget.htm](http://www.adhb.govt.nz/ResearchOffice/Budget/develop_a_budget.htm) for the list of overhead charges for different types of projects. For simple investigator initiated public good funded projects (level II), a fixed fee of \$1500 is applied.

## **Section 6: Supporting Detail**

### **Part 1. Justification of budget**

List and explain the role of each research worker for whom salary is requested and justify the need for each major item of expenditure under the following headings:

- Salaries
- Equipment
- Working expenses

### **Part 2. Priorities**

List the budget items in order of priority, to show which are more essential to the research.

### **Part 3. Facilities available**

Describe facilities available under suitable headings such as: computer facilities; laboratory space; equipment; animal facilities; clerical; secretarial and administrative support.

## **Section 7: Biographical Sketches**

Include biographical sketches (**not curriculum vitae**) for senior research workers on this project. Include: name, address, date of birth, present positions, % FTE on this project, qualifications, honours and prizes, research experience, number of publications, recent important peer reviewed publications. **Use no more than two pages per research worker.**

## **Section 8: Ethics Approval**

Enclose a copy of the ethics approval.

## **Section 9: Administrative Agreement**

**Only one signed copy is required.** Photocopy form on page 16 (Senior Fellowship) or page 17 (Project Support) for inclusion in application.

**Section 10: Senior Fellowships only: Nominated Assessors/Referees**

**Only one copy is required.** Place your name and research title at the top of the page. Nominate three New Zealand or overseas contributors to the field from whom an opinion may be sought on the merit of the application. Include the full postal address, telephone, fax and email address of each. If there are individuals or groups who would not be acceptable to the Applicant, these should also be named. The Fund will be guided, but not bound, by this advice from Applicants and additional or different assessors/referees may be sought. Note that this section will not be included in material sent to external assessors/referees.

**DO NOT COPY – PLEASE SUPPLY ONLY ONE COPY WITH THE ORIGINAL**

# GREEN LANE RESEARCH AND EDUCATIONAL FUND BOARD

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## PROJECT SUPPORT ADMINISTRATIVE AGREEMENT

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The Applicant understands and agrees that any support received as a result of this application is subject to the conditions of the Fund, as set out in the Fund's booklet, *A Guide to Applicants for Research Support*, and that the support funds will not be expended for any other purpose than that described in the application. The Applicant agrees to supply a report annually, on request, to the Fund. The Applicant has read the section *Ethical Aspects of Research* in the Fund's booklet and agrees to abide by the principles outlined therein.

The Applicant also understands that support from ADHB for the project, such as accommodation, basic facilities for research and services will be consistent with its internal policies and that risks will be managed in accordance with standard ADHB and ACC procedures.

**Signed:** \_\_\_\_\_ **Date:** \_\_\_\_\_  
(Applicant)

The Head of Department approves the application and agrees to accept this research within the Department, if a support is made.

**Name:** \_\_\_\_\_

**Signed:** \_\_\_\_\_ **Date:** \_\_\_\_\_  
(Head of Department)

ADHB approves the application and agrees to support the project(s) described in this application on the basis that where a clinical trial is involved prior ethics committee approval is obtained and that in all cases the ethics committee must also certify that the trial is not conducted principally for the benefit of the manufacturer or distributor of the medicine or item being trialled (if any), thereby to ensuring ACC coverage.

ADHB understands that any support received as a result of this application will be subject to the conditions set out in the Fund's booklet, *A Guide to Applicants for Research and Other Supports*.

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## 3. LIMITED BUDGET SUPPORT

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### 3.1 General Information and Administration

#### 3.1.1 Purpose

The purpose of these awards is to fund a wide variety of research-related activities which support the aims of the Fund.

#### 3.1.2 Applications and Eligibility

Applications for Small Projects and Support-in-Aid will be considered twice a year, **the closing dates being 4 February** and **20 May** for consideration at the March and July meetings of the Fund. Applications must follow the format set out in Part 3.2. The **original (hard copy with signatures)** should be sent to The Chairman, Green Lane Research and Educational Fund Board, PO Box 110042, Auckland City Hospital, Grafton, Auckland or delivered to the Fund's administrator at her office c/o Cardiology Department, Level 3, Auckland City Hospital **and 1 electronic copy to email: [SOConnell2@adhb.govt.nz](mailto:SOConnell2@adhb.govt.nz)**.

The GLREF provides support for research and continuing professional education. To be eligible for financial support from GLREF, applicants must be clinical employees of ADHB from one of the following five departments:

- Adult Cardiology
- Cardiothoracic Surgery
- Cardiothoracic Anaesthesia/Cardiothoracic and Vascular Intensive Care
- Paediatric and Congenital Cardiac Services
- Respiratory Medicine

Research must pertain to the activities of one of the five departments and the applicants must be a member of one of these five departments. However, applicants may apply with co-investigators who are not members of one of the five departments as long as the applicant is actively involved in the research. The GLREF does not fund activities related to routine clinical care including database development. Application forms and guidelines for submission are provided below.

#### 3.1.3 Reports

The Fund requires a report upon completion of the work. Annual reports will be requested at the end of each year, irrespective of the date of commencement.

#### 3.1.4 Presentation at Green Lane Scientific Session

Recipients of Limited Budget Support will be asked at the conclusion of their research to present their findings at the next suitable Green Lane Scientific Session (usually held in October of each year).

#### 3.1.5 Budgets

**Quote GST exclusive amounts** for direct costs only. Indirect costs (rent, power, heating, financial services, etc) are **not** covered by the Fund.

While occasionally unforeseen circumstances may impact on the budget once research is underway, the committee expects a high level of responsibility from the applicant(s) in accurately costing all aspects of the research and allowing for reasonable contingencies. The Trust will have a high threshold for subsequent requests for additional funding of approved projects.

#### 3.1.6 Maximum Value of Support

The maximum value for Limited Budget Support will be \$20,000.

### 3.2 Format for Limited Budget Support Applications

All applications should be prepared using the information provided on the following pages.

# GREEN LANE RESEARCH AND EDUCATIONAL FUND

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## LIMITED BUDGET SUPPORT APPLICATION FORM

---

*START EACH SECTION ON A NEW PAGE - Closing dates: 4 February, 20 May*

**Section 1:** General Summary

**Name of Applicant:** \_\_\_\_\_

**Position:** \_\_\_\_\_

**ADHB Department:** \_\_\_\_\_

**Tel:** \_\_\_\_\_ **Mobile:** \_\_\_\_\_ **Email:** \_\_\_\_\_

**Postal address:** \_\_\_\_\_

\_\_\_\_\_

**Purpose of Support:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Amount requested (GST excl):** \_\_\_\_\_

**Period covered by application:**

**Commencement date:** \_\_\_\_\_ **Duration:** \_\_\_\_\_

**Section 2: Purpose for which Support is required**

**Small Projects**

Give details of the aims, objectives, background, methods, timeline, significance and dissemination of results. Include other important details such as facilities available and the input of other collaborators/supervisors. Advise ethics approval status. Font size must be no smaller than 10cpi or 12 point.

**Section 3: Budget**

**Costs**

Itemise the proposed costs under appropriate headings. Quote direct costs only and GST exclusive figures.

While occasionally unforeseen circumstances may impact on the budget once research is underway, the committee expects a high level of responsibility from the applicant(s) in accurately costing all aspects of the research and allowing for reasonable contingencies. The Trust will have a high threshold for subsequent requests for additional funding of approved projects.

**Other support**

State the financial support obtained, applied for or expected from other sponsors or the employing body.

**Section 4: Biographical Sketches**

Brief (no more than 2 pages) biographical sketches of the Applicant. These should include current position research experience, honours and prizes, number of publications to date and details of recent publications.

**Section 5: Administrative Agreement**

**Only one signed copy is required.** Photocopy form overleaf for inclusion in application.

# GREEN LANE RESEARCH AND EDUCATIONAL FUND

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## LIMITED BUDGET ADMINISTRATIVE AGREEMENT

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The Applicant understands and agrees that any support received as a result of this application is subject to the conditions of the Fund, as set out in the Fund's booklet, *A Guide to Applicants for Research Supports*, and that the support funds will not be expended for any other purpose than that described in the application. The Applicant agrees to supply a report annually, on request, to the Fund. The Applicant has read the section *Ethical Aspects of Research* in the Fund's booklet and agrees to abide by the principles outlined therein.

The Applicant also understands that support from ADHB for the project, such as accommodation, basic facilities for research and services, will be consistent with its internal policies and that risks will be managed in accordance with standard ADHB and ACC procedures.

**Signed:** \_\_\_\_\_ **Date:** \_\_\_\_\_  
(Applicant)

The Head of Department approves the application and agrees to accept this research within the Department, if a support is made.

**Name:** \_\_\_\_\_

**Signed:** \_\_\_\_\_ **Date:** \_\_\_\_\_  
(Head of Department)

ADHB approves the application and agrees to support the project described in this application on the basis that where a clinical trial is involved prior ethics committee approval is obtained and that in all cases the ethics committee must also certify that the trial is not conducted principally for the benefit of the manufacturer or distributor of the medicine or item being trialled (if any), thereby to ensuring ACC coverage.

ADHB understands that any support received as a result of this application will be subject to the conditions set out in the Fund's booklet, *A Guide to Applicants for Research and Other Supports*, and that risks will be managed in accordance with standard ADHB and ACC procedures.

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## 4. PHD SCHOLARSHIP

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PhD Scholarships are intended to attract well-qualified New Zealand graduates into research pertinent to one of the departments supported by the Fund. Applicants would be an ADHB employee in one of the services represented by Trustees on the Fund (Cardiothoracic Surgery, Cardiothoracic Anaesthesia, Cardiology, Paediatric Cardiology & Surgery and Respiratory Medicine). Exceptionally the applicant may be a University of Auckland employee where the proposed research is part of a conjoint programme with one of the services represented by the Fund.

One scholarship may be awarded each year every 2 years out of 3. The Fund administrator will advise each year if the scholarship will be advertised. The scholarships are normally awarded for a total period of three years and must be taken up within 12 months of the award. Awarding of a scholarship does not imply research funding for the nominated projects comprising the PhD, although applicants are eligible to separately apply to the Fund for such projects which would be evaluated on merit independently from the PhD Scholarship.

Applicants for PhD Scholarships must provide a letter of support from their primary supervisor, as well as evidence of the steps taken to obtain a conditional place in an appropriate PhD programme.

### 4.1 Conditions

#### 4.1.1 Closing Dates

Applications for PhD Scholarships will be considered once per year, **the closing date being 29 July (Scholarship start date early 2023)** for review at the October meeting of the Trustees. Applications received after the closing date will not be considered until the next round.

#### 4.1.2 Remuneration

The stipend for a PhD Scholarship will be \$30,000 per annum (tax free) tenable for up to 3 years plus reimbursement of university fees up to \$5,000 plus GST each year for a maximum of 3 years.

#### 4.1.3 Applications

Applications should be in typescript on A4 paper and follow the format set out in part 4.1.11. The **original (hard copy with signatures)** should be sent to The Chairman, Green Lane Research and Educational Fund Board, PO Box 110042, Auckland City Hospital, Grafton, Auckland or delivered to the Fund's administrator at her office c/o Cardiology Department, Level 3, Auckland City Hospital **and 1 electronic copy to email: [SOConnell2@adhb.govt.nz](mailto:SOConnell2@adhb.govt.nz)**. The proposed research for the duration of the scholarship should be presented in a clear and concise manner with sufficient detail to enable the Trustees to be fully appraised. Copies of any independent scientific evaluation of the proposed research (e.g. from NHF, HRC, AMRF) should be included.

#### 4.1.4 Assessment Procedures

Applications will be considered by the Review Committee in October. The Review Committee includes a senior medical staff in addition to the Trustees. The application will be assessed according to the scientific merit of the proposed research and the demonstrated ability of the investigator to carry this through to completion.

#### 4.1.5 Scholarship Activation and Completion Dates

The activation date is taken as the date of receipt by the fund administrator of the first request for payment of expenses. An award will not be activated unless ethics approval and a signed administration agreement have been obtained. The duration of the scholarship is stated on the original letter of notification about the award from the Fund. The completion date will be taken as the duration after the activation date. A scholarship which has not been activated one year after being awarded will be closed, unless otherwise approved by the Fund.



#### **4.1.6 Administrative Agreement – General Information**

The application should be accompanied by signed approval from the Head of the relevant Department and the Manager, Research and Development Office.

##### **Applicant**

The Applicant is the staff member of ADHB who accepts scientific responsibility for the conduct of the research project supported by the Fund. The Applicant is responsible to the Administrative Head of ADHB and, through that officer to the Fund, for the direction of the research.

##### **Signatories**

The Head of the appropriate Department must sign the administrative agreement. If the Applicant is a Head of Department he should also sign this section. The Head of Department must confirm an adequate funding stream is in place for the project / research being planned as the core of the PhD. Where the research is to be carried out in ADHB, the Manager of the Research & Development Office would be the appropriate signatory.

#### **4.1.7 Reports on Scholarships**

The Applicant must submit an annual report to the Fund at the end of each year, irrespective of the date of commencement, which should include evidence of ongoing ethics committee approval of the project. A report incorporated within a new application is not acceptable.

#### **4.1.8 Publications**

Publication of research undertaken during the scholarship should have the accompanying acknowledgement:

***“This research was supported by an award from The Green Lane Research and Educational Fund Board.”***

#### **4.1.9 Presentation of Research at the Green Lane Scientific Sessions**

Recipients of PhD Scholarships will be asked at the conclusion of their research to present their findings at the next suitable Green Lane Scientific Session (usually held in September of each year).

#### **4.1.10 Conditions**

PhD Scholarships are subject to the conditions set out herein, but may also be subject to special conditions imposed by the Fund and may be withdrawn if the conditions are not complied with.

#### **4.1.11 Format for Applications**

All applications should be prepared using the information provided on the following pages.

# GREEN LANE RESEARCH AND EDUCATIONAL FUND BOARD

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## PHD SCHOLARSHIP APPLICATION FORM

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**START EACH SECTION ON A NEW PAGE - Closing date: 29 July (Scholarship start date early 2023)**

**Section 1:** Application Summary

**Name of applicant:** \_\_\_\_\_

**Present position:** \_\_\_\_\_

**Department:** \_\_\_\_\_

**Postal address:** \_\_\_\_\_

\_\_\_\_\_

**Tel:** \_\_\_\_\_ **Mobile:** \_\_\_\_\_ **Email:** \_\_\_\_\_

**Department where research will be carried out:**

\_\_\_\_\_

**Title of Thesis:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Name of Supervisor(s):** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Position(s) held:** \_\_\_\_\_

**Department & Institution:** \_\_\_\_\_

\_\_\_\_\_

**Proposed commencement date and duration:**

**Commencement date:** \_\_\_\_\_ **Duration:** \_\_\_\_\_

**Section 2: Scholarship Support**

This section is intended to provide an overall summary of the support for the research underpinning the thesis, together with the relevant supervisor(s). Scholarships and awards from all sources should be listed. Title, commencement date, duration, total dollar value and agency should be noted for each scholarship or award.

**Section 3: Proposed Thesis**

The following format should be used in the preparation of the application. The application must be self-supporting. All information required by external assessors must be included. Font size must be no smaller than 10 cpi or 12 point.

**Part 1. Summary**

The summary should be written in **plain English**, avoiding abbreviations where possible, and should cover the hypothesis to be defended, supporting information and significance of the research. **No more than 250 words in length.**

**Part 2. Report of previous scholarships and awards (if relevant)**

If the research proposed in this application arises directly from research undertaken on previous scholarships or awards, provide a statement of the original aims and objectives and the degree to which these were met. If the research did not progress as anticipated, please provide explanations. **Use no more than two pages.**

**Part 3. Aims**

**Part 4. Background**

In addition to relevant work by Applicants and other workers, include further information essential for the assessment of the application.

**Part 5. Research design**

Include goals and specific objectives, hypotheses, methodological detail, sample size calculations (where relevant) and statistical analyses.

**Part 6. Timeline**

Include a timeline indicating how the research will be staged over the duration of the scholarship, if appropriate.

**Part 7. Significance**

Include relevance to ongoing research efforts or significance to the overall research field.

**Part 8. References**

Key references cited in the text should be supplied. An asterisk should be placed beside Applicant's publications.

**Part 9. Awarding of the Thesis**

Summarise the arrangement and approximate date for defence of the thesis.

**Section 4: Facilities available**

Describe facilities available under suitable headings such as: computer facilities; laboratory space; equipment; animal facilities; clerical; secretarial and administrative support.

**Section 5: Biographical Sketches**

This should include: name, address, date of birth, present positions, % FTE on this project, qualifications, honours and prizes, research experience, number of publications, recent important peer reviewed publications of the applicant. **Maximum two pages.**

**Section 6: Supporting reference**

Please include a letter of support from your principal supervisor, as well as evidence of the steps taken to obtain a conditional place in an appropriate PhD programme.

**Section 7: Ethics Approval**

Enclose a copy of the relevant ethics approval.

**Section 8: Administrative Agreement**

**Only one signed copy is required.** Photocopy form overleaf for inclusion in scholarship application.

**Section 9: Nominated Assessors/Referees**

Please provide either existing referees' reports on the proposed research constituting the thesis or alternatively two referees whose opinions may be sought. Include the full postal address, telephone, fax and email address of each. If there are individuals or groups who would not be acceptable to the Applicant, these should also be named. The Fund will be guided, but not bound, by this advice from Applicants and additional or different assessors/referees may be sought. Note that this section will not be included in material sent to external assessors/referees.

**DO NOT COPY – PLEASE SUPPLY ONLY ONE COPY WITH THE ORIGINAL**

# GREEN LANE RESEARCH AND EDUCATIONAL FUND BOARD

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## PHD SCHOLARSHIP ADMINISTRATIVE AGREEMENT

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The Applicant understands and agrees that any scholarship received as a result of this application is subject to the conditions of the Fund, as set out in the Fund's booklet, *A Guide to Applicants for Research Supports*, and that the scholarship funds will not be expended for any other purpose than that described in the application. The Applicant agrees to supply a report annually, on request, to the Fund. The Applicant has read the section *Ethical Aspects of Research* in the Fund's booklet and agrees to abide by the principles outlined therein.

The Applicant also understands that support from ADHB for the project, such as accommodation, basic facilities for research and services, will be consistent with its internal policies and that risks will be managed in accordance with standard ADHB and ACC procedures.

**Signed:** \_\_\_\_\_ **Date:** \_\_\_\_\_  
(Applicant)

The Head of Department approves the application and confirms adequate funding exists to complete the proposed project / research independent of the PhD stipend. S/he agrees to accept this research within the Department, if an award is made.

**Name:** \_\_\_\_\_

**Signed:** \_\_\_\_\_ **Date:** \_\_\_\_\_  
(Head of Department)

ADHB approves the application and agrees to support the project(s) described in this application on the basis that where a clinical trial is involved prior ethics committee approval is obtained and that in all cases the ethics committee must also certify that the trial is not conducted principally for the benefit of the manufacturer or distributor of the medicine or item being trialled (if any), thereby to ensuring ACC coverage.

ADHB understands that any scholarship received as a result of this application will be subject to the conditions set out in the Fund's booklet, *A Guide to Applicants for Research and Other Supports*.

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## 5. CONFERENCE/TRAVEL SUPPORT

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### 5.1 General Information and Administration

#### 5.1.1 Purpose

A maximum collective total of \$50,000 may be awarded annually for the purpose of assisting attendance at national and international conferences.

To be eligible, applicants must be current clinical employees of ADHB from one of the five departments represented by the Trust. Medical staff receiving CPE would not usually be eligible. Nurses, technicians and other paramedical staff who do receive CPE will have their CPE balance at the time of application taken into consideration when awarding Conference/Travel Support. The Trustees would normally expect applicants to exhaust their CPE funds before accessing GLREF funding.

Conference/Travel Support must be used within one year of being awarded for travel from and return to, or within, New Zealand. Awards will be automatically forfeited if not used within a 12-month period unless written approval for a time extension is obtained from the Trustees. Awards cannot be used for travel from an overseas base except under special circumstances in which case prior permission must be obtained in writing from the Trustees.

#### 5.1.2 Applications

Applications for Conference/Travel Support will be considered four times each year, **the closing dates being 24 January, 15 April, 15 July and 14 October** for consideration at the February, May, August and November meetings of the Fund. Applications received after the closing date will not be reviewed until the next advertised review month.

Applications must be made and the outcome known prior to travel. Retrospective applications will not be accepted.

An **original (hard copy with signatures)** of the Conference/Travel Support Application form is required which must be supported by formal quotes and/or other documentation and all expenses should be quoted in **New Zealand dollars**. Both pages must be completed.

The application should then be forwarded to the Administrator, Green Lane Research and Educational Fund Board, PO Box 110042, Auckland City Hospital, Grafton, Auckland or sent by internal mail to the Administrator c/- Cardiology Department, L3, Auckland City Hospital **and 1 electronic copy to email: [SOConnell2@adhb.govt.nz](mailto:SOConnell2@adhb.govt.nz)**.

#### 5.1.3 Guidelines for applicants

Please note that:

- Conference/Travel Support is usually awarded only to staff members who have been in their role for 2 years or more.
- If you receive funding one year, it is unlikely that you will receive it again the next.
- Travel funding cannot be applied for retrospectively but must be awarded before the start of travel.
- CPE must be used before drawing on GLREF funding.
- Only conferences are funded, not courses. If you wish to attend a course, you should apply for the Centennial Travel Award (see the GLREF website for details: [www.greenlaneresearch.co.nz](http://www.greenlaneresearch.co.nz))

Expenses that can be claimed under GLREF support are:

- Registration: reimbursement will be limited to the **early** registration fee. Please think ahead and plan early.
- Airfares: please endeavour to book early and secure seats while they're cheaper.
- Accommodation: this doesn't mean the best hotel in town with extra days added on each end! With a little bit of effort, more moderately priced hotels can usually be found that are still close to the conference centre. If a group of you are attending, please consider sharing. The maximum number of nights that will be funded is **either** the total of one night before the conference starts, the nights of the conference and the night of the last day of the conference **or** 2 nights before the conference plus the conference nights but not the last night.
- Airport transfers: reimbursement will be limited to the cost of a shuttle to and from Auckland Airport plus taxi fares to and from the airport at your destination. No other transport costs will be reimbursed.
- Travel insurance will only be reimbursed for domestic cover. This is because ADHB automatically provides travel insurance to any staff member who travels overseas on official business (which includes attendance at conferences). The insurance is for the staff member only and does not cover an accompanying partner or spouse. A maximum of 2 leisure days are also included. ADHB travel insurance doesn't cover travel within NZ so you will need to arrange this yourself if it's necessary for you. Further information on ADHB travel insurance can be found under Travel on the intranet.
- The Conference dinner will not be reimbursed nor any other food or beverage expenses.
- Incidentals such as the cost of a visa will not be reimbursed.

#### **5.1.4 Reimbursement of Expenses**

- Complete the online CPE claim form then send the original receipts to the financial approver as detailed on the online form. Print a copy of the claim page to send to GLREF.
- Send GLREF copies of all the receipts. If these expenses have been charged to a credit card, please also send copies of the relevant parts of the statement to show the exact amounts charged in NZD.
- GLREF will reconcile the receipts against the travel award then reimburse the CPE account. If you paid for some of the expenses yourself, you will be reimbursed for these through payroll. Please note you will not receive payment directly from GLREF.
- The funding number (which is advised in the letter from GLREF when you are awarded funding) should be quoted on all correspondence.

#### **5.1.5 Travel Funding Application form overleaf.**

# GREEN LANE RESEARCH AND EDUCATIONAL FUND BOARD

**Address all correspondence to:**

Sarah O'Connell  
 Administrator Green Lane Research & Educational Fund Board  
 PO Box 110042  
 Auckland City Hospital  
 AUCKLAND 1148

Tel: +64 9 3074949 ext 23730  
 Email: SOConnell2@adhb.govt.nz



*Clinical Excellence Through  
 Research and Education*

Charities Commission  
 registration CC21111

## APPLICATION FOR CONFERENCE/TRAVEL SUPPORT

**(Closing dates: 24 January, 15 April, 15 July and 14 October)**

Name: \_\_\_\_\_ Employee No: \_\_\_\_\_

Position: \_\_\_\_\_ Department: \_\_\_\_\_

How long have you held this position? \_\_\_\_\_

Contact phone number: \_\_\_\_\_

Conference you wish to attend: \_\_\_\_\_

Date conference starts and location: \_\_\_\_\_

Are you presenting? Yes/No Oral presentation  Poster presentation

**Funding request** – please state amounts in NZD and attach evidence of costs (e.g. downloaded web pages)

Airfare /travel costs: \_\_\_\_\_ Airport transfers at destination: \_\_\_\_\_

Registration: \_\_\_\_\_ Accommodation: \_\_\_\_\_

Total costs: \_\_\_\_\_

Do you receive CME? Yes/No Current CME balance (please attach Kiosk page): \$ \_\_\_\_\_

Have you received travel support from GLREF before? Yes/No If yes, when: \_\_\_\_\_

Have you applied to ADHB, the A+ Trust or any other body for funding? Yes/No

If yes, please give details of application: \_\_\_\_\_

Result: \_\_\_\_\_

Applicant signature: \_\_\_\_\_ Date: \_\_\_\_\_

For GLREF use only:	Payment:
Application Number: _____	Expense code: _____
Date: _____	Date: _____
Approved: Yes/No	Amount: _____
Amount: _____	DC ADHB <input type="checkbox"/> Applicant's bank AC <input type="checkbox"/>



**(1) NURSE MANAGER or SERVICE MANAGER**

Please provide your recommendations and comments on this application.

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**Name:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Signature:** \_\_\_\_\_

<p><b>Checklist:</b></p> <ul style="list-style-type: none"> <li>▪ Have you answered every question? Please don't leave any blanks.</li> <li>▪ Have you attached evidence of all expenses you wish to receive funding for?</li> <li>▪ Have you attached the Kiosk page which shows your current CPE balance?</li> <li>▪ Have your Charge Nurse <i>or</i> Nurse Unit Manager <i>or</i> Manager provide written support?</li> </ul> <p>Please send your completed application form to Sarah O'Connell, Cardiology Department, Level 3, Auckland City Hospital.</p>
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## **6. CENTENNIAL TRAVEL AWARD FOR NURSES, TECHNICIANS AND PARAMEDICAL STAFF**

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### **6.1 Purpose**

A single award of up to \$5000 may be awarded annually to a nurse, technician or other paramedical staff member to allow a period of education and observation at an overseas hospital. Attendance at an international conference may also be included. Eligible applicants must be clinical employees of ADHB from one of the 5 departments (Cardiothoracic Surgery, Cardiothoracic Anaesthesia, Cardiology, Paediatric Cardiology & Surgery and Respiratory Medicine) represented by the Trustees.

### **6.1.1 Applications**

Applications for the Centennial Travel Award will be considered once a year, **the closing date being 29 April** for consideration at the June meeting of the Trustees. The **original (hard copy with signatures)** of the application is required and should be typed on A4 paper and forwarded to the Chairman, Green Lane Research and Educational Fund Board, PO Box 110042, Auckland City Hospital, Grafton, Auckland. Alternatively they may be delivered to the Fund Administrator c/o Cardiology Department, Level 3, Auckland City Hospital **and 1 electronic copy to email: [SOConnell2@adhb.govt.nz](mailto:SOConnell2@adhb.govt.nz)**.

### **6.1.2 Reports**

The Fund requires a report upon completion of the travel.

### **6.1.3 Application form overleaf**

# GREEN LANE RESEARCH AND EDUCATIONAL FUND BOARD

**Address all correspondence to:**

Sarah O'Connell  
Administrator Green Lane Research & Educational Fund Board  
PO Box 110042  
Auckland City Hospital  
AUCKLAND 1148

Tel: +64 9 3074949 ext 23730  
Email: SOConnell2@adhb.govt.nz



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Research and Education*

*Charities Commission  
registration CC21111*

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## CENTENNIAL TRAVEL AWARD APPLICATION FORM

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**(Closing date: 29 April)**

**Name:** \_\_\_\_\_ **Employee No:** \_\_\_\_\_

**Position:** \_\_\_\_\_

**Level of Practice (if applicable):** \_\_\_\_\_

**Department:** \_\_\_\_\_

**How long have you held this position?** \_\_\_\_\_

**Please attach detailed information under the following headings on how you would use this award:**

- Educational aim/s
- Proposed plan
- Proposed benefit/s
- Proposed itinerary
- Budget – please attach evidence of all expenses in New Zealand dollars GST exclusive

**Annual CME:** \$ \_\_\_\_\_ **Current CME balance:** \$ \_\_\_\_\_

**Are you currently doing post-graduate study?** Yes/No

**Have you received travel support from GLREF before?** Yes/No

**Have you applied to any other body for funding?** Yes/No

If so please provide details:

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**IMPORTANT: Page 2 of this application must be completed before submitting it**

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**(1) CHARGE NURSE or SERVICE MANAGER**

Please provide your recommendations and comments on this application.

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**Name:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Signature:** \_\_\_\_\_

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## **7. THE MORNINGTON BRENNAN NURSES SCHOLARSHIP**

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### **7.1 Purpose**

The Mornington Brennan Nurses Scholarship provides financial assistance to nursing staff doing post-graduate study. The annual scholarship is valued at \$5000 and will be used to reimburse course fees only. This award is aimed at nurses who suffer financial hardship to whom other assistance to meet course fees is not available. It may be shared among one or more deserving persons.

### **7.1.1 Applications**

Applications will close on **26 August** for review by the Trustees in October. The **original (hard copy with signatures)** of the application is required and should be typed on A4 paper and forwarded to the Chairman, Green Lane Research and Educational Fund Board, PO Box 110042, Auckland City Hospital, Grafton, Auckland. Alternatively they may be delivered to the Fund Administrator c/o Cardiology Department, Level 3, Auckland City Hospital and **1 electronic copy to email: [SOConnell2@adhb.govt.nz](mailto:SOConnell2@adhb.govt.nz)**.

### **7.1.2 Application form overleaf**

# GREEN LANE RESEARCH AND EDUCATIONAL FUND BOARD

**Address all correspondence to:**

Sarah O'Connell  
Administrator Green Lane Research & Educational Fund Board  
PO Box 110042  
Auckland City Hospital  
AUCKLAND 1148

Tel: +64 9 3074949 ext 23730  
Email: SOConnell2@adhb.govt.nz



*Clinical Excellence Through  
Research and Education*

*Charities Commission  
registration CC21111*

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## THE MORNINGTON BRENNAN NURSES SCHOLARSHIP

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**(Closing date: 26 August)**

**Name:** \_\_\_\_\_ **Employee No:** \_\_\_\_\_

**Position:** \_\_\_\_\_ **Department:** \_\_\_\_\_

**How long have you held this position?** \_\_\_\_\_

**Contact phone number:** \_\_\_\_\_

**Planned post-graduate study:** Certificate  Diploma  Masters  None of these

Planned start date: \_\_\_\_\_

Planned programme: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Anticipated completion date: \_\_\_\_\_

Anticipated total cost: \_\_\_\_\_

**Current post-graduate study:** Certificate  Diploma  Masters  None of these

Date started: \_\_\_\_\_

Achievements to date: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Planned programme henceforth: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_

Anticipated completion date: \_\_\_\_\_

Anticipated total cost: \_\_\_\_\_

**Funding request** – please state amounts in NZD and attach evidence of costs

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**This award is aimed at nurses who suffer financial hardship to whom other assistance to meet course fees is not available. Why should you receive this award?**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Do you receive CPE?** Yes/No                      **Annual CPE Balance:** \$ \_\_\_\_\_

Current CME balance (please attach Kiosk page): \$ \_\_\_\_\_

What do you use your CPE for? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Have you applied to ADHB, the A+ Trust or any other body for funding for post grad study?** Yes/No

If yes, please give details of application: \_\_\_\_\_

\_\_\_\_\_  
Result: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Applicant signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**(1) CHARGE NURSE or SERVICE MANAGER**

Please provide your recommendations and comments on this application.

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**Name:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Signature:** \_\_\_\_\_

Please send your completed application form to Sarah O'Connell, Cardiology Department, Level 3, Auckland City Hospital or to GLREF, PO Box 110042, Auckland City Hospital, Auckland 1148.