

Research Translation Projects 2021

Application Form

**Closing Date: 1.00pm, Monday 8 March 2021**

**fhrifund.health.wa.gov.au**

**Contents**

[Application Instructions i](#_Toc62651973)

[Application Form 1](#_Toc62651974)

[Section 1: Proposed Project 1](#_Toc62651975)

[Section 2: Research Team 3](#_Toc62651976)

[Section 3: Significance of the Project (15%) 6](#_Toc62651977)

[Section 4: Novelty (15%) 7](#_Toc62651978)

[Section 5: Partnerships (10%) 8](#_Toc62651979)

[Section 6: Consumer Involvement (5%) 9](#_Toc62651980)

[Section 7: Research Plan (15%) 10](#_Toc62651981)

[Section 8: Economic Analysis Plan (15%) 12](#_Toc62651982)

[Section 9: Research Translation (15%) 13](#_Toc62651983)

[Section 10: Budget (5%) 14](#_Toc62651984)

[Section 11: Justification of Budget 17](#_Toc62651985)

[Section 12: Capacity (5%) 18](#_Toc62651986)

[Section 13: Certification by Research Team 19](#_Toc62651987)

[Section 14: Certification by Health Economist or Equivalent 20](#_Toc62651988)

[Section 15: Certification by Finance Officer/ Business Manager or equivalent 21](#_Toc62651989)

[Section 16: Certification by Head of Department or equivalent 22](#_Toc62651990)

[Section 17: Certification by Research Grants Administration Officer or equivalent 23](#_Toc62651991)

[Section 18: Cited References 24](#_Toc62651992)

# Application Instructions

Applications are invited in accordance with the conditions described in the Research Translation Projects 2021 *Guidelines and Conditions,* which are available at <https://fhrifund.health.wa.gov.au/Funding/Current-opportunities/Research-Translation-Projects-2021>

Queries regarding the application process should be directed by email to the [Research and Innovation Office](mailto:RIO.DOH@health.wa.gov.au), WA Department of Health at [RIO.DOH@health.wa.gov.au](mailto:RIO.DOH@health.wa.gov.au)

* The Application Form must be typed in Arial font 11 point or larger.
* **Do not submit** the Application Instructions page with the Application Form.
* Applicants are asked to submit their proposals through the administering institution’s grant administration office and are responsible for checking for internal deadlines.
* All required administrative sign-offs and approvals must be provided at the time of submission. These will include the signing of relevant sections by each team member, Heads of Departments that are contributing resources or data relevant to the project, health economist, business manager, and the administering institution’s grant administration officer (or their equivalents).
* Electronic signatures are acceptable. The onus is on the CPI to ensure approval to use an electronic signature has been obtained.
* Acknowledgment of receipt of application will be provided via e-mail to the grant administration office within 2 working days of the closing date.
* The application is to be emailed to [RIO.DOH@health.wa.gov.au](mailto:RIO.DOH@health.wa.gov.au) as a single Adobe Acrobat PDF or Microsoft Word file, not exceeding 2MBs, including CVs and quotations. The application and email subject line should be titled as follows:

CPI SURNAME First name – RTP 2021

e.g. SMITH John – RTP 2021

**Research Translation Projects 2021**

# Application Form

***This should be the first page of the submitted application***

## Section 1: Proposed Project

|  |  |
| --- | --- |
| Coordinating Principal Investigator |  |
| Project title |  |
| Amount requested (ex GST) | $ |
| Name of administering institution  *Institution which will receive grant funds* |  |
| Administering institution ABN |  |
| Administering institution contact officer |  |
| Administering institution contact officer email address  *For notifications* |  |
| Total time required to complete project  *Can be up to 2 years* |  |
| Submissions to other funding sources for this project  *List the name of the funding agency(s) and the amount(s) requested. Include applications already submitted and planned submissions.* |  |
| Plain language summary  *Include the research questions, methodology, predicted benefits and savings and significance of the research to the WA public health system.*  *Where a grant is awarded, this summary may be used for publicity purposes.*  *(Maximum 500 words)* |  |

## Section 2: Research Team

(i) Coordinating Principal Investigator (all correspondence will be sent to this person)

|  |  |
| --- | --- |
| Title, First Name, SURNAME |  |
| Affiliated Institutions  Institution where the CPI is affiliated other than the administering institution |  |
| Telephone number(s) |  |
| Email address |  |
| Discipline/ Profession |  |
| Position held and year appointed |  |
| Citizenship status  Australian Citizen or Permanent Resident |  |
| Role in this project |  |
| Time contribution to this project (hours/week) |  |

**(ii) Other Research Team Members**

In addition to the Coordinating Principal Investigator listed above, please provide details for each Principal and Associate Investigator involved in the project.

Additional tables can be inserted as required.

|  |  |
| --- | --- |
| **Principal Investigator 1 – will be the next point of contact after the CPI** | |
| Title, First Name, SURNAME |  |
| Discipline / Profession |  |
| Institution |  |
| Telephone number(s) |  |
| Email address |  |
| Role in this project |  |
| Time contribution to this project (hours/week) |  |

|  |  |
| --- | --- |
| **Principal Investigator 2** | |
| Title, First Name, SURNAME |  |
| Discipline / Profession |  |
| Institution |  |
| Telephone number(s) |  |
| Email address |  |
| Role in this project |  |
| Time contribution to this project (hours/week) |  |

|  |  |
| --- | --- |
| **Principal Investigator 3** | |
| Title, First Name, SURNAME |  |
| Discipline / Profession |  |
| Institution |  |
| Telephone number(s) |  |
| Email address |  |
| Role in this project |  |
| Time contribution to this project (hours/week) |  |

|  |  |
| --- | --- |
| **Associate Investigator 1** | |
| Title, First Name, SURNAME |  |
| Discipline / Profession |  |
| Institution |  |
| Telephone number(s) |  |
| Email address |  |
| Role in this project |  |
| Time contribution to this project (hours/week) |  |

|  |  |
| --- | --- |
| **Associate Investigator 2** | |
| Title, First Name, SURNAME |  |
| Discipline / Profession |  |
| Institution |  |
| Telephone number(s) |  |
| Email address |  |
| Role in this project |  |
| Time contribution to this project (hours/week) |  |

|  |  |
| --- | --- |
| **Associate Investigator 3** | |
| Title, First Name, SURNAME |  |
| Discipline / Profession |  |
| Institution |  |
| Telephone number(s) |  |
| Email address |  |
| Role in this project |  |
| Time contribution to this project (hours/week) |  |

## Section 3: Significance of the Project (15%)

1. Describe the issue and its relevance and significance in the WA context. The proposed research must be linked to WA health system priorities, such as the *Sustainable Health Review.*
2. Outline how the proposed research will address the issue described above. Include the study hypothesis and key research questions.
3. Describe in detail the expected benefits to the WA public health system, with a particular focus on improved efficiencies and cost savings in both the short- and long-term.
4. Describe this project’s impact on existing programs that are currently operating in this area.

Maximum TWO pages

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## Section 4: Novelty (15%)

1. Describe how this approach is novel. Discuss what distinguishes this work from similar or related research in this area.
2. Discuss the potential benefits and advantage of the novel approach.

(Maximum ONE page)

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## Section 5: Partnerships (10%)

1. Outline collaborations with policy, operational and other groups as appropriate. Include:
2. nature of these collaborations and how these partnerships have assisted with framing the research questions
3. extent of any commitment to implement research findings into improved health policy and/or practice at the conclusion of the project.
4. Outline other programs, areas of work etc. that are interdependent with this project.

(Maximum ONE page)

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## Section 6: Consumer Involvement (5%)

1. Describe how consumers have been involved in the development of the research proposal and the plan for ongoing engagement during the study. Include what formal processes will be put in place to link consumer engagement with the research.

(Maximum ONE page)

**(i)**

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## Section 7: Research Plan (15%)

Include here:

1. Study hypothesis, research questions and objectives\*.
2. Methodology, including techniques, target group(s), a realistic sample size and measures to be used.
3. List all approvals that will be required before the research project can proceed e.g. ethics, governance approvals and intellectual property agreements.
4. Milestones against the project’s timeline. Noting that the timeline should include an allocation of time for the approvals, employment of staff, data collection, analysis and report writing, and that the project must be completed within 24 months.

\* Ensure objectives are specific, measurable, attainable, relevant and time-bound.

(Maximum FOUR pages)

**(i) Study hypothesis and research questions and objectives**

|  |
| --- |
|  |

**(ii) Methodology**

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|  |

**(iii) Approvals**

|  |
| --- |
|  |

**(iv) Milestones against timeline**

Insert additional rows as required.

|  |  |
| --- | --- |
| **Milestones** | **Timeline** |
| 1. |  |
| 2. |  |
| 3. |  |
| 4. |  |
| 5. Mid-Project Progress Report submitted to the Research and Innovation Office |  |
| 6. |  |
| 7. |  |
| 8. |  |
| 9. |  |
| 10. Final Report, Financial Acquittal and Community Stakeholder Brief submitted to the Research and Innovation Office |  |

## Section 8: Economic Analysis Plan (15%)

Projects should demonstrate cost savings to the WA public health system. In conjunction with a health economic expert outline the plan for economic analysis. Include:

(i) an outline of the expected economic benefit to the WA public health system that may be achieved through this work

(ii) the units of measure that will be used to assess the benefits and from where this information will be sourced

(iii) estimates of the predicted cost savings (dollar values) to the WA public health system that will result from this project and if applicable, from the wider implementation of research findings, e.g. from roll-out to other suitable areas.

This plan must be agreed to by the person providing health economic expertise at Section 14.

(Maximum of TWO pages)

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## Section 9: Research Translation (15%)

1. Provide an outline of the planned steps for the implementation of research findings and the projected timeframes for translational impacts.
2. Discuss how the knowledge, expertise and experience of the team members and collaborating partners will assist the process of translating findings into policy and/or practice.
3. Outline future plans for the work. This may include a possible extension of the study to a broader geographical area, population or to other disciplines.

(Maximum of TWO pages)

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## Section 10: Budget (5%)

This section should be completed in accordance with the following:

* Major equipment items will not be funded.
* Minor equipment items considered essential to the project will be funded (quotations must be provided). Equipment will become the property of the administering institution.
* Salary level and industrial award and agreement should be listed for each position (indicate if new or existing position (to be filled or already filled). Salary scales should be confirmed by relevant officer (i.e. Business Managers). The timeframe required for creation and filling of positions should be factored into the ‘Milestones against timeline’ in the application form.
* Salary on-costs must be separately identified and justified and a maximum of 30% can be claimed.
* Salary on-costs include payroll tax, superannuation, leave loading, workers' compensation and insurance payments.
* For WA public health system applicants, salary on-costs must be calculated at the recommended level outlined in the [Financial Management Manual](https://healthpoint.hdwa.health.wa.gov.au/FinanceGroup/Chapter%205%20Revenue%20Management/FMM%20s521%20-%20On-Cost%20Charges%20v0-50.pdf).
* Requests for travel funds will not be approved unless the travel is specifically required to undertake the project.
* Indirect (infrastructure) costs (e.g. utilities) must be no greater than 10% of the total budget. WA public health system applicants cannot claim indirect (infrastructure) costs.
* Where applicable, other sources of funding and in-kind support should be included in the budget.
* Applicants should note that it is important to calculate budgets accurately, as requests for additional funding will not be approved.
* Costs must be verified by the administering institution’s Finance Officer or Business Manager at Section 15**.**

| **BUDGET ITEM** | **AMOUNT REQUESTED**  **($ EXCL GST)** | | | | | |
| --- | --- | --- | --- | --- | --- | --- |
|  | **Year 1**  **($)** | **Year 2**  **($)** | **TOTAL BUDGET REQUEST**  **($)** | **ADDITIONAL IN-KIND SUPPORT**  **($)** | **ADDITIONAL OTHER SOURCE FUNDING**  **($)** | **TOTAL PROJECT COST**  **($)** |
| **Personnel**  *specify for each position*  **Position 1**   * *title* * *new/ existing* * *%FTE* * *salary level*   Position 2   * *title* * *new/ existing* * *%FTE* * *salary level* |  |  |  |  |  |  |
| **Salary on-costs**  *specify for each position*  *Maximum of 30%*  **Position 1**  *\_\_\_% applied*  **Position 2**  *\_\_\_% applied* |  |  |  |  |  |  |
| **Minor essential equipment**  *quotations must be attached* |  |  |  |  |  |  |
| **Consumables** |  |  |  |  |  |  |
| **Professional services**  *e.g. economic and statistical analysis* |  |  |  |  |  |  |
| **Diagnostic/treatment services**  *e.g. Nuclear Medicine, Pharmacy, Pathology, Radiology, Radiation Oncology* |  |  |  |  |  |  |
| **Research Governance and Ethics review** |  |  |  |  |  |  |
| **Indirect (Infrastructure) costs**  *Maximum of 10%* |  |  |  |  |  |  |
| **Consumer Involvement**  *e.g. stakeholder training, honoraria and payments, consultations and/or events etc.* |  |  |  |  |  |  |
| **Other**  *specify each item* |  |  |  |  |  |  |
| **TOTAL** |  |  |  |  |  |  |

## Section 11: Justification of Budget

1. Describe and justify each section of the budget request.
2. Provide details regarding in-kind support and other sources of funding.

(Maximum ONE page)

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## Section 12: Capacity (5%)

To demonstrate the capacity of the research team and its suitability to conduct the research, insert the Curriculum Vitae (CV) of the ***Coordinating Principal Investigator*** and each ***Principal*** ***Investigator.***

An abridged CV for each person is to be provided which includes key publications from the last 5 years.

(Maximum TWO pages per person)

## Section 13: Certification by Research Team

1. I declare that I have agreed to take part in the research proposed in this application.
2. I declare that the information supplied by me on this form is complete, true and correct in every particular.
3. I agree to abide by the *Research Translation Projects 2021 Guidelines and Conditions.*
4. I have discussed the likely impact of the project on other relevant departments and support services and this project is acceptable to them.
5. I declare that this application will be submitted to the administering institution’s grant administration office.
6. I agree to obtain the relevant research governance approvals and agreements before commencement of the project.
7. I understand and agree that no further claim will be made on the Department of Health to cover any over-expenditure of budget or any costs beyond the research project.
8. I declare that I have no outstanding reporting obligations for any other RIO funding programs.

**Coordinating Principal Investigator**

|  |  |
| --- | --- |
| **Full Name** | |
| **Signature** | **Date** |

**Principal Investigator 1**

|  |  |
| --- | --- |
| **Full Name** | |
| **Signature** | **Date** |

**Principal Investigator 2**

|  |  |
| --- | --- |
| **Full Name** | |
| **Signature** | **Date** |

**Principal Investigator 3**

|  |  |
| --- | --- |
| **Full Name** | |
| **Signature** | **Date** |

*Note:* If more than three Principal Investigators, please insert additional tables as required.

## Section 14: Certification by Health Economist or Equivalent

I certify that:

1. I have a full understanding of this project, and I support the economic analysis plan outlined in the application.
2. I agree to conduct the health economic analysis for this project.
3. I agree to contribute economic analysis information for both the Progress and Final Reports for the project as required.

|  |  |
| --- | --- |
| **Title, First Name, SURNAME** |  |
| **Position** |  |
| **Institution** |  |
| **Signature** |  |
| **Date** |  |
| **Telephone number(s)** |  |
| **Email address** |  |

## Section 15: Certification by Finance Officer/ Business Manager or equivalent

I certify that:

1. The budgeted costs in this Application Form for \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Coordinating Principal Investigator) are true and correct and reflect the latest costing information available to me.
2. Amounts claimed are exclusive of GST.

|  |  |
| --- | --- |
| **Title, First Name, SURNAME** |  |
| **Position** |  |
| **Institution** |  |
| **Signature** |  |
| **Date** |  |
| **Telephone number(s)** |  |
| **Email address** |  |

Where different to the Finance Officer or Business Manager named above, please provide contact details for the person responsible for the payment of funds and financial acquittal reporting for this project.

|  |  |
| --- | --- |
| **Title, First Name, SURNAME** |  |
| **Position** |  |
| **Institution** |  |
| **Telephone number(s)** |  |
| **Email address** |  |

## Section 16: Certification by Head of Department or equivalent

I certify that:

1. The above project proposed by \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Coordinating Principal Investigator) is acceptable and appropriate to the School/Centre/Department or Service Unit in the institution and I am prepared to have the project carried out in this area.
2. This area is capable of providing the facilities and services necessary for the efficient conduct of this research.
3. Practice change will be implemented in the School/Centre/Department or Service Unit based on the results of this research.

|  |  |
| --- | --- |
| **Title, First Name, SURNAME** |  |
| **Position** |  |
| **Institution** |  |
| **Signature** |  |
| **Date** |  |
| **Telephone number(s)** |  |
| **Email address** |  |

Please include separate *Certification by Head of Department* pages for ***each department and institution*** where resources are being obtained and/or patients accessed, by providing additional copies of this page.

## Section 17: Certification by Research Grants Administration Officer or equivalent

I declare that:

1. The administering institution endorses the application proposed by \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Coordinating Principal Investigator) and is willing to administer the grant under the conditions specified by the Department of Health in the *Research Translation Projects 2021 Guidelines and Conditions.*
2. The Coordinating Principal Investigator has confirmed employment at the administering institution for the proposed period of the research.
3. The Research and Innovation Office, Department of Health will be notified immediately of any changes to the applicant’s eligibility (e.g. employment status) or changes to the information originally provided in this application.

|  |  |
| --- | --- |
| **Title, First Name, SURNAME** |  |
| **Position** |  |
| **Institution** |  |
| **Signature** |  |
| **Date** |  |
| **Telephone number(s)** |  |
| **Email address** |  |

## Section 18: Cited References

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



**[Scan this QR code with your smart phone to go the WA Health website](http://www.health.wa.gov.au/)**

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