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**FHRI Fund Distinguished Fellows 2025-26**

# **Application Form**

* ***Please refer to the relevant*** [***Guidelines and Conditions***](https://fhrifund.health.wa.gov.au/Funding/Current-opportunities)***for program-specific instructions.***
* ***Please refer to the*** [***application submission user guide***](https://fhrifund.health.wa.gov.au/Funding/GMS-link-page) ***for instructions on how to complete and submit this application form***
* ***Activity Leads are responsible for complying with internal deadlines and ensuring all certifications are complete prior to submission.***

## Activity title

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## Activity Lead and Activity summary

Provide a brief biography of the Activity Lead (the Fellow) and a **plain language** summary of the proposal, including the aims, objectives, significance and expected benefits to the health and wellbeing of the WA community. This summary may be used for publicity purposes. *[Maximum 250 words]*

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## Responsible Entity

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| Name of Responsible Entity  *Must be a registered NHMRC Administering Institution* |  |
| ABN |  |
| Registered address  *Must have a physical and operational presence in WA* |  |
| Contact officer pre-award  *Officer responsible for application (must be different to the Activity Lead)* | Name:  Position:  Email:  Phone: |
| Contact officer post-award  *Officer responsible for grant administration (must be different to the Activity Lead)* | Name:  Position:  Email:  Phone: |

## Activity Lead

Upload an abridged (six-page maximum) Curriculum Vitae (CV) which includes key publications from the last 5 years and a 1-page statement of research experience relative to opportunity including any career disruptions (if applicable) as defined by the NHMRC Relative to Opportunity Policy.

|  |  |
| --- | --- |
| Title First name SURNAME |  |
| Primary telephone number |  |
| Primary email address |  |
| ORCiD (if relevant) |  |
| Nationality |  |
| Country of residence |  |
| Citizenship/residency status |  |
| Visa arrangement being applied for |  |
| Provide details of relocation timing |  |
| Will the Activity Lead physically reside in WA for a minimum of 80% during the grant period? |  |
| Is the Activity Lead already living or working in WA, or already committed to relocate to WA? |  |
| Is the Activity Lead employed by a WA university, research institution, WA Health Service Provider or WA public-private partnership provider at the time of application? |  |
| Completed the free online 30 minute [Consumer and Community Involvement in Health Research](https://retprogram.org/training/consumer-and-community-involvement-in-health-research/) course (or equivalent) |  |
| Completed the free online 30 minute [Consumer & Community Involvement and Grant Writing](https://cciprogram.org/consumer-community-involvement-and-grant-writing-e-course/) course (or equivalent) |  |
| Does the Activity Lead have overdue reports for any OMRI or FHRI Fund grant programs? |  |
| Activity Lead CV (filename) |  |
| You may attach a 2-page synopsis of the proposed program of work (optional) |  |

### Grant Arrangement

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| --- | --- |
| Relationship to Responsible Entity  *Refer to ‘Eligibility’ section of the Guidelines and Conditions* |  |
| Position at Responsible Entity |  |
| Title at Responsible Entity |  |
| Intended grant arrangement |  |
| Employer |  |
| Position at Employer |  |
| Employer has an active ABN? |  |
| Employer has a physical & operational presence in WA? |  |

### Other employment and affiliations

This table is populated from the Activity Lead user profile and must include all the entities that the Activity Lead is employed by or has an affiliation with. The Position/Title must identify if it is an adjunct or honorary title or a Clinical Academic position. If incomplete or incorrect, the Activity Lead must update their user profile.

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| --- | --- | --- |
| **Entity** | **Position/Title** | **Paid** |
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### Other information

|  |  |
| --- | --- |
| Discipline/Profession |  |
| Clinician Profession  *Note: this is collected for statistical purposes only* |  |
| Research career stage  *An Early-Career researcher has held their PhD for no more than 5 years from the date that their PhD was passed and a Mid-Career researcher no more than 10 years as at the time of application, taking into consideration any career disruptions as defined in the* [*NHMRC Relative to Opportunity Policy*](https://www.nhmrc.gov.au/about-us/nhmrc-policies-and-priorities)  *Early-Career researchers are not eligible for this Program.*  *Note: this is collected for statistical purposes only* |  |
| Postgraduate research degree  *The nominated years since award of degree/years of research experience must align with the justification below.* |  |
| Within which area will the Activity Lead be located in WA? |  |

## Activity Lead research career stage justification

Outline your current employment and salary level, providing a link to the employment Award you are currently employed under.

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| --- | --- |
| Current employment level |  |
| Salary level |  |
| URL link to salary award |  |

Provide a justification for the nominated research career stage taking into consideration any career disruptions (as defined by the [NHMRC Relative to Opportunity Policy](https://www.nhmrc.gov.au/about-us/nhmrc-policies-and-priorities)) specified in the ‘Eligibility’ section of the Guidelines and Conditions. *[Maximum 250 words]*

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## Team members

Provide details for each of the team members involved in the Activity. This will include team members associated with the Responsible Entity, and any other participating organisations. To demonstrate the capacity of the team and its suitability to conduct the Activity, each team member must upload an abridged (two-page maximum) CV, which includes relevant key research achievements over the last 5 years.

|  |  |  |
| --- | --- | --- |
| **Team member** | | |
| Primary email address |  | |
| Primary telephone number |  | |
| Nationality |  | |
| Current location |  | |
| ORCiD (if relevant) |  | |
| Relevant Employer |  | |
| Role in this Activity |  | |
| Time commitment to this Activity | hours/week | |
| Provide details of relocation timing (if applicable) |  | |
| Completed the free online 30 minute [Consumer and Community Involvement in Health Research](https://retprogram.org/training/consumer-and-community-involvement-in-health-research/) course (or equivalent) |  | |
| Team Member CV (filename) |  | |
| Entity | Position(s) and Title(s) | Paid |
|  |  |  |

## Activity classification

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| **Broad Research Area** *(select one)*  *Refer to National Health and Medical Research Council* [*website*](https://www.nhmrc.gov.au/about-us/resources/australian-standard-research-classifications-and-research-keywords?mc_cid=8d59f951bb&mc_eid=e758823e42) *for description of broad research areas.* | ​ |
| Field of Research (FoR)  *Australian and New Zealand Standard Research Classification, 2020 downloadable from the Australian Bureau of Statistics* [*website*](https://www.abs.gov.au/statistics/classifications/australian-and-new-zealand-standard-research-classification-anzsrc/latest-release)*.* | **Primary FoR** *(mandatory):*  **Secondary FoR(s)** *(optional):* |
| **Burden of Disease** (up to 2) state the disease groups and names that are most applicable or have the highest burden  *Downloadable Australian Institute of Health and Welfare* [*Australian Burden of Disease Study*](https://www.aihw.gov.au/reports/burden-of-disease/abds-methods-supplementary-material-2018/data) *Table 2.1* |  |
| **Keywords** (up to 5)  *Must be selected from NHMRC*  [*Sapphire Knowledge Base*](https://healthandmedicalresearch.gov.au/tutorials.html) *webpage, located under Researcher > My Applications > Keyword Library* |  |

## Quality of the Activity Lead (30%)

Applications must address contemporary challenges or needs faced by the WA health system and health and medical research and innovation sector.

Describe how, relative to opportunity, the Activity Lead demonstrates:

*Diagrams, figures and tables can be included where necessary*

1. major accomplishments that have had a significant impact in their field *[Maximum 500 words]*

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1. recognition internationally as a leader in their field *[Maximum 500 words]*

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1. track record of attracting national and international funding for research *[Maximum 500 words]*

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1. track record of partnerships including with industry resulting in research translation through commercialisation and/or realisation of health or other impacts *[Maximum 500 words]*

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1. track record of influencing policy and/or practice *[Maximum 500 words]*

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1. capacity and plan for meeting the Fellowship deliverables *[Maximum 500 words]*

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## Quality and significance of the research program (20%)

Describe the research program proposal (Activity), including:

*Diagrams, figures and tables can be included where necessary*

1. the Activity objectives, ensuring these are specific, measurable, attainable, relevant and time-bound

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| 1. |  |
| 2. |  |

1. alignment of the objectives with the WA Health and Medical Research Strategy 2023-2033 *[Maximum 500 words]*

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1. the hypothesis and research questions to be investigated *[Maximum 500 words]*

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1. the scientific framework, design and the methodology that will be followed, including techniques, target group(s) and how achievement of the objectives will be demonstrated *[Maximum 1000 words]*

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1. the expected research knowledge and translation of research evidence into policy and/or practice, commercial outputs, health benefits and/or other impacts *[Maximum 1000 words]*

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1. an achievable timeline *[Maximum 500 words]*

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**List the major milestones for the Activity and their duration in months from the Activity start date in the following table**.

The Activity starts upon execution of a Grant Funding Agreement. Include separate milestones as applicable, for example, ethics and governance approvals, employment of staff, data collection, participant recruitment, and data analysis. Note dissemination of outcomes, e.g. publications, are not appropriate milestones, as they are not a component of the Activity.

*Note: If ethics/governance approval is required for the Activity, this must be achievable within the Activity period and approval dates do not affect the Activity start date.*

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| --- | --- | --- |
| **No.** | **Milestone**  *(insert additional rows as required in order of completion)* | **Milestone date**  *(months from start date)* |
| 1. |  |  |
| 2. |  |  |

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| --- | --- |
| Enter the duration of the Activity in months  *(Activity must be completed within a maximum of 5 years)* |  |

## Leadership (20%)

Describe the Activity Lead’s experience in the following:

1. supervising and mentoring research students and post-doctoral fellows within and beyond your current research group *[Maximum 500 words]*

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1. conception and direction of a research program(s) *[Maximum 500 words]*

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1. building and maintaining partnerships and collaborative networks to achieve research outcomes within and beyond your current institution *[Maximum 500 words]*

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1. experience and contribution to peer review of publications and grant applications *[Maximum 500 words]*

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## Environment of the Responsible Entity (10%)

Describe the following:

1. quality of the existing or planned institutional environment at which the Activity Lead will be based including opportunities for local, national and international collaborations and partnerships *[Maximum 500 words]*

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1. access to required resources, including expertise and equipment *[Maximum 500 words]*

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1. the likelihood of the Activity Lead and/or Responsible Entity to develop a feasible plan for longer-term support to sustain the program of research and program personnel beyond the term of the Fellowship package *[Maximum 500 words]*

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## Consumer involvement (10%)

Describe the following:

1. how consumers (people with lived experience of a health issue, including patients and potential patients, carers and people who use health care services) have been involved in the development of the proposed Activity *[Maximum 500 words]*

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1. the plan for ongoing consumer engagement in the Activity, including their roles and how their lived experience perspectives will inform the Activity through formal and informal processes *[Maximum 500 words]*

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Refer to the ‘Consumer involvement’ section of the Guidelines and Conditions. Note it is recommended that all team members complete the free online 30 minute [Consumer and Community Involvement in Health Research](https://retprogram.org/training/consumer-and-community-involvement-in-health-research/) course (or equivalent) and that the Activity Lead also completes the free online 30 minute [Consumer & Community Involvement and Grant Writing](https://cciprogram.org/consumer-community-involvement-and-grant-writing-e-course/) course before completion of this section.

As an example for clarity, if the Activity relates to the trialling of a healthcare service provided by clinicians for patients or development of a device to be used by a clinician on a patient, the clinician is not a consumer for the purposes of this application, but rather the patient or their carer are consumers.

Please liaise with the Responsible Entity (Administering Institution) to determine suitable consumer representative(s) for the program of research. Provide details of each consumer representative involved in the development of this proposal and/or proposed to be involved in the Activity. Note that named consumers must be aware of and agree to the statements above and must provide certification if proposed to be involved in the Activity.

|  |  |
| --- | --- |
| Full name |  |
| Email address |  |
| Role in the development of this proposal (if applicable) |  |
| Role in this Activity  (if applicable) |  |

**Bibliographic references**

If applicable, provide bibliographic references to any publications or reports cited in the application. Please only include publications strictly pertinent to the application.

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## Budget and commitment (10%)

Provide budget details for the Fellowship in the table below and provide justification for each of the items. The total value of the Support Package must be at least equal to the total Fellowship Funding Request. The Support Package cash must be ‘new’ cash for the purposes of conducting the Fellowship and must be at least 25% of the total Fellowship budget (Fellowship Funding Request and Support Package).

Requested FTE, salary level, costs and duration must reasonably reflect the proposed Activity and be directly attributable to the delivery of the proposed Activity.

List all items in the table below, noting the following for the Fellowship Funding Request:

1. Salary costs:
   1. *may include salary for the Activity Lead (the Fellow).*
   2. *may include clinical salary for the Activity Lead (the Fellow) up to 0.5 FTE for clinician-researchers where clinical duties are justified to achieving the aims, objectives and deliverables of the Fellowship.*
   3. *may include salary for research personnel, for example, post-doctoral researcher(s), research assistant(s).*
   4. *may include Award/Agreement increases and salary increments as appropriate.*
   5. *can only include superannuation, payroll tax and worker compensation as salary on-costs up to a maximum of 30%, noting that salaries paid by a WA public health system entity can only include superannuation as a salary on-cost.*
   6. *cannot include parental leave, sabbatical, severance and termination payments.*
2. Non-salary costs:
   1. *may include relocation costs of up to a maximum of $30,000 in the first year for the Activity Lead and other research personnel appointed.*
   2. *may only include essential services, supplies, equipment unique to the Activity, consumer involvement and other expenses directly related to the Activity.*
   3. *for travel* *will not be approved unless strongly justified as being essential to the undertaking of the Activity and must not include costs related to conference attendance.*
   4. *for equipment items must not exceed $50,000 and quotes for each item must be attached to the application.*
   5. *cannot include entertainment costs (as defined by the ATO) unless incurred in support of participants of a clinical trial.*
   6. *cannot include administrative costs such as stationery, photocopying, postage and communications (such as telephone or internet).*
3. Overhead charges:
   1. *Overhead charges (also referred to as indirect/infrastructure costs) may be requested up to a maximum 10% of the total Fellowship Funding Request, noting that WA public health system Responsible Entities cannot claim overhead charges in accordance with the Financial Management Manual s522 (grant funding administered by the Office of Medical Research and Innovation is exempt).*

| **BUDGET ITEM** | **FELLOWSHIP FUNDING REQUEST**  **($ EX GST)** | | | | | | **CO-CONTRIBUTION**  **($ EX GST)** | | |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Activity Lead (Fellow) salary costs** | **Year 1** | **Year 2** | **Year 3** | **Year 4** | **Year 5** | **TOTAL** | **Cash** | **In-kind** | **TOTAL** |
| **Activity Lead (Fellow) base salary costs** |  |  |  |  |  |  |  |  |  |
| **Activity Lead (Fellow) salary on-costs**  Super  Payroll tax  Workers’ Comp |  |  |  |  |  |  |  |  |  |
| 1. **Activity Lead (Fellow) salary total** |  |  |  |  |  |  |  |  |  |
| **Activity costs** | **Year 1** | **Year 2** | **Year 3** | **Year 4** | **Year 5** | **TOTAL** | **Cash** | **In-kind** | **TOTAL** |
| **Personnel (team members) Salary costs** |  |  |  |  |  |  |  |  |  |
| **Position <<[row.IndexFormat]>> oncosts**  Super  Payroll tax  Workers’ Comp |  |  |  |  |  |  |  |  |  |
| 1. **Personnel Total** |  |  |  |  |  |  |  |  |  |
| **Supplies**  *provide details of items required* |  |  |  |  |  |  |  |  |  |
| **Consumer Involvement**  *e.g. honoraria payments etc.* |  |  |  |  |  |  |  |  |  |
| **Equipment unique to the Activity**  *maximum of $50,000 in total (quotations must be attached)* |  |  |  |  |  |  |  |  |  |
| **Information Technology**  *provide details of non-standard items required* |  |  |  |  |  |  |  |  |  |
| **Travel**  *provide travel purpose, dates and location* |  |  |  |  |  |  |  |  |  |
| **Relocation costs** |  |  |  |  |  |  |  |  |  |
| **<<foreach [row in data.otherItemDataGrid]>>Other costs** |  |  |  |  |  |  |  |  |  |
| **C. Other costs total** |  |  |  |  |  |  |  |  |  |
| **DIRECT COSTS (A + B + C)** |  |  |  |  |  |  |  |  |  |
| **Overheads (indirect costs)**  *Maximum 10% of direct costs* |  |  |  |  |  |  |  |  |  |
| **TOTAL COSTS (including overheads)** |  |  |  |  |  |  |  |  |  |

Attach quotes.

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### Fellowships funding request justification

Provide a justification for each of the Fellowship budget items provided in the Budget table. Note it is intended that funds will be spent in WA only. An exception to this may be considered in the case where specific expertise or equipment is required and is not available in WA. When this situation occurs, adequate justification must be provided.

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How much Reserve Funding are you requesting

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Justify why the Reserve Funding is required and what expenses in the budget table will be paid from the Reserve Funding

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### Co-contribution budget justification

Provide a justification for the cash co-contribution provided to support the Activity Lead and the research program. Cash co-contributions can include:

* Items listed in Section 5 Program Funding
* PhD Scholarships
* Clinical salary costs up to 0.5 FTE for a clinician-researcher Activity Lead

If clinical salary for a clinician Activity Lead is included as part of the cash contribution, clearly justify why a clinical salary is required, why the nominated clinical FTE is required and how this supports the Activity Lead achieving the aim of the Fellowship and Fellowship deliverables.

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Outline any in-kind contributions provided and how these contributions support the Activity Lead and the research program.

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**Source of co-contribution**

A cash co-contribution of at least 25% of the total Fellowship package must be made by the Responsible Entity and can include cash contributions made by any other partner organisation(s). The cash co-contribution must be ‘new’ cash for the purposes of the Fellowship.

Funding from active research grants received by the Activity Lead, Responsible Entity and any of the partners cannot be included as a cash co-contribution.

|  |  |  |
| --- | --- | --- |
| **Entity providing contribution** | **Cash contribution**  *(ex GST)* | **In-kind contribution**  *(ex GST)* |
|  |  |  |
| **TOTAL** |  |  |

Upload evidence confirming that the entity is willing to provide the cash and/or in-kind co-contribution for the Support Package, subject to the success of the application

**File name**

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## Other funding sources for this Activity

Please select one of the two options below:

I have no other current source of funding for any component of this Activity, and no funding applications planned or in progress for any component of this Activity; or

I have current funding, or applications planned or in progress, which may overlap with a component of this Activity (provide details below). The Fellowship research program is not dependent on the receipt of these other funding sources.

|  |  |
| --- | --- |
| Funding Organisation |  |
| Funding Scheme/Round |  |
| Amount of funding requested  (ex GST and $AUD) |  |
| Describe the overlap with this Activity |  |
| Expected date of Award or Decision |  |

## Bibliographic references

If applicable, provide references to publications, or information cited in the application.

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## Assessors not to be approached

Provide the name(s) of any assessor(s) or organisation(s) you request not to be approached to assess this application (if applicable) to [DOH.OMRI@health.wa.gov.au](mailto:DOH.OMRI@health.wa.gov.au). This information will only be available to the Office of Medical Research and Innovation, and must be provided by the application closing date.

## Team certification

We certify that:

1. we commit to taking part in the Activity proposed in this application for the duration of the grant if successful
2. the information supplied by us on this form is complete, true and correct in every particular
3. we agree to abide by the *Guidelines and Conditions*
4. we agree to participate in an evaluation whether the application is successful or unsuccessful
5. we have discussed the likely impact of the Activity on participating organisations, and this Activity is acceptable to them
6. we agree to obtain any research ethics and governance approvals that might be required for undertaking the funded Activity
7. we understand and agree that if the application is successful, that no further claim will be made on the Department of Health to cover any expenditure beyond funding through this Program
8. if the Activity Lead is employed by the WA public health system and the Responsible Entity is not the WA public health system entity (includes Clinical Academics where applicable), the Activity Lead will [register](http://coi.hdwa.health.wa.gov.au/) a Conflict of Interest for this grant in accordance with the Department of Health [Managing Conflicts of Interest Policy](https://www.health.wa.gov.au/About-us/Policy-frameworks/Integrity/Mandatory-requirements/Managing-Conflicts-of-Interest-Policy) that addresses how the Activity Lead intends to ensure WA Health intellectual property (IP) is protected
9. the Activity Lead does not have overdue reporting obligations for any grant funding program administered by the Office of Medical Research and Innovation (including FHRI Fund programs) from any year (excludes authorised extensions)
10. we will advise if any other funding is awarded for any component of the Activity.

### Activity Lead

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

**Team Members (other than the Activity Lead)**

Insert additional tables as required.

### Team Member

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

## Consumer representative certification

I certify that:

1. I commit to taking part in the Activity proposed in this application for the duration of the grant if successful
2. I agree to abide by the *Guidelines and Conditions*
3. I agree to be contacted in relation to the grant, e.g. for evaluation of the grant funding program.

Insert additional tables as required.

### Consumer Representative

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

## <</foreach>>Responsible Entity certification

I certify that:

1. I am an authorised representative of the Responsible Entity
2. all the eligibility criteria listed in the *Guidelines and Conditions* are met
3. the Activity Lead will have a position or title at the Responsible Entity for the period of the grant if successful
4. if the Activity Lead is not an employee of the Responsible Entity, evidence of an affiliation agreement with, or in-principle agreement for subcontracting to, the relevant Employer has been attached, where this evidence has not previously been provided to the Office of Medical Research and Innovation
5. the cash and in-kind co-contribution is sufficient to support additional costs that are not included in the Fellowship Funding Request
6. the cash contribution is ‘new’ cash for the purpose of conducting the Fellowship
7. the Responsible Entity endorses this application and confirms that the information supplied on this form is complete, true and correct in every particular
8. the Responsible Entity is willing to administer the grant if successful under the conditions specified in the *Guidelines and Conditions*, including the requirement to ensure that appropriate agreements are in place with the Activity Lead, team members and participating entities
9. the grant will not constitute the entire financial base of the Responsible Entity, i.e. the Responsible Entity has other external sources of income
10. The Responsible Entity or other entities that fund or are involved in the Activity are not part of. an industry that produces products or services that may contribute to poor physical health or mental wellbeing of the community
11. the Department of Health will be notified immediately of any changes to eligibility or changes to the information originally provided in this application.

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

## Responsible Entity research career stage endorsement

I declare that the applicant has selected the appropriate research career stage. Refer to the ‘section name’ section and Appendix A of the Guidelines and Conditions.

Responsible Entity endorsement comments.

*[Maximum 250 words]*

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## Responsible Entity finance officer (or equivalent) certification

I certify that:

1. I am an authorised finance representative of the Responsible Entity
2. amounts requested in the Budget are true and correct and reflect the latest costing information available to me
3. amounts requested in the Budget are in Australian dollars and are exclusive of Australian GST
4. I understand that funding will only be made available for the scope of work described in the application, or any modifications to the scope of work approved in writing by the Department of Health. The Department of Health is not obliged to underwrite any costs beyond funding awarded through this Program.

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

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

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