**FHRI Fund Distinguished Fellows Program 2022-23**

# **Application Form**

**Note: The Minimum Data Form must be submitted by 1:00pm (AWST), Tuesday 25 July 2023**

**Application Form due by 1:00pm (AWST) Tuesday 8 August 2023**

***When completing this Application Form refer to the*** [***Guidelines and Conditions***](https://fhrifund.health.wa.gov.au/Funding/Current-opportunities)***, which include application instructions.***

## Research program title

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## Fellow and Research program summary

Provide a brief biography of the Fellow and a summary of the research program proposal, including the aims, objectives, significance and expected benefits to the WA health system. This summary may be used for publicity purposes.

*[Maximum 250 words]*

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**Alignment with FHRI Fund Research Focus Areas**

Indicate which of the FHRI Focus areas the research program aligns with:

**☐ Aboriginal, rural and remote health**

**☐ Burden of diseases**

**☐ Living with COVID-19 and Long-Covid**

**☐ Mental Health**

**Research 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.* | **​** [ ]  Basic scienceresearch**​** [ ]  Clinical medicine and science research**​** [ ]  Health services research**​** [ ]  Public health research |
| **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):*

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Secondary FoR(s) *(optional):*

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| **Burden of Disease** (select one disease)*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* |  |
| **Research Keywords** (up to 5)*Available from NHMRC*[*Sapphire Knowledge Base*](https://healthandmedicalresearch.gov.au/tutorials.html) *webpage, located under Research > My Applications > Keyword Library* | 1.2.3.4.5. |

## Fellowship funding request summary

The information provided below must align with the ‘Budget details’ table. All amounts must be excluding GST.

|  |  |
| --- | --- |
| Fellowship FTE requested*Must be at least 0.5 FTE* |  |
| Fellowship funding request *Maximum $2.5 million. Refer to Section 5, ‘Program Funding’ of the Guidelines and Conditions for more information*  | Fellow salary $ Research personnel salary $Direct research costs $Relocation costs $Overhead costs $Other costs $ |
| Reserve Funding requested*Maximum $500,000. Refer to Section 5, ‘Program Funding’ of the Guidelines and Conditions for more information*  | [ ]  Yes [ ]  NoIf Yes indicate:Fellow salary $ Research personnel salary $Direct research costs $Relocation costs $Overhead costs $Other costs $ |
| Total Fellowship funding request*Maximum $3 million for the 5 year period* | $ |

## Contribution summary

The information provided below must align with the ‘Fellowship support package’ section of this form and the ‘Budget details’ table. All amounts must be excluding GST.

|  |  |
| --- | --- |
| Cash contributions  | Fellow salary $ Research personnel salary $Direct research costs $Relocation costs $Overhead costs $Other costs $ |
| Total cash contributions*Must be at least equal to the total Fellowship funding request including if applicable, Reserve Funding* | $ |
| In-kind contributions  | $ |

## Administering Institution

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| Name of Administering Institution*Entity which would administer grant funds**Must be a WA university, WA research institution, WA public Health Service Provider or a WA public-private partnership provider* |  |
| Administering Institution ABN |  |
| Contact officer name*Person responsible for grant administration* |  |
| Contact officer position |  |
| Contact officer email address |  |

## Fellow

Provide the details of the Fellow. Insert an abridged (six-page maximum) Curriculum Vitae (CV) of the Fellow, which includes key publications from the last 5 years and a 1-page statement of Relative to Opportunity including any career disruptions (if applicable) as defined by the NHMRC [Relative to Opportunity Policy](https://www.nhmrc.gov.au/sites/default/files/documents/attachments/relative_to_opportunity_policy0720.pdf#:~:text=NHMRC%20considers%20Relative%20to%20Opportunity%20to%20mean%20that,considered%20when%20their%20applications%20are%20being%20peer%20reviewed.).

CVs can be inserted at the end of this application form.

|  |  |
| --- | --- |
| Title (e.g. Dr, Ms), First name, SURNAME |  |
| ORCiD (if registered) |  |
| Citizenship/residency status | [ ]  Australian citizen [ ]  Australia permanent resident[ ]  New Zealand citizen [ ]  will obtain appropriate work visa |
| Discipline/Profession |  |
| Telephone number |  |
| Primary email address |  |
| Will be primarily based in WA*Confirm that Fellow will be based in WA for a minimum of 80% during the Fellowship*  | [ ]  Yes |
| Not already living or working in WA, or already committed to relocate to WA | [ ]  Yes |
| Not employed by a WA university, research institution, WA Health Service Provider or WA public-private partnership provider at the time of application | [ ]  Yes |
| CV and Relative to Opportunity Statement attached *Maximum six pages, including a 1 page statement of Relative to Opportunity including any career disruptions (if appliable) as defined by the NHMRC* [*Relative to Opportunity Policy*](https://www.nhmrc.gov.au/sites/default/files/documents/attachments/relative_to_opportunity_policy0720.pdf#:~:text=NHMRC%20considers%20Relative%20to%20Opportunity%20to%20mean%20that,considered%20when%20their%20applications%20are%20being%20peer%20reviewed.)*.* | [ ]  Yes |

Will the Fellow have any other employment or positions during the Fellowship? If yes, please provide each organisation, position, estimate hours per week (pw) and if the work undertaken will be related to the nominated research program.

|  |  |  |  |
| --- | --- | --- | --- |
| **Organisation** | **Position** | Hours pw | Related? |
|  |  |  | Yes/No |
|  |  |  |  |
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## Supporting team

Provide details for each of the supporting team members involved in the research program. This will include team members associated with the Administering Institution, and any other participating organisations.

To demonstrate the capacity of the team and its suitability to conduct the research, insert an abridged (two-page maximum) CV of each team member, which includes key publications from the last 5 years (where applicable). CVs can be inserted at the end of this application form.

Insert additional tables as required.

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| --- |
| **Team member 1** |
| Title, First name, SURNAME |  |
| ORCiD (if registered) |  |
| Institution/Organisation |  |
| Institution/Organisation address |  |
| Position title |  |
| Role in this activity |  |
| Time commitment to this project (hours/week) |  |
| Telephone number |  |
| Email address |  |
| CV attached *Maximum two pages* | Yes [ ]  |

**Quality of the Fellow (30%)**

Describe how the applicant, relative to opportunity (including any career disruptions as defined by the NHMRC [Relative to Opportunity Policy](https://www.nhmrc.gov.au/sites/default/files/documents/attachments/relative_to_opportunity_policy0720.pdf#:~:text=NHMRC%20considers%20Relative%20to%20Opportunity%20to%20mean%20that,considered%20when%20their%20applications%20are%20being%20peer%20reviewed.)), demonstrates the following:

* Major accomplishments that have had a significant impact in their field
* Recognition internationally as leaders in their field
* Track record of attracting national and international funding for research
* Track record of partnerships including with industry resulting in research translation through commercialisation and/or realisation of health or other impacts
* Track record of influencing policy and/or practice
* Capacity and plan for meeting the Fellowship deliverables.

*[Maximum 1000 words]*

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

Describe the research program proposal including:

1. the hypothesis, research questions and objectives.
2. the methodology and analysis, including techniques, target group(s) and measures to be used
3. expected research outputs
4. expected translation of research evidence into policy and/or practice, commercial outputs, health and/or other impacts
5. how the research program directly addresses at least one of the FHRI Fund Focus Areas (refer to Section 2 of the Guidelines and Conditions)
6. an achievable timeline.

*[Maximum 2000 words]*

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List the major activity milestones for the research program and their duration in months.

Attach a Gantt chart of milestones and timelines.

Milestone activity commences upon execution of a Grant Funding Agreement. Include as separate milestones ethics and governance approvals, employment of staff, data collection, participant recruitment (as applicable), data analysis and submission of publications.

The project must be completed within 60 months.

| **No** | **Milestone***(insert additional rows as required)* | **Milestone date***(in months from execution)* | **Personnel resourcing required** *(identify position and working days)* |
| --- | --- | --- | --- |
| 1. | *e.g. prepare and submit ethics application* | *e.g. 1 month* | *e.g. Fellow, 15 working days* |
| 2. | *e.g. recruitment of support personnel* | *e.g. 2 months* | *e.g. Fellow, 3 working days* |
| 3. | *e.g. obtain ethics and governance approvals* | *e.g. 3 months* | *e.g. post-doctoral researcher, 3 working days* |
| 4. |  |  |  |
| 5. |  |  |  |

## Leadership (20%)

Describe how, relative to opportunity (including any career disruptions as defined by the NHMRC [Relative to Opportunity Policy](https://www.nhmrc.gov.au/sites/default/files/documents/attachments/relative_to_opportunity_policy0720.pdf#:~:text=NHMRC%20considers%20Relative%20to%20Opportunity%20to%20mean%20that,considered%20when%20their%20applications%20are%20being%20peer%20reviewed.)), the Fellow demonstrates superior performance in:

* supervising and mentoring research students and post-doctoral fellows within and beyond their research group
* conception and direction of a research program(s)
* building and maintaining partnerships and collaborative networks to achieve research outcomes within and beyond their institution
* experience and contribution to peer review of publications and grant applications.

*[Maximum 750 words]*

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## Institutional environment (10%)

Describe the following:

1. Quality of the existing or planned institutional environment at which the Fellow will be based including opportunities for local, national and international collaborations and partnerships
2. Access to required resources, including expertise.

 *[Maximum 500 words]*

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## Budget and commitment (10%)

Provide budget and contribution details for the Fellowship in the table below and then complete the justification sections on the next page.

| **BUDGET ITEM** | **FELLOWSHIP FUNDING REQUEST** **($ EX GST)** | **CONTRIBUTIONS****($ EX GST)** |
| --- | --- | --- |
| **Salaries** | **Year 1** | **Year 2**  | **Year 3**  | **Year 4** | **Year 5** | **TOTAL**  | **CASH**  |  **IN-KIND**  | **TOTAL**  |
| **Fellow Salary costs**Include Award/ Agreement increases and salary increments  |  |  |  |  |  |  |  |  |  |
| **Fellow Salary on-costs** |  |  |  |  |  |  |  |  |  |
| **Research Personnel***Specify for each position***Position 1*** *title*
* *new/ existing*
* *%FTE*
* *salary and on-costs*

Position 2* *title*
* *new/ existing*
* *%FTE*
* *salary and on-costs*
 |  |  |  |  |  |  |  |  |  |
| **Direct Research Cost** **Consumables****Consumer involvement****Publication costs****Minor equipment** *(maximum $10,000)**Specify additional items if required* |  |  |  |  |  |  |  |  |  |
| **Overhead costs***Maximum 54% of direct research costs* |  |  |  |  |  |  |  |  |  |
| **Relocation costs***(maximum $30,000)* |  |  |  |  |  |  |  |  |  |
| **Other costs***Specify each item*  |  |  |  |  |  |  |  |  |  |
| **TOTAL** |  |  |  |  |  |  |  |  |  |

**Fellowship funding request justification**

Provide a justification for the Fellowship funding request budget items provided in the ‘Budget details’ table. If Reserve Funding has been requested, provide details and a justification for why these funds are required.

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.

*[Maximum 500 words]*

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**Contribution justification**

Provide a justification for the cash contribution provided in supporting the Fellow and the research program. Outline any in-kind contributions provided and how these contributions support the Fellow and the research program.

If clinical salary for a clinician fellow 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 fellow achieving the aim of the Fellowship and Fellowship deliverables

*[Maximum 500 words]*

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**Consumer involvement (10%)**

Describe how consumers have been involved in the development of the research program 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 and implementation. Refer to Section 9 of the Guidelines and Conditions.

*[Maximum 500 words]*

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Please liaise with the 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 research activity. Note that named consumers must be aware of and agree to these statements and must provide certification if proposed to be involved in the activity.

*Additional tables can be inserted as required.*

|  |  |
| --- | --- |
| Title, First Name, SURNAME |  |
| Email address |  |
| Role in the development of this proposal (if applicable) |  |
| Role in this activity (if applicable) |  |

## Submission to other funding sources for this activity

List any funding source(s) and the amount(s) requested. Include applications already submitted and planned submissions. These must complement, but not duplicate, the work for which the Fellowship funding is requested. The Fellowship research program activity must not be dependent on the receipt of these other funding sources.

*[Maximum 250 words]*

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## 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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## Team certification

We certify that:

1. we commit to taking part in the activities proposed in this application for the duration of the Fellowship 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 *FHRI Fund Distinguished Fellows Program 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 will submit this application to the Administering Institution’s grant administration office
7. we agree to obtain any research ethics and governance approvals that might be required for undertaking funded activities
8. 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 the approved budget
9. no member of the research team has overdue reporting obligations for any other funding programs administered by OMRI (including FHRI Fund Programs).

**Fellow**

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

Other Team Members associated with the Administering Institution and any other participating organisations.

Insert additional tables as required.

**Team Member 1**

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

## Consumer representative certification

I certify that:

1. I commit to taking part in the activities proposed in this application for the duration of the Fellowship if successful
2. I agree to abide by the *FHRI Fund Distinguished Fellows Guidelines and Conditions.*

Insert additional tables as required.

**Consumer Representative 1**

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

## Administering Institution representative certification

I certify that:

1. I am an authorised representative of the Administering Institution
2. the Fellow will be employed at the Administering Institution at a minimum 0.5 FTE for the period of the Fellowship
3. the Administering Institution endorses this application, confirms that the information supplied on this form, is complete, true and correct in every particular and is willing to administer the Fellowship grant under the conditions specified in the *FHRI Fund Distinguished Fellows Guidelines and Conditions*
4. the cash contribution offered is sufficient to support the Fellow and the research program
5. I confirm that the cash contribution is ‘new’ cash for the purposes of conducting the Fellowship
6. the Administering Institution has a physical and operational presence in WA
7. the grant does not constitute the entire financial base of the Administering Institution
8. the Department of Health will be notified immediately of any changes to the applicant’s eligibility or changes to the information originally provided in this application.

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| --- | --- |
| **Title, First Name, SURNAME** |  |
| **Position** |  |
| **Signature** |  |
| **Date** |  |
| **Telephone number** |  |
| **Email address** |  |

## Administering Institution finance officer (or equivalent) certification

I certify that:

1. I am an authorised representative of the Administering Institution
2. the budgeted costs in this application are true and correct and reflect the latest costing information available to me
3. amounts claimed 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 with any modifications approved by the Department of Health. The Department of Health is not obliged to underwrite any recurrent or capital costs beyond funding awarded through this Program.

|  |  |
| --- | --- |
| **Title, First Name, SURNAME** |  |
| **Position** |  |
| **Signature** |  |
| **Date** |  |
| **Telephone number** |  |
| **Email address** |  |

Where different to the officer named above, please provide contact details for the person responsible for the payment of funds and financial acquittal reporting for this Fellowship.

|  |  |
| --- | --- |
| **Title, First Name, SURNAME** |  |
| **Position** |  |
| **Telephone number** |  |
| **Email address** |  |

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