

Implementation Science Fellowships 2021

Application Form

**Closing Date: 1:00pm, Tuesday 31 August 2021**

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

**Application Instructions**

Applications are invited in accordance with the conditions described in the Implementation Science Fellowships 2021 *Guidelines and Conditions,* which are available at

<https://fhrifund.health.wa.gov.au/Funding/Current-opportunities/Implementation-Science-Fellowships-2021>

Queries regarding the application process should be directed by email to the [Research and Innovation Office](mailto:RIO.DOH@health.wa.gov.au) (RIO), WA Department of Health (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 and table of contents pages with the Application Form.
* Applicants are asked to submit their proposals through the WA administering institution’s (administering institution) 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, the administering institution, finance officer/business manager and WA Health Service Provider (HSP) representatives.
* Electronic signatures are acceptable. The onus is on the administering institution to ensure approval to use an electronic signature has been obtained.
* Acknowledgment of receipt of applications 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 – ISF 2021

e.g. SMITH John – ISF 2021

**Contents**

[Application Form 2](#_Toc75769530)

[Section 1: Administering Institution / Program Lead 2](#_Toc75769531)

[Section 2: Supporting Team 2](#_Toc75769532)

[Section 3: Health Service Provider Partner Details 3](#_Toc75769533)

[Section 4: Research Program Proposal (25%) 4](#_Toc75769534)

[Section 5: Role and Contribution of the Fellow and Supporting Team (20%) 6](#_Toc75769535)

[Section 6: Consumer Involvement (10%) 6](#_Toc75769536)

[Section 7: Health Service Provider Partnership/s (10%) 6](#_Toc75769537)

[Section 8: Support Package for the Fellow (25%) 7](#_Toc75769538)

[Section 9: Recruitment Strategy for the Fellow (10%) 7](#_Toc75769539)

[Section 10: Research Career Development Plan for the Fellow 7](#_Toc75769540)

[Section 11: Budget Details 8](#_Toc75769541)

[Section 12: Program Lead and Supporting Team Certification 9](#_Toc75769542)

[Section 13: Administering Institution Representative Certification 10](#_Toc75769543)

[Section 14: Finance Officer/ Business Manager Certification 10](#_Toc75769544)

[Section 15: Health Service Provider Representative Certification 11](#_Toc75769545)

 

**Implementation Science Fellowships 2021**

# Application Form

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

## Section 1: Administering Institution / Program Lead

The administering institution is the institution that will administer the Fellowship and is responsible for the provision of the support package specified in this application. The administering institution must be a WA university or WA research institution with an ABN.

The Program Lead is the delegate applying on behalf of the administering institution and will be responsible for the overall management of the Fellowship. All correspondence will be sent to this person.

|  |  |
| --- | --- |
| Name of administering institution |  |
| Administering institution ABN |  |
| Administering institution address |  |
| Name of administering institution Program Lead |  |
| Position title |  |
| Telephone number |  |
| Email address |  |

## Section 2: Supporting Team

In addition to the Program Lead listed above, please provide details for each member of the team (co-investigators) involved in supporting the Fellow. This may include relevant academic, policy and practice team members that will be involved in the conduct of the proposed Research Program and/or other Fellowship activities.

Additional tables can be inserted as required.

|  |  |
| --- | --- |
| **Co-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) |  |

|  |  |
| --- | --- |
| **Co-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) |  |

|  |  |
| --- | --- |
| **Co-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: Health Service Provider Partner Details

Please provide details of the HSP partner/s involved in supporting the proposed Research Program and/or other Fellowship activities.

Additional tables can be inserted as required.

|  |  |
| --- | --- |
| **HSP Partner 1** | |
| Name of HSP |  |
| Name of relevant HSP delegate |  |
| Position title |  |
| Telephone number |  |
| Email address |  |

|  |  |
| --- | --- |
| **HSP Partner 2** | |
| Name of HSP |  |
| Name of relevant HSP delegate |  |
| Position title |  |
| Telephone number |  |
| Email address |  |

## Section 4: Research Program Proposal (25%)

**4.1 Research Program Stream**

Please select the relevant stream for the proposed Research Program.

1. Aboriginal health issues
2. Country and regional WA health issues

**4.2 Plain Language Summary**

Please provide a plain language summary of the Research Program. Include: one or more hypothesis; objectives\*; benefits of an implementation science approach; and examples of challenges in the Research Program area that the Fellow could address once appointed.

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

Where a grant is awarded, this summary may be used for publicity purposes.

*(Maximum one page)*

|  |
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**4.3 Significance, Feasibility and Potential for Translation**

Please describe the following:

1. Significance of the proposed Research Program (e.g. incidence/prevalence, burden of disease, impact on delivery or cost of health services). Applications must address contemporary challenges or needs of the WA public health system in the relevant stream.
2. Feasibility of the proposed implementation science Research Program, accounting for obtaining approvals required, timeframe, scope of work, and opportunities for implementation of findings.
3. Potential for translation of research evidence into practice/policy and the potential benefits to the WA health system.

|  |
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*(Maximum one page)*

**4.4 Milestones against timeline**

List the major milestones for the Research Program, including recruitment of the Fellow (insert rows as and where required).

|  |  |
| --- | --- |
| **Milestones** | **Timeline** |
| 1. |  |
| 2. |  |
| 3. Fellowship Deliverables Plan submitted to RIO *[within 6 weeks of Fellow appointment]* |  |
| 4. |  |
| 5. |  |
| 6. Progress report 1 submitted to RIO *[at 12 months]* |  |
| 7. |  |
| 8. |  |
| 9. Progress report 2 submitted to RIO *[at 24 months]* |  |
| 10. |  |
| 11. |  |
| 12. Final Report, Financial Acquittal, Community Stakeholder Brief and \*FHRI Fund Advisory Council Report submitted to RIO *[at 36 months]* |  |

\*The Fellow with work with the other FHRI Fund Implementation Science and Translation Fellows to develop and co-author this report by the end of the term of this funding.

## Section 5: Role and Contribution of the Fellow and Supporting Team (20%)

Please describe the following:

1. The role the Fellow would undertake within the Research Program and their specific contribution to the Research Program, such as development of the implementation science research project plan/s, development and implementation of methods and techniques, validation and analysis of data, compilation of reports, and assessment of project results for translation into improved health practice/policy.
2. The role the Fellow would undertake in supporting implementation across the WA public health system. Refer to Section 5 of the Guidelines and Conditionsand address the Fellowship deliverables.
3. The capacity of the supporting team and its suitability to support the Fellow in meeting the Fellowship deliverables.

*(Maximum one page)*

|  |
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## Section 6: 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, noting that a consumer will be required to be a named member of the research team for projects proposed by the Fellow. Refer to Section 6 of the Guidelines and Conditions for further guidance.

*(Maximum one page)*

|  |
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## Section 7: Health Service Provider Partnership/s (10%)

Describe the HSP partnership/s and provide the HSP’s plan for integrating the work and outputs of the Fellow into practice.

*(Maximum one page)*

|  |
| --- |
|  |

## Section 8: Support Package for the Fellow (25%)

Describe the proposed support package for the Fellow (refer to Section 8 of the Guidelines and Conditions for requirements). Note that the support package must be at least equal to the value of the FHRI Fund’s contribution.

This information should also form part of the Budget (Section 11).

*(Maximum one page)*

|  |
| --- |
|  |

## Section 9: Recruitment Strategy for the Fellow (10%)

Describe the recruitment strategy for the Fellow and how this will ensure the highest-quality individual is appointed. Refer to Section 9 of the Guidelines and Conditions for further guidance.

*(Maximum 500 words)*

|  |
| --- |
|  |

## Section 10: Research Career Development Plan for the Fellow

Describe the following:

1. Career milestones and attributes that are expected to be achieved by the Fellow by the end of the grant (e.g. major competitive grant income, employment, impact on policy and practice, academic metrics, etc).
2. The strategy to develop the Fellow’s research career to achieve the milestones and attributes listed for part (a). Refer to Section 10 of the Guidelines and Conditions for further guidance.

*(Maximum 500 words)*

|  |
| --- |
|  |

## Section 11: Budget Details

Please provide a budget proposal for the Fellowship duration in the template provided.

Refer to Section 8 and 11 of the Guidelines and Conditions for requirements.

| **BUDGET ITEM** | **AMOUNT REQUESTED**  **($ EX GST)** | | | | **SUPPORT PACKAGE**  **($ EX GST)** | | |
| --- | --- | --- | --- | --- | --- | --- | --- |
|  | **Year 1** | **Year 2** | **Year 3** | **TOTAL** | **ADDITIONAL IN-KIND SUPPORT** | **ADDITIONAL CASH CONTRIBUTION** | **TOTAL** |
| **Fellowship salary costs** |  |  |  |  |  |  |  |
| **Salary costs**  Include Award/ Agreement increases and salary increments |  |  |  |  |  |  |  |
| **Salary on-costs**  (24% applied to salary) |  |  |  |  |  |  |  |
| **Proposed implementation science Research Program costs**  Specific costings will be developed by the Fellow once appointed |  |  |  |  |  |  |  |
| *Specify research project item* |  |  |  |  |  |  |  |
| *Specify research project item* |  |  |  |  |  |  |  |
| *Specify research project item* |  |  |  |  |  |  |  |
| *Specify research project item* |  |  |  |  |  |  |  |
| **Other costs**  Specific costings will be developed by the Fellow once appointed |  |  |  |  |  |  |  |
| *Specify item* |  |  |  |  |  |  |  |
| *Specify item* |  |  |  |  |  |  |  |
| **TOTAL** |  |  |  |  |  |  |  |

## Section 12: Program Lead and Supporting Team Certification

1. I declare that I have agreed to take part in the activities 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 *Implementation Science Fellowships 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 that relevant research governance approvals and agreements will be obtained before commencement of any research project(s).
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 Fellowship program.
8. I declare that I have no outstanding reporting obligations for any other RIO funding programs.

**Program Lead**

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

**Co-Investigator 1**

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

**Co-Investigator 2**

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

**Co-Investigator 3**

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

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

## Section 13: Administering Institution Representative Certification

I declare that:

1. The administering institution endorses the application proposed by \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Program Lead) and is willing to administer the Fellowship grant in accordance with the *Implementation Science Fellowships 2021 Guidelines and Conditions*.
2. The administering institution shall notify RIO of any changes affecting Fellowship eligibility, Fellowship administration or Fellowship research activity.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Title, First Name, SURNAME** | |  | | |
| **Administering institution** | |  | | |
| **Department** | |  | | |
| **Position title** | |  | | |
| **Telephone number** | |  | | |
| **Email address** | |  | | |
| **Signature** |  | | **Date** |  |

## Section 14: Finance Officer/ Business Manager Certification

I certify that:

1. The budgeted costs in this Application Form 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** |  |
| **Administering institution** |  |
| **Telephone number(s)** |  |
| **Email address** |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Signature** |  | **Date** |  |

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** |  |
| **Administering institution** |  |
| **Telephone number(s)** |  |
| **Email address** |  |

## Section 15: Health Service Provider Representative Certification

I declare that the HSP endorses this application and will contribute to the activities of the Fellowship in accordance with the *Implementation Science Fellowships 2021 Guidelines and Conditions.*

I declare that the information provided in Section 7 (Health Service Provider Partnership/s) is true and correct.

I declare that the HSP is committed to working with the Fellow in supporting the implementation science research in the proposed Research Program area and more broadly in the HSP.

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

*Please insert additional table/s if more than one HSP partner is involved in this application.*



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

**This document can be made available in alternative formats   
on request for a person with a disability.**

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