**Innovation Fellowships 2022-23**

# **Application Form**

**Due by: 1:00 pm (AWST) Thursday 8 December 2022**

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

## Activity title

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## Activity summary

Provide a plain language summary of the innovation proposal, including the significant problem of relevance to Western Australia (WA), the innovation activity, how it will address the problem and the expected benefits of the innovation.

*[Maximum 250 words]*

*Note that this summary may be used for publicity purposes.*

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## Fellowship FTE and duration

The total time dedicated to the Fellowship activity must be 6 months, which may be completed full-time and/or part-time within a maximum period of 12 months.

As such, the activity may be undertaken as follows:

* full-time for 6 months; or
* part-time or a combination of full-time and part-time, within a maximum period of 12 months.

Indicate in the table below details of each full-time equivalent (FTE) and duration combination(s) that result in a total time allocation of 6 months of Fellowship activity.

*Examples:*

* *1.0 FTE x 6 months, total time 6 months*
* *0.5 FTE x 12 months, total time 6 months*
* *1.0 FTE x 3 months plus 0.5 FTE x 6 months, total time 6 months*
* *0.75 FTE x 8 months, total time 6 months.*

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| --- | --- | --- | --- |
| Plan to complete the 6-month total dedicated time for Fellowship activity  *Describe the applicable FTE(s), and duration(s) that would result in the total time dedicated to the Fellowship activity being 6 months.* | FTE | Duration  (Number of months) | Total time |
|  |  |  |

## Funding request summary

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

|  |  |
| --- | --- |
| Fellowship funding request  *Up to $100,000 for Fellowship salary*  *Up to $50,000 for innovation activity costs* | Fellowship salary $  Activity costs $ |
| Total Fellowship funding request  *Maximum $150,000 for the duration of the Fellowship.* | $ |

## Responsible Entity

|  |  |
| --- | --- |
| Responsible Entity name  *Entity which would administer grant funds* |  |
| Responsible Entity address |  |
| Responsible Entity ABN |  |
| Contact officer name  *Person responsible for grant administration* |  |
| Contact officer position title |  |
| Contact officer email address |  |

|  |  |  |
| --- | --- | --- |
| Eligibility | | |
| Responsible Entity ABN |  | |
| The Responsible Entity has a physical and operational presence in WA | Yes | |
| The cash amount awarded will not constitute the entire financial base of the Responsible Entity | | Yes |
| The Innovation Fellow will have a position or title at the Responsible Entity for the period of the grant | | Yes |

## Innovation Fellow

Provide the details of the Innovation Fellow.

Include an abridged (2 page maximum) Curriculum Vitae (CV), which includes any innovation experience and/or achievements over the last 5 years. This can be inserted at the end of this application form in the nominated section (not as a separate file).

|  |  |
| --- | --- |
| Title (e.g. Dr, Ms), First name, SURNAME |  |
| ORCiD (if registered) |  |
| Citizenship/Residency status | Australian citizen  Permanent resident  New Zealand citizen  appropriate work visa |
| Grant arrangement  *Refer to section 4 ‘Eligibility’ of Guidelines and Conditions* | (a) employee of the Responsible Entity  or  (b) honorary or adjunct title at the Responsible Entity |
| If response above is (a), indicate further details | Position: |
| If response above is (b) and there will be an arrangement with a relevant Employer, indicate further details | Title at Responsible Entity:  honorary  adjunct |
|  | Intended grant arrangement:  via affiliation agreement  subcontract to Employer |
|  | Relevant Employer: |
|  | Position: |
|  | Employer has a physical & operational presence in WA:  Yes |
| Affiliated entities, position title(s)  *Entities with which the applicant is affiliated, other than the Responsible Entity. If applicable identify if adjunct or honour position* |  |
| Discipline/Profession |  |
| FTE currently employed by Responsible Entity (or Employer, if applicable) |  |
| Telephone number |  |
| Primary email address |  |
| CV (2 page maximum) included | Yes |
| Eligibility | |

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| --- | --- |
| Primarily based in WA  *Confirm that will be based in WA for a minimum of 80% during the project.* | Yes |
| Has no overdue reports for any OMRI or FHRI Fund grant programs | Yes |

## Innovation Mentor

Include an abridged (2 page maximum) Curriculum Vitae (CV), which includes significant innovation achievements over the last 5 years. This can be inserted at the end of this application form (not as a separate file).

|  |  |
| --- | --- |
| Title, First Name, SURNAME |  |
| Entity (e.g. organisation) |  |
| Entity address |  |
| Position title |  |
| Discipline / Profession |  |
| Telephone number |  |
| Email address |  |
| Role in this activity |  |
| Time contribution to this activity *Hours per week* |  |
| CV (2 page maximum) included | Yes |

## Fellowship Supervisor

Include an abridged (2 page maximum) Curriculum Vitae (CV) that demonstrates relevant content knowledge and expertise over the last 5 years. This can be inserted at the end of this application form (not as a separate file).

|  |  |
| --- | --- |
| Title, First Name, SURNAME |  |
| Entity (e.g. organisation) |  |
| Entity address |  |
| Discipline / Profession |  |
| Telephone number |  |
| Email address |  |
| Role in this activity |  |
| Time contribution to this activity *Hours per week* |  |
| CV 2 page maximum included | Yes |

## Host Entity (if applicable)

In cases where a Responsible Entity does not have all the required conditions to support the innovation activity, the activity can be undertaken in a separate organisation (Host Entity).

|  |  |
| --- | --- |
| Host Entity name |  |
| Contact officer name |  |
| Contact officer position |  |
| Contact officer email address |  |
| Eligibility | |
| Host Entity ABN |  |
| Host Entity address  *Must have a physical and operational presence in WA* | Yes |

## Significance of the problem

Describe the following:

1. The health or medical problem that the innovation addresses.
2. The relevance and scale of this problem in WA.

*[Maximum 250 words]*

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## Proposed innovation

Describe the following:

1. The proposed innovation and how it is novel (new).
2. The differentiation between the proposed innovation and any existing or emerging competing processes, products and/or services.
3. The expected benefits of the innovation, including:
   * the potential impact of the proposed innovation on the problem in WA
   * the impact that the innovation will have on the health and/or wellbeing of the WA community
   * the economic, social and environmental benefits of the innovation to WA.

*[Maximum 500 words]*

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## Proposed activity

Describe the following:

1. The innovation stage, which will be the starting point of the Fellowship activity (e.g. idea, proof of concept, proof of feasibility, prototype)
2. The activity that will be undertaken, including objectives, methodology, and realistic measures of expected outcomes
3. The contribution of the Fellow to the proposed activity, including the specific responsibilities towards the development of the above objectives, methodology and outcomes.

*[Maximum 300 words]*

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List the major activity milestones for the activity and their duration in months. The total activity duration must reflect the total duration outlined in the ‘Fellowship FTE and duration’ section. Milestone activity commences upon execution of a Grant Funding Agreement or Memorandum of Understanding (as appropriate).

*Note: If ethics/governance approval is required for the activity, this must be achievable within the activity period.*

| **No** | **Milestone**  *(insert additional rows as required)* | **Milestone date**  *(in months from execution)* |
| --- | --- | --- |
| 1. | *e.g. Agreement execution* | *e.g. 1 month* |
| 2. | *e.g. recruitment of support personnel* | *e.g. 2 months* |
| 3. |  |  |
| 4. |  |  |
| 5. |  |  |

## Innovation Fellow track record and potential

Describe the following:

1. How the Fellow’s expertise and experience will support the proposed activity (e.g. any training that has been completed)
2. Clear and achievable goals with regard to innovation capability development during the Fellowship.

*[Maximum 250 words]*

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## Supporting environment

Describe the following:

1. The knowledge, expertise, experience and innovation achievements of the Innovation Mentor over the last 5 years
2. The contribution of the Innovation Mentor to the proposed activity.

*[Maximum 250 words]*

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Describe the following:

1. The knowledge, expertise and experience (over the last 5 years) of the Fellowship Supervisor
2. The contribution of the Fellowship Supervisor to the proposed activity.

*[Maximum 250 words]*

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Describe the following:

1. Access to technical resources, infrastructure, equipment, facilities and additional support personnel. Indicate if provided by the Responsible Entity, the Host Entity (if applicable) or other parties.

*[Maximum 250 words]*

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## Consumer involvement

Describe the following:

1. How consumers (e.g. patients, carers, community members) have been involved in the development of the innovation to date, including the development of the proposed activity
2. The plan for ongoing consumer engagement in the activity, including their roles and how their lived experience perspectives will inform the activity. For guidance refer to Section 8 of the Guideline and Conditions.

*[Maximum 300 words]*

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Provide details of each consumer representative involved in the development of this proposal and/or proposed to be involved in the innovation activity. Note that named consumers must be aware of and agree to contribute to the work proposed in this application.

*[Insert additional tables, as required]*

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

## Value proposition

Describe the following:

1. The potential commercial value of the innovation, including market size and scalability, at the WA, national and global level
2. The competitive advantage of the innovation.
3. The drivers for clinicians, patients, community and/or industry to adopt the innovation.

*[Maximum 400 words]*

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## Budget request

List requested budget items in the table below. For salary items, other than the Fellow, indicate the Position title/role in the Description column so that this can be linked to the justification following the budget table. For other items please provide a description.

Refer to Section 5. Program funding of the Guidelines and Conditions for guidance and information about limitations and restrictions prior to completing this table.

| **Budget Category** | **Funding Request** | |
| --- | --- | --- |
| **Fellowship salary**  *Maximum $100,000 total* | **Description** | **$**  **(ex GST)** |
| Fellowship salary, including on-costs | Fellow |  |
| **Innovation activity costs**  *Maximum $50,000 total*  *If there are multiple items in a category below create a separate row for each* | **Description** | **$**  **(ex GST)** |
| Support position salaries, including on-costs  *adjusted for FTE and duration* | Title/role: |  |
| Minor essential equipment  *maximum $10,000 total*  *quotations must be attached* |  |  |
| Consumables |  |  |
| Consumer involvement  *e.g. honoraria payments etc.* |  |  |
| Other  *specify each item* |  |  |
| Overhead charges  *maximum of 10% of total budget* |  |  |
| **TOTAL**  *Maximum $150,000 total (ex GST)* |  | **$** |

## Budget request justification – salaries

Provide a justification for the Fellowship salary and any other salaries in the ‘Budget request’ table.

For each position specify:

1. Fellow or support position title/role
2. FTE, and why this is appropriate
3. The full-time annual salary amount, and the basis for this
4. Salary on-costs %, and the basis for this
5. Support position duties and how these contribute to the delivery of the innovation activity outcomes (this point not required for the Fellow).

*[Maximum 250 words]*

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## Budget request justification – other items

Provide a justification for requested budget items (other than salary), such as specific expertise or equipment, and where this expenditure is not in WA explain why this is necessary. Travel costs must be strongly justified as being essential to the undertaking of the activity.

*[Maximum 250 words]*

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## Other funding sources or in-kind support for this activity

List any other funding sources and amounts obtained or requested. If requested, indicate the status, e.g. planned/submitted. Any other funding must be to complement, but not duplicate, the work for which the Fellowship funding is requested.

List any relevant in-kind support.

*[Maximum 250 words]*

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## Cited information

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

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## Innovation Fellow abridged CV

Insert an abridged (2 page maximum) CV, which includes any innovation experience and/or achievements over the last 5 years.

*Insert here*

## Innovation Mentor abridged CV

Insert an abridged (2 page maximum) CV, which includes significant innovation achievements over the last 5 years.

*Insert here*

## Fellowship Supervisor abridged CV

Insert an abridged (2 page maximum) CV, which includes that demonstrates relevant content knowledge and expertise over the last 5 years.

*Insert here*

## Innovation Fellow 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. to the best of my knowledge, the information supplied by me on this form is complete, true and correct in every particular
3. I agree to abide by the *Innovation Fellowships 2022-23 Guidelines and Conditions*
4. I have discussed the likely impact of the activity on the Responsible Entity and other relevant entities and this activity is acceptable to them
5. I will submit this application to the Responsible Entity’s grant administration (or equivalent operations/finance/contract) office
6. I have relevant permissions to use any third-party Intellectual Property required to deliver the innovation activity and have Freedom to Operate for the innovation activity
7. I agree to obtain the relevant approvals and agreements that might be required for undertaking funded activities, before the commencement of the Fellowship
8. I understand and agree that if the application is successful, no further claim will be made on the Department of Health to cover any expenditure beyond the approved budget
9. I do not have any overdue reporting obligations for any other funding programs administered by OMRI (including FHRI Fund Programs).

**Innovation Fellow**

|  |  |  |
| --- | --- | --- |
| Title, First Name, SURNAME |  | |
| Signature | | Date |

## Innovation Mentor certification

I certify that:

1. I commit to undertaking the Innovation Mentor role as described *Innovation Fellowships 2022-23 Guidelines and Conditions* and as proposed in this application for the duration of the Fellowship if successful
2. to the best of my knowledge, the information supplied by me on this form is complete, true and correct in every particular
3. I will abide by the *Innovation Fellowships 2022-23 Guidelines and Conditions*
4. I have discussed the likely impact of the activity on other relevant entities, and this activity is acceptable to them
5. I have relevant permissions to use any third-party Intellectual Property required to support the delivery of the innovation activity and have Freedom to Operate for this activity
6. I do not have any overdue reporting obligations for any other funding programs administered by OMRI (including FHRI Fund Programs).

**Innovation Mentor**

|  |  |  |
| --- | --- | --- |
| Title, First Name, SURNAME |  | |
| Organisation name |  | |
| Signature | | Date |

## Fellowship Supervisor certification

I certify that:

1. I commit to undertaking the Fellowship Supervisor role as described *Innovation Fellowships 2022-23 Guidelines and Conditions* and as proposed in this application for the duration of the Fellowship if successful
2. to the best of my knowledge, the information supplied by me on this form is complete, true and correct in every particular
3. I will abide by the *Innovation Fellowships 2022-23 Guidelines and Conditions*
4. I have discussed the likely impact of the activity on other relevant entities, and this activity is acceptable to them
5. I have relevant permissions to use any third-party Intellectual Property required to support the delivery of the innovation activity and have Freedom to Operate for this activity
6. I do not have any overdue reporting obligations for any other funding programs administered by OMRI (including FHRI Fund Programs).

**Fellowship Supervisor**

|  |  |  |
| --- | --- | --- |
| Title, First Name, SURNAME |  | |
| Organisation 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 *Innovation Fellowships 2022-23 Guidelines and Conditions.*

**Consumer representative 1**

|  |  |  |
| --- | --- | --- |
| Title, First Name, SURNAME |  | |
| Signature | | Date |

*[Insert additional tables as required]*

## Responsible Entity representative certification

I certify that:

1. I am an authorised representative of the Responsible Entity
2. the Fellow would have a position or title at the Responsible Entity (in accordance with the definitions in Section 4 of the *Innovation Fellowships 2022-23 Guidelines and Conditions*)
3. the salary paid by Responsible Entity through the Fellowship will not exceed that which the Fellow would normally receive in the course of their current employment
4. the Responsible Entity endorses this application, confirms that the information supplied on this form is complete, true and correct in every particular
5. the Responsible Entity will administer the Fellowship grant under the conditions specified in the *Innovation Fellowships 2022-23 Guidelines and Conditions*
6. the Responsible Entity has a physical and operational presence in WA
7. the Responsible Entity agrees that should this application be successful, the Responsible Entity will assume all responsibility for ensuring that required approvals and governance are obtained before any work requiring such approvals commences
8. the Responsible Entity agrees to have Intellectual Property agreements in place with the Fellow, any other team member and any other participating entity, including a Host Entity (where applicable)
9. the grant does not constitute the entire financial base of the Responsible Entity
10. the Office of Medical Research and Innovation will be notified immediately of any changes to the information provided in this application, if these changes occur prior to the Fellowship grant being fully expended.

**Responsible Entity representative**

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

## Responsible Entity finance officer (or equivalent) certification

I certify that:

1. I am an authorised representative of the Responsible Entity
2. the budgeted costs in this application are true and correct and reflect the latest costing information available to me
3. amounts claimed are in Australian dollars and exclusive of 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 |  | |
| Telephone number |  | |
| Email address |  | |
| Signature | | Date |

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 Innovation Fellowship.

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

## Host Entity representative certification (if applicable)

I certify that:

1. I am an authorised representative of the Host Entity
2. I commit to having a formal agreement in place with the Responsible Entity with respect to the terms and conditions of the arrangement relating to the Fellowship if successful
3. I agree to have an Intellectual Property agreement in place with the Responsible Entity
4. the Host Entity has a physical and operational presence in WA
5. I agree to abide by the *Innovation Fellowships 2022-23 Guidelines and Conditions.*

**Host Entity representative**

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