**Major Research Application Support**

# **Application Form**

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

***When completing this Application Form refer to the Major Research Application Support 2022-23 (MRAS)*** [***Guidelines and Conditions***](https://fhrifund.health.wa.gov.au/Funding/Current-opportunities)***, which include application instructions.***

## Application title

The MRAS application should have the same title as the planned application to the External Program.

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## Application summary

Provide a plain language summary of the proposal, including the aims, objectives, significance and expected benefits to the WA community. This summary may be used for publicity purposes.

*[Maximum 250 words]*

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## MRAS application funding request summary

All amounts must be excluding GST.

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| --- | --- | --- |
| A. MRAS cash contribution request  *Up to $1,000,000* | | $ |
| B. Other partner cash contributions included in the External Program application | | $ |
| C. Funding requested from the External Program funder | | $ |
| Eligibility | | |
| Other partner cash contributions (B) + Funding requested from the External Program funder (C) is greater than or equal to the MRAS cash contribution request (A) | B + C ≥ A | |

**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**  *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** (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. |

## Administering Institution

|  |  |  |
| --- | --- | --- |
| Name of WA Administering Institution  *Entity which would administer MRAS grant funds* |  | |
| Administering Institution address |  | |
| Contact officer name  *Person responsible for grant administration* |  | |
| Contact officer position |  | |
| Contact officer email address |  | |
| Eligibility | | |
| Administering Institution ABN |  | |
| The Administering Institution has a physical and operational presence in WA | Yes | |
| The MRAS cash amount will not constitute the entire financial base of the Administering Institution | | Yes |

## MRAS applicant

Provide the details of the MRAS applicant. All project related correspondence will be sent to this person.

Include an abridged Curriculum Vitae (CV) of the MRAS applicant (2-page maximum), which includes key publications from the last 5 years. The CV can be inserted at the end of this Application Form.

|  |  |
| --- | --- |
| Title (e.g. Dr, Ms), First name, SURNAME |  |
| ORCiD (if registered) |  |
| Grant arrangement  *Refer to section 4 Eligibility of Guidelines and Conditions* | (a) employee of the Administering Institution  **or**  (b) honorary or adjunct title at the Administering Institution |
| 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 Administering Institution:  honorary  adjunct |
|  | Intended grant arrangement:  via affiliation agreement  subcontract to Employer |
|  | Relevant Employer: |
|  | Position: |
|  | Employer has a physical and operational presence in WA:  Yes |
| Affiliated institutions, position and title  *Institutions with which the applicant is affiliated, other than the Administering Institution or Employer (if different to the Administering Institution). Identify if adjunct or honorary position.* |  |
| Discipline/Profession |  |
| Telephone number |  |
| Primary email address |  |
| Eligibility | |
| The MRAS applicant is the:  Coordinating Principal Investigator (CPI), Chief Investigator A or equivalent on the External Program application  or  Co-Lead on the External Program application for a large multi-state application | CPI Yes  Co-lead Yes |
| Citizenship/residency status | Australian citizen  Australian permanent resident  New Zealand citizen  appropriate work visa |
| Primarily based in WA  *Confirm that will be based in WA for a minimum of 80% during the project* | Yes |
| Will have a position or title at the Administering Institution for the period of the grant | Yes |
| Has no overdue reports for any OMRI or FHRI Fund grant programs | Yes |

## External Program

When completing the table below, supporting information must be provided as instructed.

|  |  |  |
| --- | --- | --- |
| Name of External Program funder  *Entity which administers the External Program* |  | |
| Name of External Program to be applied to |  | |
| External Program closing date |  | |
| Expected External Program award notification date |  | |
| Expected External Program funding commencement date and duration |  | |
| When is MRAS funding required by the External Program funder?  *Date(s) or payment schedule* |  | |
| Any requirements or other relevant conditions for applying to the External Program  *e.g. a policy or practice partner is required* |  | |
| Is a letter of support/commitment required from the Department of Health?  When is the Department of Health letter required?  Is a specific format or template required? | Yes  Letter of support/commitment due date:  Yes  No | |
| Eligibility | | |
| Does the External Program require co-funding as an eligibility criterion?  *Describe the co-funding rules (e.g. set amount, ratio, percentage)* | | Yes |
| Is the project health or medical research?  *Refer to the definition in the Guidelines and Conditions* | | Yes |
| Is the External Program nationally or internationally competitive?  *Describe how the External Program has a selection process to assess and rate every application submitted against all the other applications* | | Yes |
| Is the External Program advertised and available to all potential applicants?  *Describe how the External Program is open and available to all potential national or international applicants* | | Yes |
| Does the External Program have a well-defined mechanism for competition and selection?  *Describe the publicly available rules stating how assessments are conducted, composition of the review panel (if applicable) and provisions to manage conflicts of interest* | | Yes |
| The total expected expenditure in WA of funding provided through the External Program is at least double the MRAS contribution request  *(For example, if the MRAS cash commitment requested is $1 million, at least $2 million in total must be spent in WA)*  *Confirm the above by ticking ‘Yes’ and provide the dollar value* | | Yes  MRAS contribution request $  Total expected expenditure in WA $ |
| A WA organisation is the administering, leading, or co-leading organisation  *Describe the WA organisation and its role in the External Program application* | | Yes |
| Other organisations partnering on the External Program application are not part of an industry that produces products or services that may contribute to poor physical health or mental wellbeing of the community.  *List the partner organisations* | | Yes |

## Supporting team

Provide details for each of the supporting team members involved in the external application. 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 CV (2-page maximum) 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.*

|  |  |
| --- | --- |
| **Team member 1** | |
| Title, First name, SURNAME |  |
| ORCiD (if registered) |  |
| Institution/Organisation |  |
| Institution/Organisation address |  |
| Discipline/Profession |  |
| Position title |  |
| Role in this activity, including whether as a Chief, Principal or Associate Investigator (if applicable) |  |
| Telephone number |  |
| Email address |  |

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| **Team member 2** | |
| Title, First name, SURNAME |  |
| ORCiD (if registered) |  |
| Institution/Organisation |  |
| Institution/Organisation address |  |
| Discipline/Profession |  |
| Position title |  |
| Role in this activity, including whether as a Chief, Principal or Associate Investigator (if applicable) |  |
| Telephone number |  |
| Email address |  |

## Potential impact of research (30%)

Describe:

1. the significance of the issue or opportunity in WA (e.g. relevance, scale, incidence, prevalence, burden of disease, impact on delivery or cost of health service)
2. how the proposed research will address the issue or opportunity described for (a)
3. the expected benefits to the WA community (e.g. improved health outcomes, reduced inequities)
4. the potential for translation and implementation of research findings into policy and practice, commercialisation and/or proposed pathway for implementation of new processes, products and/or services.

*[Maximum 400 words]*

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## Research proposal (30%)

Describe the research activity plan including:

1. the hypothesis, research questions and objectives (ensure objectives are specific, measurable, attainable, relevant and time-bound)
2. the methodology, including realistic measures of outcomes, approvals, milestones, and novel approach
3. a list of all locations where research will be undertaken, ethics and governance approvals and agreements that will be required before the research activity can proceed (if any research is undertaken at a WA health system site or involves a WA healthy system employee, ethics approval must be sought from a WA health system HREC, as per the Department of Health [Research Governance Framework](https://rgs.health.wa.gov.au/Pages/Research-Governance-Framework.aspx))
4. an achievable timeline.

*[Maximum 400 words]*

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## Track record (relative to opportunity) and potential of MRAS applicant and team (25%)

Describe the following:

1. the MRAS applicant’s track record taking into consideration any career disruptions (as defined by the NHMRC Relative to Opportunity [Policy](https://www.nhmrc.gov.au/about-us/policy-and-priorities)) and how this is relevant to the External Program application
2. the relevance and strength of qualifications of the investigators and policy and practice partners and their availability to conduct the activity
3. the contributions of each team member
4. collective gain of the team to the project including collaboration with policy and practice partners
5. access to required resources, including expertise.

*[Maximum 400 words]*

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## Consumer involvement (10%)

Describe:

1. how consumers (e.g. patients, carers, community members) have been involved in the development of the research proposal to date, including the development of the proposed activity
2. the plan for ongoing consumer involvement 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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Please 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 research 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) |  |

## Alignment with focus areas (5%)

Describe how the primary purpose of the application directly addresses Aboriginal[[1]](#footnote-2) and/or regional WA health issues. If this is not applicable, leave this section blank.

*Note: Applications are either scored ‘yes’ (adequately addresses one or both of the above) or ‘no’ (does not adequately, or does not seek to, address either of the above).*

*A ‘yes’ score will equate to 5% and a ‘no’ score’ will equate to 0%.*

*[Maximum 200 words]*

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## Submission to other funding sources for this activity

List any other 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 External Program funding is requested.

*[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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## MRAS applicant abridged CV

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

*Insert here*

## Team abridged CV

Insert an abridged CV (2-page maximum) for each team member, which includes significant achievements over the last 5 years.

*Insert here*

## Research team certification

We certify that:

1. we commit to taking part in the activities proposed in this application for the duration of the activity 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 *MRAS 2022-23 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 agree the funds granted for this activity will only be spent for the purpose for which they are approved
9. 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
10. no member of the research team has overdue reporting obligations for any other funding programs administered by the Department of Health’s Office of Medical Research and Innovation (including FHRI Fund Programs).

**MRAS applicant**

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

**Team Member 1**

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

**Team Member 2**

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

*Insert additional tables as required.*

## 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 *MRAS 2022-23* *Guidelines and Conditions.*

Insert additional tables as required.

**Consumer Representative 1**

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

## Administering Institution representative certification

I certify that:

1. I am an authorised representative of the Administering Institution
2. the MRAS applicant would have a position or title at the Administering Institution for the term of the grant
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 grant under the conditions specified in the *MRAS 2022-23 Guidelines and Conditions*
4. the Administering Institution will coordinate the major external funding application and administer the grant, if successful
5. the grant does not constitute the entire financial base of the Administering Institution
6. 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.

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

## Administering Institution finance officer (or equivalent) certification

I certify that:

1. I am an authorised representative of the Administering Institution
2. the funding request details in this application are true and correct and reflect the latest costing information available to me
3. amounts claimed are 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 reporting for this grant.

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

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

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1. Within Western Australia, the term Aboriginal is used in preference to Aboriginal and Torres Strait Islander, in recognition that Aboriginal people are the original inhabitants of Western Australia. No disrespect is intended to our Torres Strait Islander colleagues and community. [↑](#footnote-ref-2)