#### Major Research Application Support

# **Minimum Data Form**

##### Due by: 1:00 pm (AWST) Tuesday 28 November 2023

* ***A completed Minimum Data Form must be submitted by the due date/time to be eligible to submit an Application Form.***
* ***This information is used to assist in preparing review panels and assessing External Program eligibility and is not used for selection or assessment purposes.***
* ***Please refer to the relevant*** [***Guidelines and Conditions***](https://fhrifund.health.wa.gov.au/Funding/Current-opportunities) ***which include application instructions.***

## Application details

|  |  |
| --- | --- |
| Activity title |  |
| Activity Lead |  |
| Responsible Entity |  |
| Amount requested (estimate)  *ex GST* | $ |
| Peer Review Areas (up to 3)  *Available from NHMRC* [*Sapphire Knowledge Base*](https://healthandmedicalresearch.gov.au/tutorials.html) *webpage, located under Researcher>My Applications>Peer Review Area Library* | 1.  2.  3. |

## Activity summary

Provide a plain language summary of the proposal, including the aims, objectives, significance and expected benefits to the WA community.

*[Maximum 250 words]*

|  |
| --- |
|  |

## External Program

|  |  |
| --- | --- |
| Name of External Program funder  *Entity which administers the External Program* |  |
| Name of External Program to be applied to |  |
| External Program closing date |  |
| 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 |
| 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 publicly available selection process to assess and rate every application submitted against all the other applications, composition of the review panel (if applicable) and provisions to manage conflicts of interest* | 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 |
| Is the expected expenditure in WA provided through the External Program at least double the MRAS contribution being requested?  *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 $ |
| Is a WA organisation the administering, leading, or co-leading organisation on the External Program application  *Describe the WA organisation and its role in the External Program application* | Yes |

## Activity Lead affiliations

List all the entities that the Activity Lead has affiliations with, including the Responsible Entity. Identify if an adjunct or honorary title. Add rows if necessary.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Entity** | **Position/Title** | **Paid** | **Start date** | **End date** |
|  |  | Y/N | dd/mm/yy | dd/mm/yy |
|  |  | Y/N | dd/mm/yy | dd/mm/yy |
|  |  | Y/N | dd/mm/yy | dd/mm/yy |

## Team members

Provide details of all team members involved in the Activity. Add rows if necessary.

If a team member is affiliated with more than one entity or has more than one position/title at one entity, complete a new line for each of these.

|  |  |  |  |
| --- | --- | --- | --- |
| **Team member** | **Entity** | **Position/Title** | **Paid** |
|  |  |  | Y/N |
|  |  |  | Y/N |
|  |  |  | Y/N |

## Assessors not to be approached

Please provide the name of any person not to be approached to assess the application, if applicable. This information will only be available to the Office of Medical Research and Innovation.

|  |  |
| --- | --- |
| **Name** | **Entity** |
|  |  |
|  |  |
|  |  |

**[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   
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