**FHRI Fund Distinguished Fellows 2024-25**

# **Application Form**

**Due by: 1:00 pm (AWST) Wednesday 25 June 2025**

* **Please refer to the relevant Guidelines and Conditions which include application instructions.**
* **Activity Leads are responsible for complying with internal deadlines and ensuring all certifications are complete prior to submission.**

## Activity title

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## Activity Lead and Activity summary

Provide a brief biography of the Activity Lead (the Fellow) and a **plain language** summary of the proposal, including the aims, objectives, significance and expected benefits to the health and wellbeing of the WA community. This summary may be used for publicity purposes.

*[Maximum 250 words]*

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## Funding request

The information provided below must align with the ‘Budget request’ table.

|  |  |
| --- | --- |
| Amount requested (ex GST)*Up to $3.75 million or* *$4.5 million if Reserved Funding is requested*  | $ |

## FHRI Fund Fellowship funding request summary

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

|  |  |
| --- | --- |
| Fellowship FTE (if requested)*May be up to 0.5 FTE* |  |
| Fellowship funding request from FHRI Fund*A maximum of $50,000 can be allocated to direct research costs.**A maximum of $30,000 can be allocated to relocation costs.**Overhead costs up to a maximum of 10% of the total funding request.* | Activity Lead salary $ Research personnel salary $Direct research costs $Overhead costs $Relocation costs $Other costs $ |
| Reserve Funding requested from FHRI Fund*Maximum $500,000. Refer to Section 5, ‘Program Funding’ of the Guidelines and Conditions for more information*  | [ ]  Yes [ ]  NoIf Yes indicate:Activity Lead salary $ Research personnel salary $Direct research costs $Relocation costs $Overhead costs $Other costs $ |
| Total Fellowship package funding request from FHRI Fund*Maximum $6 million for the 5-year period* | $ |

## Support package 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.

|  |  |
| --- | --- |
| Source of cash contribution |  |
| Cash contributions *This must be at least 25% of the total Fellowship package.* | Activity Lead salary $ Research personnel salary $Direct research costs $Relocation costs $Overhead costs $Other costs $ |
| Source of in-kind contribution |  |
| In-kind contributions  | Overhead costs $Other costs $ |
| Total Support Package*Must be at least equal to the total Fellowship funding request* | $ |

## Responsible Entity

|  |  |
| --- | --- |
| Name of Responsible Entity*Entity which would administer grant funds**Must be a registered NHMRC Administering Institution*  |  |
| ABN |  |
| Registered address*Must have a physical and operational presence in WA* |  |
| Contact officer pre-award | Name:Position:Email:Phone: |
| Contact officer post-award | [ ]  Same as pre-award above**or**Name:Position:Email:Phone: |

## Activity Lead

Provide the details of the Activity Lead. Insert an abridged (six-page maximum) Curriculum Vitae (CV) of the Activity Lead, which includes key publications from the last 5 years and a 1-page statement of research experience relative to opportunity including any career disruptions (if applicable) as defined by the NHMRC Relative to Opportunity Policy.

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

|  |  |
| --- | --- |
| Title (e.g. Dr, Ms) First name SURNAME |  |
| ORCiD *An ORCiD can be generated for free at* [*https://orcid.org/*](https://orcid.org/) |  |
| Citizenship/residency status | [ ]  Australian citizen [ ]  Australia permanent resident[ ]  New Zealand citizen [ ]  appropriate work visa |
| Primarily based in WA*Confirm that you will physically reside in WA for a minimum of 80% during the grant*  | [ ]  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 |
| Primary telephone number |  |
| Primary email address |  |
| Completed the free online 30 minute [Consumer and Community Involvement in Health Research](https://retprogram.org/training/consumer-and-community-involvement-in-health-research/) course (or equivalent) | [ ]  Yes [ ] NoIf applicable, equivalent course name: |
| Completed the free online 30 minute [Consumer & Community Involvement and Grant Writing](https://cciprogram.org/consumer-community-involvement-and-grant-writing-e-course/) course (or equivalent) | [ ]  Yes [ ] NoIf applicable, equivalent course name: |
| CV attached *Maximum six pages* | [ ]  Yes |

**Grant Arrangement**

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| --- | --- |
| Relationship to Responsible Entity*Refer to ‘Eligibility’ section of the Guidelines and Conditions* | [ ]  (a) employee of the Responsible Entityor[ ]  (b) honorary or adjunct title at the Responsible Entity |
| If response to grant arrangement is (a), indicate further details | Position at Responsible Entity:  |
| If response above is (b) and there will be an arrangement with an Employer, indicate further details | Title at Responsible Entity:[ ]  honorary [ ]  adjunct |
| Intended grant arrangement:[ ]  affiliation agreement [ ]  subcontract to Employer |
| Employer:  |
| Position at Employer:  |
| Employer has an active ABN:[ ]  Yes |
| Employer has a physical & operational presence in WA:[ ]  Yes |

**Other employment and affiliations**

List all the entities that the Activity Lead is employed by or has an affiliation with, other than the Responsible Entity or Employer listed above. Identify if an adjunct or honorary title or a Clinical Academic position. Add rows if necessary.

|  |  |  |
| --- | --- | --- |
| **Entity** | **Position/Title** | **Paid** Y/N |
|  |  |  |
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**Other information**

|  |  |
| --- | --- |
| Discipline/Profession |  |
| Clinician Profession*Note: this is collected for statistical purposes only* | [ ]  Allied health and health sciences[ ]  Dentistry[ ]  Medical Practitioner[ ]  Nursing & Midwifery[ ]  Non-clinician |
| Research career stage*An Early-Career researcher has held their PhD for no more than 5 years from the date that their PhD was passed and a Mid-Career researcher no more than 10 years as at the time of application, taking into consideration any career disruptions as defined in the* [*NHMRC Relative to Opportunity Policy*](https://www.nhmrc.gov.au/about-us/nhmrc-policies-and-priorities)*Early-Career researchers are not eligible for this Program.**Note: this is collected for statistical purposes only* | [ ]  Early-Career[ ]  Mid-Career[ ]  Post Mid-Career[ ]  No postgraduate degree |
| Postgraduate research degree*The nominated years since award of degree/years of research experience must align with the justification below.* | [ ]  PhD [ ]  Masters by Research [ ]  NoneYears since award of degree: \_\_\_\_\_\_\_\_If None, years of research experience: \_\_\_\_\_\_\_\_ |
| Within which area are you located | [ ]  Perth metropolitan [ ]  Regional and remote |

## Activity Lead research career stage justification

Provide a justification for the nominated research career stage taking into consideration any career disruptions (as defined by the [NHMRC Relative to Opportunity Policy](https://www.nhmrc.gov.au/about-us/nhmrc-policies-and-priorities)) specified in the Eligibility section of the Guidelines and Conditions.

*[Maximum 250 words]*

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## Responsible Entity research career stage endorsement

[ ]  I, \_\_\_\_\_\_\_\_\_\_, declare that the applicant has selected the appropriate research career stage specified in the Eligibility section of the Guidelines and Conditions.

Responsible Entity endorsement comments.

*[Maximum 250 words]*

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## Team members

Provide details for each of the team members involved in the Activity. This will include team members associated with the Responsible Entity, and any other participating organisations.

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

Insert additional team member tables as required.

|  |
| --- |
| **Team member 1** |
| Title (e.g. Dr, Ms), First name, SURNAME |  |
| ORCiD *An ORCiD can be generated for free at* [*https://orcid.org/*](https://orcid.org/) |  |
| Employer(s) |  |
| Position(s) |  |
| Role in this Activity |  |
| Time commitment to this Activity  |  hours/week |
| Primary telephone number |  |
| Primary email address |  |
| Completed the free online 30 minute [Consumer and Community Involvement in Health Research](https://retprogram.org/training/consumer-and-community-involvement-in-health-research/) course (or equivalent) | [ ]  Yes [ ] NoIf applicable, equivalent course name: |
| CV attached *Maximum two pages* | [ ]  Yes |

## Activity 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** (up to 2) state the disease groups and names that are most applicable or have the highest burden*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* | *e.g. Blood and metabolic disorders - Cystic fibrosis* |
| **Keywords** (up to 5)*Must be selected from NHMRC*[*Sapphire Knowledge Base*](https://healthandmedicalresearch.gov.au/tutorials.html) *webpage, located under Researcher > My Applications > Keyword Library* | 1.2.3.4.5. |

## Quality of the Activity Lead (30%)

Applications must address contemporary challenges or needs faced by the WA health system and health and medical innovation sector.

Describe how relative to opportunity, the Activity Lead demonstrates:

* major accomplishments that have had a significant impact in their field
* recognition internationally as a leader 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 Activity objectives, ensuring these are specific, measurable, attainable, relevant and time-bound
2. alignment of the objectives with the WA Health and Medical Research Strategy 2023-2033
3. the hypothesis and research questions to be investigated
4. the scientific framework, design and methodology that will be followed, including techniques, target group(s) and how achievement of the objectives will be demonstrated
5. the expected research knowledge and translation of research evidence into policy and/or practice, commercial outputs, health benefits and/or other impacts
6. an achievable timeline.

*[Maximum 2000 words]*

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| a)b)c) |

List the major milestones for the Activity and their duration in months from Activity start date in the following table.

The Activity starts upon execution of a Grant Funding Agreement. Include separate milestones as applicable, for example, ethics and governance approvals, employment of staff, data collection, participant recruitment, and data analysis. Note dissemination of outcomes, e.g. publications, are not appropriate milestones, as they are not a component of the Activity.

*Note: If ethics/governance approval is required for the Activity, this must be achievable within the Activity period and approval dates do not affect the Activity start date.*

| **No** | **Milestone***(insert additional rows as required in order of completion)* | **Milestone date***(in months from start date)* |
| --- | --- | --- |
| 0. | Execution of Grant Funding Agreement | 0 months |
| 1. | *e.g. prepare and submit ethics application* | *e.g. 1 month from start date* |
| 2. | *e.g. recruitment of support personnel* | *e.g. 1 months from start date* |
| 3. | *e.g. obtain ethics and governance approvals* | *e.g. 6 months from start date* |
| 4. | *e.g. recruit first participant* |  |
| 5. | *e.g. recruit final participant* |  |
| 6. | *e.g. obtain final participant data* |  |
| 7. | *e.g. analyse data* |  |

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| --- | --- |
| Enter the duration of the Activity *(Activity must be completed within a maximum of 5 years)* |  |

## Leadership (20%)

Describe your experience in the following:

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

*[Maximum 750 words]*

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## Environment of the Responsible Entity (10%)

Describe the following:

* quality of the existing or planned institutional environment at which the Activity Lead will be based including opportunities for local, national and international collaborations and partnerships
* access to required resources, including expertise and equipment
* the likelihood of the Activity Lead and/or Responsible Entity to develop a feasible plan for longer-term support to sustain the program of research and program personnel beyond the term of the Fellowship package.

*[Maximum 500 words]*

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1. **Budget and commitment (10%)**

Provide budget and contribution details for the Fellowship package in the table below and provide justification for each of the items. Note the other source cash contribution must be ‘new’ cash for the purposes of the Fellowship package.

Requested FTE, salary level, costs and duration must reasonably reflect the proposed Activity and be directly attributable to the delivery of the proposed Activity.

List requested budget items in the table below, noting the following:

Salary Costs:

* *May include Activity Lead research salary*
* *May include clinical salary costs up to 0.5 FTE for clinician-researchers where clinical duties are justified to achieving the aims, objectives and deliverables of the Fellowship*
* *May include research personnel salaries for example, post-doctoral researcher(s), research assistants(s)*

Non-salary costs:

* *May include direct research costs such as minor equipment (up to $50,000), consumables, publication costs and other additional expenses directly related to the research program*
* *May include relocation costs of up to a maximum of $30,000 in the first year and can include relocation costs for other research personnel appointed*
* *other costs (such as access/licence fees, travel) for the purposes of achieving the aims and objectives of the Fellowship including the Fellowship deliverables.*

Overhead charges:

* *Overhead charges (also referred to as indirect/infrastructure costs, e.g. utilities) may be requested up to a maximum 10% of the total budget, unless the Responsible Entity is a WA public health system entity, in which case overhead charges cannot be included in accordance with the Financial Management Manual s522 (grant funding administered by the Office of Medical Research and Innovation is exempt).*

| **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**  |
| **Activity Lead Salary costs**Include Award/ Agreement increases and salary increments  |  |  |  |  |  |  |  |  |  |
| **Activity Lead 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 $100,000)**Specify additional items if required* |  |  |  |  |  |  |  |  |  |
| **Overhead costs***Maximum 10% of direct research costs* |  |  |  |  |  |  |  |  |  |
| **Relocation costs***(maximum $30,000)* |  |  |  |  |  |  |  |  |  |
| **Other costs***Specify each item*  |  |  |  |  |  |  |  |  |  |
| **TOTAL** |  |  |  |  |  |  |  |  |  |

**Fellowship package funding request justification**

Provide a justification for the Fellowship package budget items provided in the table above. Note 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 250 words]*

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**Other source contribution justification**

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

If clinical salary for a clinician Activity Lead 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 Activity Lead achieving the aim of the Fellowship and Fellowship deliverables.

*[Maximum 500 words]*

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## Consumer involvement (10%)

Describe the following:

1. how consumers (people with lived experience of a health issue, including patients and potential patients, carers and people who use health care services) will be involved in 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 through formal and informal processes.

Refer to the ‘Consumer involvement’ section of the Guidelines and Conditions. Note it is recommended that all team members complete the free online 30 minute [Consumer and Community Involvement in Health Research](https://retprogram.org/training/consumer-and-community-involvement-in-health-research/) course (or equivalent) and that the Activity Lead also completes the free online 30 minute [Consumer & Community Involvement and Grant Writing](https://cciprogram.org/consumer-community-involvement-and-grant-writing-e-course/) course before completion of this section.

As an example, for clarity, if the Activity relates to the trialling of a healthcare service provided by clinicians for patients or development of a device to be used by a clinician on a patient, the clinician is not a consumer for the purposes of this application, but rather the patient or their carer are consumers.

*[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 Activity. Note that named consumers must be aware of and agree to the statements above 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 package 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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## Assessors not to be approached

Provide the name(s) of any assessor(s) or organisation(s) you request not to be approached to assess this application (if applicable) to DOH.OMRI@health.wa.gov.au. This information will only be available to the Office of Medical Research and Innovation, and must be provided by the application closing date.

## Team certification

We certify that:

1. we commit to taking part in the Activity proposed in this application for the duration of the grant 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 *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 agree to obtain any research ethics and governance approvals that might be required for undertaking the funded Activity
7. 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
8. if the Activity Lead is employed by the WA public health system and the Responsible Entity is not the WA public health system entity (includes Clinical Academics where applicable), the Activity Lead will [register](http://coi.hdwa.health.wa.gov.au/) a Conflict of Interest for this grant in accordance with the Department of Health [Managing Conflicts of Interest Policy](https://www.health.wa.gov.au/About-us/Policy-frameworks/Integrity/Mandatory-requirements/Managing-Conflicts-of-Interest-Policy) that addresses how the Activity Lead intends to ensure WA Health intellectual property (IP) is protected.
9. the Activity Lead does not have overdue reporting obligations for any grant funding program administered by the Office of Medical Research and Innovation (including FHRI Fund programs) from any year (excludes authorised extensions)
10. we will advise if any other funding is awarded for any component of the Activity.

### Activity Lead

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

Other Team Members associated with the Responsible Entity 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 Activity proposed in this application for the duration of the grant if successful
2. I agree to abide by the *Guidelines and Conditions*
3. I agree to be contacted in relation to the grant, e.g. for evaluation of the grant funding program.

Insert additional tables as required.

### Consumer Representative 1

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

## Responsible Entity certification

I certify that:

1. I am an authorised representative of the Responsible Entity
2. all the eligibility criteria listed in the *Guidelines and Conditions* are met
3. the Activity Lead will have a position or title at the Responsible Entity for the period of the grant if successful
4. if the Activity Lead is not an employee of the Responsible Entity, evidence of an affiliation agreement with, or in-principle agreement for subcontracting to, the relevant Employer has been attached, where this evidence has not previously been provided to the Office of Medical Research and Innovation
5. the support package offered is sufficient to support additional costs that are not included in the Fellowship package funding request
6. I confirm that the support package cash contribution is ‘new’ cash for the purpose of conducting the Fellowship
7. the Responsible Entity endorses this application and confirms that the information supplied on this form is complete, true and correct in every particular
8. the Responsible Entity is willing to administer the grant if successful under the conditions specified in the *Guidelines and Conditions*, including the requirement to ensure that appropriate agreements are in place with the Activity Lead, team members and participating entities
9. the grant will not constitute the entire financial base of the Responsible Entity, i.e. the Responsible Entity has other external sources of income
10. The Responsible Entity or other entities that fund or are involved in the Activity are not part of. an industry that produces products or services that may contribute to poor physical health or mental wellbeing of the community
11. the Department of Health will be notified immediately of any changes to eligibility or changes to the information originally provided in this application.

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

## Responsible Entity finance officer (or equivalent) certification

I certify that:

1. I am an authorised finance 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 requested in the Budget are in Australian dollars and 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 any modifications to the scope of work approved in writing by the Department of Health. The Department of Health is not obliged to underwrite any costs beyond funding awarded through this Program.

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

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on request for a person with a disability.**

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