



Western Australian
Future Health Research
& Innovation Fund

Fellowships Part A Research Fellows 2026

Guidelines and Conditions

Applications close:

1:00 pm (AWST) Thursday 13 August 2026

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1. Introduction

The Research Fellows program (the Program) is a funding program of the Western Australian (WA) [Future Health Research and Innovation \(FHRI\) Fund](#).

The Program is a part of the FHRI Fund Fellowships Scheme, which consists of:

- Part A – Research Fellows
- Part B – Distinguished Fellows
- Part C – Visiting Fellows.

Further information on Part B – Distinguished Fellows and Part C – Visiting Fellows is available at [FHRI Fund Current Opportunities](#).

The FHRI Fund provides a secure source of funding to drive health and medical research, innovation and commercialisation and through these activities, improve the health and prosperity of all Western Australians. It also provides an opportunity to diversify the economy, create jobs, improve the sustainability of the health system and position WA as a leader in research and innovation.

The Program contributes to the following [FHRI Fund Strategy Theme and Priorities](#):

Strategic Theme 3: Foundational Confidence. Support the people, systems, and infrastructure that underpin WA's health and medical research and innovation sector, ensuring it can attract top talent, win national grants, and deliver sustainable growth.

- **Priority 7: Retain early to mid-career researchers.** Provide targeted support to secure the future of WA's health and medical research and innovation workforce at a critical career stage. Fellowships, near-miss grants, and career pathways will help reduce attrition and keep top talent engaged.
- **Priority 8: Attract and retain world class talent.** Attract and retain global research leaders to WA with competitive programs and conditions. This includes offering strong infrastructure, career incentives, and opportunities to lead impactful work.
- **Priority 9: Make WA competitive.** Deliver funding and ecosystem support that improves WA's success in national and global funding rounds. Investments will focus on closing capability gaps, supporting funding navigation, encouraging collaboration, and rewarding open science.

The expected outcomes are in alignment with the following objectives of the [Western Australian Future Health Research and Innovation Fund Act 2012](#):

- improving the health and wellbeing of Western Australians
- improving Western Australia's economic prosperity
- advancing Western Australia to being, or maintaining Western Australia's position as, a national or international leader in research and innovation activities.

The Program is administered by the Office of Medical Research and Innovation (OMRI), WA Department of Health (Department of Health). Queries may be directed to DOH.OMRI@health.wa.gov.au.

2. Purpose

The purpose of the Program is to attract and develop outstanding health and medical researchers across all career stages, assisting with retaining researchers in Western Australia (WA) and making the health and medical research workforce more competitive at national and international levels.

The aims of the Program are to:

- provide longer-term salary and project support to achieve a more active and supported research workforce in WA
- retain and build a competitive and globally recognised research workforce

- advance health and medical research of significance to WA.

The objectives of the Program are to:

- provide opportunities for researchers to expand their expertise and experience in the area of the proposed research
- support WA researchers to accelerate their research leadership capability and track record
- provide opportunities for researchers to form collaborations and to achieve impact.

3. Program description

The Program will provide salary and research project support (Fellowships) to outstanding WA-based health and medical researchers across all career stages and across the continuum of research including basic science, clinical, health services, public health and translational research.

Fellowships will be provided across 4 streams:

1. **Aboriginal* Health Researcher Fellows** – provision of Fellowships for early-, mid- and/or senior-career researchers who identify as Aboriginal, to co-design and lead research with Aboriginal communities.
2. **Clinician Researcher Fellows** – provision of Fellowships for medical practitioners, nurses, midwives, dentists and allied health professionals and other registered clinicians to conduct impactful research which may include undertaking a PhD qualification alongside clinical duties, and to support work that benefits health outcomes.
3. **Emerging Researcher Fellows** – provision of Fellowships for early- and mid-career researchers to lead impactful and collaborative research.
4. **FHRI Fund-Heart Foundation Fellows** – provision of Fellowships for early- and mid-career researchers to lead impactful research that advances the prevention, detection, treatment and management of cardiovascular disease, including stroke and peripheral vascular disease.

** 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. Aboriginal and Torres Strait Islander may be referred to in the national context and Indigenous may be referred to in the international context. No disrespect is intended to our Torres Strait Islander colleagues and community.*

Funding will be awarded through a competitive and merit-based process.

The Fellow (Activity Lead) will be responsible for coordinating the research project (Activity) and ensuring its timely execution.

The Responsible Entity* will be accountable for the governance and financial management of any funding awarded.

** It is acknowledged that the term Administering Institution has traditionally been used by universities and research institutes, however, the term Responsible Entity is inclusive of industry and reflects that grant agreements are the responsibility of the contracted entity.*

FHRI Fund-Heart Foundation Fellows stream

In the inaugural round of the Program, the FHRI Fund is partnering with the National Heart Foundation of Australia (Heart Foundation) to target a priority area.

The Heart Foundation is a co-funding partner organisation of the FHRI Fund and together will be providing FHRI Fund-Heart Foundation Fellowships for early- to mid-career researchers undertaking research in the area of cardiovascular disease, including stroke and peripheral vascular disease.

For more than 60 years, the Heart Foundation has been the trusted peak body working to improve the prevention, detection, and support of heart disease for all people in Australia.

Guided by the vision that [heart health will be achievable by everyone in Australia by 2050](#), the Heart Foundation continues to harness the knowledge and innovation of leading researchers and health professionals, alongside the passion of supporters and the generosity of millions of Australians by:

- funding high-impact research to support both emerging and established heart health researchers
- building community awareness and understanding about living a heart-healthy lifestyle, through public awareness campaigns, accessible information and resources
- supporting health professionals in their work to prevent, diagnose, treat and manage heart disease.

4. Eligibility

To be eligible for this Program all of the following criteria apply:

- The Responsible Entity must:
 - have an active Australian Business Number (ABN)
 - have a physical and operational presence in WA
 - **for the Clinician Researcher Fellows stream:** be a WA public health service provider¹ (HSP), WA public-private partnership (PPP) provider², WA Aboriginal Community Controlled Health Organisation, WA Aboriginal Medical Service or WA primary care provider
 - **for all other streams:** be a WA university, WA medical research institute (MRI), WA public health service provider¹ (HSP), WA public-private partnership (PPP) provider², WA Aboriginal Community Controlled Health Organisation, WA Aboriginal Medical Service or WA primary care provider.
- The Activity Lead must:
 - be an Australian or New Zealand citizen, a permanent resident of Australia, or have an appropriate work visa in place for the duration of the Activity
 - physically reside in WA for a minimum of 80 per cent of the period of the Activity
 - have no overdue reports for any grant funding program administered by OMRI (including FHRI Fund programs) from any year (excludes authorised extensions).
 - **For the Aboriginal Health Researcher Fellows stream:**
 - be led by a researcher who identifies as Aboriginal
 - the research co-designed with the Aboriginal community in an area of significance to Aboriginal people.
 - **For the Clinician Researcher Fellows stream:**
 - be registered with the relevant professional registration board, or professional association
 - be employed in a clinical role at a minimum of 0.3 FTE in an area related to the proposed research activity

¹ WA public health service provider (HSP) means a health service provider established by an order made under section 32(1)(b) of the *Health Services Act 2016*, such as the Child and Adolescent Health Service, East Metropolitan Health Service, North Metropolitan Health Service, South Metropolitan Health Service, WA Country Health Service and PathWest.

² Public-private partnership (PPP) provider refers to private hospitals with an agreement with the state government to provide public health services, for example, Joondalup Health Campus and St John of God Midland Public Hospital.

- if undertaking a Doctor of Philosophy (PhD) qualification must have a Research Supervisor.
 - **For the Emerging Researcher Fellows stream:**
 - be an early-career (less than 5 years post-PhD award date or equivalent, excluding career disruptions) or mid-career researcher (between 5-10 years post PhD award date or equivalent, excluding career disruptions as defined in the [NHMRC Relative to Opportunity Policy](#)).
 - **For the FHRI Fund-Heart Foundation Fellows stream:**
 - be an early-career or mid-career researcher (as defined above)
 - be able to allocate at least 0.6 FTE to their Fellowship.
 - ensure that funding has not been awarded for any component of the Activity
 - have a position or title at the Responsible Entity for the period of the Activity.

The Activity Lead will be required to declare which of the following applies:

 - (a) *employee³ of the Responsible Entity or Director of the company that is the Responsible Entity; or*
 - (b) *honorary or adjunct academic title at the Responsible Entity.*

In the case of (a), if the Activity Lead is also employed by the WA public health system (may include Clinical Academics) they will [register](#) (WA Health staff access only) a Conflict of Interest for this grant in accordance with the Department of Health [Managing Conflicts of Interest Policy](#) that addresses how the Activity Lead intends to ensure WA Health intellectual property (IP) is protected.

In the case of (b), if the Activity Lead is employed by another entity (the Employer), this entity must have an active ABN, a physical and operational presence in WA and evidence must be provided that either:

 - i. an affiliation agreement* exists between the Responsible Entity and the relevant Employer; or*
 - ii. the Activity will be subcontracted* to the relevant Employer and there is in-principle agreement between the Responsible Entity and the Employer for this arrangement.*

** the affiliation/subcontract agreement must clearly define each entity's responsibilities in relation to the Activity, and in accordance with the 'Contractual arrangements' section below, include relevant permissions to use third-party intellectual property (IP) required to deliver the Activity and address ownership of new IP generated by the Activity.*
- The Responsible Entity or other entities that fund or are involved in the Activity must not be part of an industry that produces products or services that may contribute to poor physical health or mental wellbeing of the community.
 - The grant funding must not constitute the entire financial base of the Responsible Entity i.e. the Responsible Entity must have other external sources of income/funding.
 - The Responsible Entity must ensure applications meet all eligibility criteria as set out in these guidelines.
 - Applications must be submitted in accordance with the 'Application instructions' section of this document.
 - An Activity Lead may submit more than one application to the Program, however only one Fellowship can be awarded.
 - An application may be deemed ineligible and excluded from further consideration if OMRI identifies that:
 - it does not meet all eligibility criteria as set out in these guidelines
 - the proposed Activity duplicates activity previously or currently being undertaken

³ Refer to the Australian Taxation Office [Difference between employees and independent contractors](#)

- it includes any incomplete, false or misleading information
- it was submitted after the advertised closing date and time.
- Grant offers may be withdrawn if it is determined that eligibility criteria are not met.
- OMRI and the partner organisation where relevant, reserve the right to request further information and make final decisions regarding eligibility.
- Decisions made in relation to previous grant programs will not be regarded as precedents and will not be considered when assessing eligibility for this grant program.

5. Program funding

Fellowships will be funded as set out in the table below for up to 4 years, to support the Activity Lead's salary costs and a substantial research Activity.

Stream	Maximum annual Activity Lead salary support including oncosts (ex GST)	FTE	Maximum annual project costs (ex GST)
1. Aboriginal Health Researcher Fellows	Up to \$260,000	Up to 1.0	Up to \$40,000
2. Clinician Researcher Fellows	Up to \$410,000	Up to 0.7	Up to \$40,000
3. Emerging Researcher Fellows	Up to \$210,000	Up to 1.0	Up to \$40,000
4. FHRI Fund-Heart Foundation Fellows	Up to \$210,000	Between 0.6 to 1.0	Up to \$40,000

If the Activity Lead is part-time, the duration of the Fellowship period is still limited to 4 years.

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

If ethics and governance approval is required to commence the Activity, expenditure other than the Activity Lead's salary cannot be incurred until these have been obtained. The salary commencement dates in the budget table must align with the expected governance approval date recorded in the milestone table.

Funding will be in accordance with the following:

- Salary costs:
 - may include the direct labour costs of employees from the Responsible Entity and/or partner organisation (e.g. Team Members) undertaking core elements of the Activity, i.e. cannot include any commercial mark-up/profit
 - salary amounts will be adjusted to a pro rata amount for fractional Full Time Equivalent (FTE)
 - may be used to offset salary normally provided to the Activity Lead
 - must not result in payment of more than a total of 1.0 FTE in remuneration from all sources
 - must be paid by the Responsible Entity in accordance with the Activity Lead's employment conditions, the applicable FTE and the duration, noting OMRI reserves the right to request documented evidence of the employment conditions
 - for Clinician Researcher Fellow stream, the Activity Lead's FTE must be no more than 0.7 FTE per annum and total Activity Lead salary costs (including on-costs) must be no more than \$410,000 per annum

- for FHRI Fund-Heart Foundation Fellow stream, the Activity Lead's FTE must be no less than 0.6 FTE per annum and total Activity Lead salary costs (including on-costs) must be no more than \$210,000 per annum
- for Aboriginal Health Researcher Fellow stream, total Activity Lead salary costs (including on-costs) must be no more than \$260,000 per annum
- for Emerging Researcher Fellow stream, total Activity Lead salary costs (including on-costs) must be no more than \$210,000 per annum
- may include Award/Agreement increases and salary increments as appropriate
- may include leave entitlements that accrue and are taken during the period the salary is being paid by the grant funding as a base salary cost (noting annual leave is accrued at a rate of 7.69% of the base salary paid by grant funding and long service leave at a rate of 2.5% of the base salary paid by grant funding)
- cannot include leave entitlements accrued outside the period the salary is being paid by the grant funding, parental leave, sabbatical, severance and termination payments
- can only include superannuation, payroll tax and workers compensation as salary on-costs up to a maximum of 30%, noting that salaries paid by a WA public health system entity can only include superannuation as a salary on-cost (this includes WA public health system invoices for salaries paid by the Responsible Entity).
- Non-salary costs:
 - can only include essential expenses such as services, supplies, equipment unique to the Activity and consumer involvement
 - for travel will not be approved unless strongly justified as being essential to the undertaking of the Activity or for conference attendance to present Activity outcomes. Travel must occur during the Activity timeframe (i.e. within the 4-year Fellowship period)
 - can include costs associated with publications and registration at conferences to disseminate findings directly related to the Activity during the Activity timeframe (i.e. incurred within the 4-year Fellowship period)
 - may be requested for equipment and specialised computing requirements that are unique to the Activity and cannot include service, maintenance and repair costs. The total value of all equipment items must not exceed 10% of the budget request or \$15,000, whichever is the lesser amount, and quotes for each item must be attached to the application
 - cannot include personal computers/devices and IT equipment, related peripherals or software for communicating, writing and undertaking simple analyses
 - cannot include entertainment, meals or hospitality costs unless incurred in support of participants of a clinical trial or as part of travel for the purposes of the Activity in accordance with the [ATO reasonable travel allowance rate](#). Alcohol cannot be included except in the case that it is classified as an investigational product in the context of a clinical trial or cohort study
 - cannot include administrative costs such as stationery, photocopying, postage and communications (such as telephone, internet or videoconferencing).
- Overhead charges (indirect/infrastructure costs such as administrative/infrastructure levies, infrastructure access fees or research support charged as a %) cannot be included. This includes WA public health system invoices for expenditure in accordance with the *Financial Management Manual* s522 (grant funding administered by the Office of Medical Research and Innovation is exempt).

- Activity costs (non-salary costs and non-Activity Lead salary costs) cannot exceed \$40,000 per annum.

Funding will only be made available for the scope of work described in the Application Form, or any modifications to the scope of work approved in writing by OMRI. The Department of Health and partner organisations will not underwrite any costs beyond the funding awarded through the Program.

The intention is that funding will be spent within WA unless goods and services expenditure items are not available in WA and/or it is beneficial to WA if goods or services are procured from outside WA.

All budget items should be adequately described and justified as consideration is given to budgets during the assessment process.

Budgets must be calculated accurately, as requests for additional funding will not be considered.

Funding is offered subject to budget availability, which could be varied in the event of unforeseen circumstances.

If your application is successful, we may ask you to verify the Activity budget that you provided in your application when we negotiate your *Grant Funding Agreement*. You may need to provide evidence such as quotes for major costs.

A separate cost centre or account must be created for the Activity to easily track costs and facilitate financial reporting.

6. Program conditions

Multiple applications

Applicants may apply to more than one stream. Each application will be assessed on its own merits. An applicant can only be offered a Fellowship for one stream.

Aboriginal Health Researcher Fellows

The Activity must be led by a researcher who identifies as Aboriginal, co-designed with Aboriginal community in an area of significance to Aboriginal people.

Clinician Researcher Fellows

Clinicians must be registered with the relevant professional registration board or professional association and employed in a clinical role at a minimum of 0.3 FTE in an area related to the proposed Activity.

A clinician may undertake a PhD qualification through the duration or part thereof of the Fellowship, however they must have a research supervisor for the period they are undertaking the PhD.

Emerging Researcher Fellows

Only early- and mid-career researchers may apply, where this is defined as:

- an early-career researcher is within less than 5 years of PhD award date or equivalent, excluding career disruptions
- a mid-career researcher is above 5 and below 10 years of PhD award date or equivalent, excluding career disruptions.

FHRI Fund-Heart Foundation Fellows

Only early- and mid-career researchers may apply, where this is defined as:

- an early-career researcher is within less than 5 years of PhD award date or equivalent, excluding career disruptions
- a mid-career researcher is above 5 and below 10 years of PhD award date or equivalent, excluding career disruptions.

FHRI Fund–Heart Foundation Fellows are required to allocate at least 0.6 FTE to their Fellowship.

The applicants (Activity Lead, Team Members and the Responsible Entity) must not accept any funds by way of research grants, consultancies or sponsorships from the Tobacco industry or persons connected with the Tobacco industry. This includes direct funding, as well as advertising, sponsorship, gifts or loan of goods or services, or funding by any other means.

Applicants and responsible entities must also comply with the [National Heart Foundation of Australia Funding Guidelines 2026](#), Clause 2.5: *Use of Generative Artificial Intelligence*.

The Activity must align with one or more of the Heart Foundations goals, to

- advance heart health equity
- create environments enabling healthy behaviours
- prevent, detect, and manage risk early
- manage heart disease effectively.

7. Application instructions

Applications for Fellowships Part A: Research Fellows 2026 will open on Thursday 18 June.

The instructions below must be followed when making a submission:

- The Application Form must be submitted via the Department of Health Grant Management System by **1:00 pm (AWST) Thursday 13 August 2026**.
- Applications must be complete, include requested certifications and be submitted by the closing date/time. Consideration must be given to the time needed to comply with internal deadlines.

Instructions for the Grant Management System are located at <https://fhrifund.health.wa.gov.au/Funding/GMS-link-page>.

Acknowledgement of receipt of the Application Form will be provided via email to the Responsible Entity, Activity Lead and Team Members after submission in the Grant Management System.

Queries related to the Guidelines and Conditions can be directed to DOH.OMRI@health.wa.gov.au with the subject line beginning with ‘Query – ResearchFellows2026’.

Queries regarding the application process can be directed to DOH.GMS@health.wa.gov.au with the subject line beginning with ‘GMS Application Assistance – ResearchFellows2026’.

8. Selection process

Assessment process

Funding will be awarded on merit, based on a process of assessment and selection of eligible applications.

Depending on the number of applications received, a review panel may conduct a shortlisting assessment stage to determine the eligible applications that are most aligned with the aims and objectives of the Program.

All eligible applications, or only those selected if a shortlisting assessment stage is undertaken, will be referred for full assessment and scoring by a review panel comprising of experienced health and medical research experts including cardiovascular experts, Aboriginal and consumer representative(s).

In recognition of the panel's broad and varied expertise, applicants are encouraged to ensure that proposals are clear and accessible to a broad audience.

Conflicts of interest that may arise will be treated in accordance with the WA health system [Managing Conflicts of Interest Policy](#).

This assessment will be based on the criteria and % weightings set out in the table below.

Assessment Criteria	Aboriginal Health	Clinician	Emerging	FHRIF-HF
<p>Track record and potential</p> <p>The Activity Lead's:</p> <ul style="list-style-type: none"> • contribution to health and medical research • track record of impact and/or influencing policy and/or practice • career plan, including key milestones for achieving an independent and self-sustaining career and broader translational research interests • capacity and plans for meeting the deliverables • expertise and/or cultural competence to work with the partners and community populations identified, where relevant 	20%	20%	20%	20%
<p>Significance of the Activity</p> <ul style="list-style-type: none"> • The issue and its significance to the WA health system • How the proposed Activity will address the issue described above • The expected benefits to the WA health system • The impact on existing programs that are currently operating in this area <p>For Aboriginal Health Researcher stream:</p> <ul style="list-style-type: none"> • Prioritising of Aboriginal peoples' and communities' health needs <p>For FHRI Fund-Heart Foundation Fellows stream:</p> <ul style="list-style-type: none"> • How the proposed Activity will address the Heart Foundation goal(s) (as described above) including the potential to improve heart health outcomes • How the Activity addresses health inequities 	30%	30%	30%	30%
<p>Activity plan</p> <ul style="list-style-type: none"> • The Activity objectives, ensuring these are specific, measurable, attainable, relevant and time-bound 	20%	20%	20%	20%

<ul style="list-style-type: none"> The methodology, including techniques, target group(s), a realistic sample size and measures to be used Achievable milestones and timeline Suitability of the budget request <p>For Clinician Researcher stream:</p> <ul style="list-style-type: none"> If undertaking a PhD qualification, the experience, role and relevance of the research supervisor 				
<p>Translation and implementation</p> <ul style="list-style-type: none"> Planned steps for the translation and/or implementation of findings and the Activity timeframes for translational impacts Expertise and demonstrated experience of the Activity Lead, Team Members and collaborating partners contributing to advancing research along the translational pathway including translation of findings into policy and/or practice Future plans for the Activity 	20%	20%	20%	20%
<p>Consumer Involvement</p> <ul style="list-style-type: none"> Consumer involvement in the development of the proposed Activity Plan for ongoing consumer engagement in the Activity 	10%	10%	10%	10%

Selection of recipients

Based on the assessment and recommendations of the review panel(s), the Department of Health will determine and approve the awarding of grants in collaboration with relevant funding partners in accordance with the Department of Health financial and procurement processes and delegation authorities.

OMRI reserves the right to offer lower funding rates than requested and/or request modification to the Activity on a case-by-case basis.

9. Consumer involvement

In line with the National Health and Medical Research Council (NHMRC) definition, consumers are people who have lived experience of a health issue. They include patients and potential patients, carers, and people who use health care services. Consumers can also be people who represent the views and interests of a consumer organisation, a community or a wider constituency.

There is increasing recognition of the benefits of involving consumers in research and innovation. Effective consumer involvement can ensure research and innovation is relevant to the WA community and improves translation into policy and practice.

Health consumers should be engaged during the development of funding applications and embedded in the proposed Activity by being provided with a detailed description of their role and contribution and, where appropriate, included as a Team Member.

Consumer involvement should incorporate:

- clearly defined relationships with health consumers or community groups who have ‘lived experience’ of the issue the Activity addresses

- demonstrated understanding of the benefits derived from involving people with a lived experience
- inclusion of consumers in the Activity where appropriate
- plans to involve consumers in the Activity throughout the delivery timeline
- budget strategy with funds allocated to support, implement and acknowledge consumer involvement (e.g. training opportunities, honoraria and payments, additional time to support involvement activities, administration support and consultations and events associated with involvement activities).

Guidance on consumer involvement can be found at the [Consumer and Community Involvement Program](#) website and the [NHMRC Statement on Consumer and Community Involvement in Health and Medical Research 2016](#).

It is recommended that all Team Members complete the free online 30 minute [Consumer and Community Involvement in Health Research](#) course (or equivalent) and for the Activity Lead to complete the free online 30 minute [Consumer & Community Involvement and Grant Writing](#) course.

10. Contractual arrangements

Grants are offered in accordance with the Department of Health *Grant Funding Agreement* (and its *Terms and Conditions*), which is a legal agreement between the Department of Health (Us) and the Responsible Entity (You).

While finalising the *Grant Funding Agreement*, OMRI may ask for further information and verification to confirm compliance with Section 4. Eligibility and Section 5. Program funding.

The Responsible Entity must ensure that appropriate agreements and subcontracts are in place with the Activity Lead and Team Member (partner) organisations.

The Department of Health reserves the right to withdraw an offer of award to a Responsible Entity if the *Grant Funding Agreement* and/or *Grant Funding Agreement Terms and Conditions* cannot be agreed between the parties.

Insurance

A Responsible Entity external to the WA public health system will be required to provide evidence of appropriate insurance as a condition of the *Grant Funding Agreement*, which may include:

- Public Liability (mandatory for all grants)
- Professional Indemnity (mandatory if the Responsible Entity is conducting a clinical trial, provides any form of medical treatment or advice, training, or will provide any tailored design, advice or specification services)
- Property for the Responsible Entity's replacement value of assets (mandatory for building, plant, machinery, equipment)
- Workers Compensation (mandatory if the Responsible Entity has employees or is paying salaries, noting this includes payments to working Directors)
- Product Liability (mandatory if the Responsible Entity manufactures, supplies, sells, services or repairs a product)
- Motor Vehicle if the Responsible Entity owns vehicles
- Clinical Trials if the Responsible Entity undertakes clinical trials (note this insurance may include Professional Indemnity)
- Cyber Liability if the Activity involves confidential data, e.g. identifiable patient information.

OMRI recommends that you seek advice from your insurance advisors to confirm what level and type of insurance is required for the Activity.

The Responsible Entity is responsible for ensuring participating entities have appropriate insurance.

Note that any Activity that requires site governance approval will also be required to provide evidence of appropriate insurance during the governance process, which may vary depending on the site.

Intellectual Property

Intellectual Property (IP) that arises out of the Activity will vest with the Responsible Entity (You). However, consideration will be given to the provisions of the [Western Australian Government Intellectual Property Policy 2023](#) (or any future iterations of this), and that IP rights should be allocated to optimise the economic, social or environmental benefits for WA from the use, commercialisation and disposal of the IP. For information, the IP clause that will apply to this Program is:

1. The ownership of any Intellectual Property generated by undertaking the Activity shall vest in You.
2. The ownership of any background or pre-existing Intellectual Property and associated Moral Rights, used or incorporated in the Activity that is presently vested in a Party shall remain vested in that Party, unless otherwise agreed.
3. Each Party will be entirely and solely responsible for the use in the Activity of any Intellectual Property and associated Moral Rights it has provided to undertake the Activity which belongs to, or is licensed from, any other party, and indemnifies the other Party against all claims by a third party arising out of use of that Intellectual Property and associated Moral Rights.
4. Subject to the confidentiality provisions of the Agreement, You hereby grant to Us and/or a Co-Funding body (if applicable), a non-exclusive, irrevocable, perpetual, royalty-free licence to use (excluding the ability to sub-licence or grant further licences) any of the Intellectual Property generated in the Activity, and which falls within the scope of WA Health's and/or Co-funding body's (if applicable) normal activities. This includes, but is not necessarily limited to, activities related to healthcare provision, teaching, training and research. This license does not automatically extend to any potential or eventual commercial development of the Intellectual Property, and any commercial products that might directly or indirectly result from the Activity Intellectual Property. However, where You believe that there is the potential for commercialisation of the Intellectual Property developed in the course of the Activity, both Parties shall negotiate in good faith the appropriate legal and beneficial interests, rights and access to the Intellectual Property by Us and/or our Co-funding body (if applicable).
5. You indemnify and will keep indemnified Us and all Our respective officers, employees and agents from and against all costs, losses, expenses, actions, suits, demands, claims, damages and other liabilities resulting from Your failure to comply with this agreement, or otherwise resulting from the actual or alleged infringement of the Intellectual Property rights or associated Moral Rights of any third party by You.
6. Your obligations under this Agreement are continuing and survive expiration or termination of the Agreement.

Where relevant, agreements between the Activity Lead, Team Members and participating entities must include relevant permissions to use third-party IP required to deliver the Activity and have Freedom to Operate for the Activity. When a team includes a member(s) from the WA public health system as a participant in the Activity (i.e. the WA public health entity is not the Responsible Entity), the IP agreement must be authorised at an appropriate level by the relevant WA public health system entity.

Any questions regarding such IP matters should, in the first instance, be directed to OMRI (DOH.OMRI@health.wa.gov.au).

Requests for variation

Requests for variations to the *Grant Funding Agreement*, such as Activity description or Responsible Entity, must be directed to OMRI. Approval of the variation will be at the discretion of the Department of Health. If variations are not approved this could result in termination of the grant with associated funding reverting to, or being recoverable by, the Department of Health, where for example eligibility or viability of the Activity is affected.

11. Funding conditions

Payment instalments

Funding will be provided in instalments* to the Responsible Entity as follows:

- The first instalment will be subject to execution of a *Grant Funding Agreement*.
- Subsequent instalments, if applicable, will be subject to provision of satisfactory *Progress Reports*.

* *Within the WA public health system, payment will be made to the Responsible Entity via a General Ledger Journal (GLJ) transfer progressively upon receipt of evidence of expenditure.*

If ethics and governance approvals are required (refer to 'Approvals' section of this document), then the Responsible Entity may only release the first instalment to the Activity Lead once all approvals for the Activity have been obtained and lodged with the Responsible Entity.

Partial payment or suspension of funds

The Department of Health reserves the right to:

- provide funding instalments in parts, based on Activity to date and risk assessment of future Activity
- suspend payment of funding instalments or part instalments where Activity viability has become uncertain.

Additional funding sources

Additional sources of funding are permitted, and encouraged, provided the additional funding supports activities that complement, but do not duplicate, the Activity for which grant funding under this Program is awarded.

Termination of funds

Funds shall revert to, or be recoverable by, the Department of Health in instances where:

- eligibility requirements are no longer met
- the Activity is terminated by OMRI as a result of insufficient progress being made, or it has been otherwise determined by either the Responsible Entity or OMRI that the Activity is no longer viable
- full or partial funding for the Activity is obtained from another source, noting the date funds revert to, or are recoverable from, would be the date you are notified by the funding source
- funds are used for purposes other than those for which they were awarded
- funds were spent on activities that require ethics and/or governance approvals and such approvals were not obtained before undertaking the activities
- funds are not fully expended at the Activity end date (including any extensions approved by OMRI)
- it is determined that misleading or fraudulent information has been provided

- the Responsible Entity does not enter into formal agreements with respect to this Activity, which includes Intellectual Property ownership, where appropriate
- other entities fund or are involved in the Activity that are part of an industry that produces products or services that may contribute to poor physical health or mental wellbeing of the community
- the Activity Lead leaves the Responsible Entity or relevant Employer or resigns from the Fellowship.

12. Approvals

Research ethics and research governance

The Responsible Entity, and any participating entity, will be responsible for obtaining and lodging all relevant research ethics and governance approvals that are required for undertaking funded activities, and ensuring these are maintained as required for the duration of the Activity.

Research ethics approvals must be obtained from relevant ethics committees (human and/or animal). Research governance authorisation (also known as site specific assessment or access request review) must be obtained from each relevant institution/site conducting the Activity or providing access to data, participants or tissue samples.

For information on research ethics and governance submission requirements for the WA public health system please refer to the following websites: [Research Ethics](#); [Research Governance](#); [Multi-centre Research](#).

Use of data collections

An Activity that requires access to and use of WA Department of Health data collections requires review and approval for data release in accordance with the [Health Services Act 2016](#) and the [Health Services \(Information\) Regulations 2017](#). This is in addition to research ethics and governance approvals and will include a feasibility assessment to determine whether the data requested is appropriate for the purposes of the study and approval for use of the data from the data custodian.

Preliminary cost and time estimates can be obtained by contacting DataServ@health.wa.gov.au. Cost estimates should be included in the proposed budget and an estimate of time for release of the data should be incorporated into the milestones in the Application Form.

For further information please review the [Data Linkage Services](#) website.

Should the application for funding be successful, we recommend you immediately begin the data request and approval process.

13. Reporting

The Activity Lead and Responsible Entity are responsible for meeting reporting requirements over the duration of the Activity and at its conclusion.

All reports and briefs are to be completed on templates provided by OMRI and where relevant, will be shared with funding partners.

Progress Activity Report

Progress Activity Reports may be required as stipulated in the *Grant Funding Agreement*.

OMRI reserves the right to request a *Progress Activity Report* at any point.

OMRI reserves the right to suspend or withdraw funding where insufficient progress has been made or where it has been determined that the Activity is no longer viable.

Final Activity Report

A *Final Activity Report* detailing the Activity and outcomes must be submitted to OMRI at the conclusion of the Activity. Failure to submit the *Final Activity Report* at this time may render the Activity Lead ineligible for further funding from the FHRI Fund and OMRI until a satisfactory *Final Activity Report* is received.

Community Stakeholder Brief

In order to provide feedback to participants in the Activity and consulted communities, a one-page **plain language** *Community Stakeholder Brief* must be provided to the participants and consulted communities, which includes an outline of the Activity, its outcomes, next steps and a contact person. A copy of this document must be provided with the *Final Activity Report*. We encourage that consumers involved in the research/innovation Activity assist in preparing the Brief.

Financial Report

A *Financial Report* outlining the expenditure of funds must be submitted to OMRI at the conclusion of the Activity and may be required during the Activity. *Financial Reports* must be certified by an authorised finance officer (or equivalent) of the Responsible Entity.

OMRI reserves the right to request a *Financial Report* at any stage during the Activity.

Any unexpended funds must be returned to the Department of Health. Any over-expenditure is the responsibility of the Responsible Entity, and no claim may be made against the Department of Health.

Impact Report

For the FHRI Fund-Heart Foundation Fellow stream, a report outlining the achievements and tangible impact(s) on cardiovascular health must be submitted to the Heart Foundation 15 months after the funding end date.

14. Publicising, acknowledgements and publications

The Minister for Medical Research and/or the Department of Health will publicly announce recipients, including the title of the Activity. All other parties must withhold announcement/media coverage until after OMRI advises this has occurred.

Acknowledgement of FHRI Fund and where relevant, co-funding partner organisations support must be made in publications, conference presentations, public discussion, press statements etc. A copy of any published material or media must be provided to Us.

In order to maximise knowledge exchange, funding recipients must comply with the NHMRC 'Publication and dissemination of research: a guide supporting the Australian Code for the Responsible Conduct of Research', which can be downloaded from the [Australian Code for the Responsible Conduct of Research](#) page, and the [NHMRC Open Access Policy](#).

15. Confidentiality

Activity title, Activity Lead, funding amount, Responsible Entity, plain language summaries and sections indicated on applications or reports may be used for publicity purposes by the FHRI Fund, Department of Health and where relevant, co-funding partner organisations.

All other information provided in applications and reports will be maintained confidentially by OMRI, review panels, evaluation panels, co-funding partner organisations and the FHRI Fund Advisory Council. If requests are received by OMRI to make public any aspect of the Activity, other than the aspects listed above, the authorisation of the Responsible Entity will be sought, notwithstanding information requested under the [Freedom of Information Act](#)

[1992 \(WA\)](#) or information pertaining to the receipt of State Government financial assistance tabled in the Parliament of Western Australia.

If through the selection process applications are deemed to be fundable but not funded, the OMRI may be able to share applications with other funding bodies who have partnered with the FHRI Fund so that they can choose what research to fund and at what level, as well as to administer the grants.

16. Evaluation

OMRI undertakes evaluations of Funding Programs, which will include unsuccessful applications. All parties in the application, including Team Members and consumer representatives, are required to contribute to the evaluation.

17. Complaints

Responsible Entities or Activity Leads who feel that their interests have been adversely affected by an action taken by OMRI in administering the Program may lodge a complaint. Complaints can only be considered when they refer to the administrative process and not to the funding decision. Complaints must be submitted via email (marked Confidential) to: Deputy Director General, Infrastructure, Medical Research, and Innovation (ODDG.IMRI@health.wa.gov.au).



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