

Translation Fellowships 2021

Application Form

**Closing Date: 1:00pm, Tuesday 31 August 2021**

**fhrifund.health.wa.gov.au**

**Application Instructions**

Applications are invited in accordance with the conditions described in the *Translation Fellowships 2021* *Guidelines and Conditions,* which are available at

<https://fhrifund.health.wa.gov.au/Funding/Current-opportunities/Translation-Fellowships-2021>

Queries regarding the application process should be directed by email to the [Research and Innovation Office](mailto:RIO.DOH@health.wa.gov.au) (RIO), WA Department of Health (Department of Health) at [RIO.DOH@health.wa.gov.au](mailto:RIO.DOH@health.wa.gov.au)

* The Application Form must be typed in Arial font 11 point or larger.
* **Do not submit** the Application Instructions and table of contents pages with the Application Form.
* Applicants are asked to submit their proposals through the WA administering institution’s (administering institution) grant administration office and are responsible for checking for internal deadlines.
* All required administrative sign-offs and approvals must be provided at the time of submission. These will include the signing of relevant sections by each project team member, the administering institution, finance officer/business manager and WA Health Service Provider (HSP) representatives.
* Electronic signatures are acceptable. The onus is on the Coordinating Principal Investigator to ensure approval to use an electronic signature has been obtained.
* Acknowledgment of receipt of application will be provided via e-mail to the grant administration office within 2 working days of the closing date.
* The application is to be emailed to [RIO.DOH@health.wa.gov.au](mailto:RIO.DOH@health.wa.gov.au) as a single Adobe Acrobat PDF or Microsoft Word file, not exceeding 2MBs, including CVs and quotations. The application and email subject line should be titled as follows:

CPI SURNAME First name – TF 2021

e.g. SMITH John – TF 2021

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**Translation Fellowships 2021**

# Application Form

***This should be the first page of the submitted application***

## Section 1: Administering Institution

The administering institution is the institution that will administer the Fellowship and is responsible for the provision of the support package specified in this application. The administering institution must be a WA university or WA research institution with an ABN.

|  |  |
| --- | --- |
| Name of administering institution |  |
| Administering institution ABN |  |
| Administering institution address |  |
| Telephone number |  |
| Email address |  |

## Section 2: Proposed Research Project

|  |  |
| --- | --- |
| Area of Research  *Please select relevant stream* | Aboriginal health issues  Country and regional WA health issues |
| Project title |  |
| Plain language summary  *Include the research questions, methodology, predicted benefits and savings and significance of the research to the WA public health system.*  *Where a grant is awarded, this summary may be used for publicity purposes.*  *(Maximum 500 words)* |  |

## Section 3: Translational Research Team

* 1. **Coordinating Principal Investigator**

The Coordinating Principal Investigator (CPI) for the proposed research project will be the recipient of the Fellowship. All correspondence will be sent to this person.

|  |  |
| --- | --- |
| Title, First Name, SURNAME |  |
| Affiliated Institutions  Institution where the CPI is affiliated other than the administering institution |  |
| Telephone number(s) |  |
| Email address |  |
| Discipline/ Profession |  |
| Position held and year appointed |  |
| Citizenship status  Australian Citizen or Permanent Resident |  |
| Role in this project |  |

* 1. **Supporting Team**

In addition to the CPI listed above, please provide details for each member of the supporting team involved in the research project. This may include relevant academic, policy and practice team members that will be involved in the conduct of the proposed research project.

Additional tables can be inserted as required.

|  |  |
| --- | --- |
| **Principal Investigator 1** | |
| Title, First Name, SURNAME |  |
| Discipline / Profession |  |
| Institution |  |
| Telephone number(s) |  |
| Email address |  |
| Role in this project |  |
| Time contribution to this project (hours/week) |  |

|  |  |
| --- | --- |
| **Principal Investigator 2** | |
| Title, First Name, SURNAME |  |
| Discipline / Profession |  |
| Institution |  |
| Telephone number(s) |  |
| Email address |  |
| Role in this project |  |
| Time contribution to this project (hours/week) |  |

|  |  |
| --- | --- |
| **Principal Investigator 3** | |
| Title, First Name, SURNAME |  |
| Discipline / Profession |  |
| Institution |  |
| Telephone number(s) |  |
| Email address |  |
| Role in this project |  |
| Time contribution to this project (hours/week) |  |

## Section 4: Health Service Provider Partner Details

Please provide details of the HSP partner/s involved in supporting the proposed research project and/or other Fellowship activities.

Additional tables can be inserted as required.

|  |  |
| --- | --- |
| **HSP Partner 1** | |
| Name of HSP |  |
| Name of relevant HSP delegate |  |
| Position title |  |
| Telephone number |  |
| Email address |  |

|  |  |
| --- | --- |
| **HSP Partner 2** | |
| Name of HSP |  |
| Name of relevant HSP delegate |  |
| Position title |  |
| Telephone number |  |
| Email address |  |

## Section 5: Significance of the Research Project (15%)

*(Maximum one page)*

**5.1** Describe the issue and its significance to the WA public health system (e.g. incidence, prevalence, burden of disease, impact on delivery or cost of health services). Applications must address contemporary challenges or needs of the WA public health system in the relevant stream.

|  |
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|  |

**5.2** Outline how the proposed research will address the issue described above.

|  |
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**5.3** Describe the expected benefits to the WA public health system (e.g. reduced inequities, improved efficiencies and cost savings).

|  |
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**5.4** Describe this project’s impact on existing programs that are currently operating in this area.

|  |
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## Section 6: Research Plan (15%)

**6.1** Describe the study hypothesis, research questions and objectives. Ensure objectives are specific, measurable, attainable, relevant and time-bound.

*(Maximum two pages)*

|  |
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**6.2** Describe the methodology, including techniques, target group(s), a realistic sample size and measures to be used.

*(Maximum two pages)*

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**6.3** List all approvals and agreements that will be required before the research project can proceed (refer to Section 12 of the Guidelines and Conditions for requirements).

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|  |

**6.4** List the major milestones for the research project. Note that the timeline should include an allocation of time for the approvals, employment of staff, data collection, analysis and report writing, and that the project must be completed within 36 months.

Insert additional rows as required.

|  |  |
| --- | --- |
| **Milestones** | **Timeline** |
| 1. |  |
| 2. |  |
| 3. Progress report 1 submitted to RIO *[at 12 months]* |  |
| 4. |  |
| 5. Progress report 2 submitted to RIO *[at 24 months]* |  |
| 6. |  |
| 7. Final Report, Financial Acquittal, Community Stakeholder Brief and \*FHRI Fund Advisory Council Report submitted to RIO *[at 36 months]* |  |

\*The Fellow with work with the other FHRI Fund Translation and Implementation Science Fellows to develop and co-author this report by the end of the term of this funding.

## Section 7: Consumer Involvement (10%)

**7.1** Please provide details for each consumer representative.

Additional tables can be inserted as required.

|  |  |
| --- | --- |
| Title, First Name, SURNAME |  |
| Email address |  |
| Time contribution to this project |  |

**7.2** Describe how consumers have been involved in the development of the research proposal and the plan for ongoing engagement during the study. Include what formal processes will be put in place to link consumer engagement with the research and implementation. Refer to Section 6 of the Guidelines and Conditions for further guidance.

*(Maximum one page)*

|  |
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## Section 8: Health Service Provider Partnership/s (10%)

Describe the HSP partnership/s and provide the HSP’s plan for integrating the work and outputs of the Fellow into practice.

*(Maximum one page)*

|  |
| --- |
|  |

## Section 9: Support Package for the Fellow (20%)

Describe the proposed support package for the Fellow (refer to Section 8 of the Guidelines and Conditions for requirements). Please separately address the Fellowship support and research project support costs. Note that the support package must be at least equal to the value of the FHRI Fund’s contribution.

This information should also form part of the Budget (Section 12).

*(Maximum one page)*

|  |
| --- |
|  |

## Section 10: Track record and potential of the Coordinating Principal Investigator (15%)

Describe the following:

1. The CPI’s track record of influencing policy and practice (relative to opportunity).
2. The CPI’s career plan, including key milestones and broader translational research interests.
3. The CPI’s capacity and plan for meeting the Fellowship Deliverables (Section 5 of the Guidelines and Conditions).

*(Maximum one page)*

|  |
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## Section 11: Research Translation (15%)

*(Maximum two pages)*

**11.1** Provide an outline of the planned steps for the translation of research findings and the projected timeframes for translational impacts.

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| --- |
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**11.2** Discuss how the knowledge, expertise and experience of the team members and collaborating partners will assist the process of translating findings into policy and/or practice.

|  |
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|  |

**11.3** Outline future plans for the work. This may include a possible extension of the study to a broader geographical area, population or to other disciplines.

|  |
| --- |
|  |

## Section 12: Budget Details

Please provide a budget proposal for the Fellowship duration in the template provided.

Refer to Section 8 and 10 of the Guidelines and Conditions for requirements.

| **BUDGET ITEM** | **AMOUNT REQUESTED**  **($ EX GST)** | | | | **SUPPORT PACKAGE**  **($ EX GST)** | | |
| --- | --- | --- | --- | --- | --- | --- | --- |
|  | **Year 1** | **Year 2** | **Year 3** | **TOTAL** | **ADDITIONAL IN-KIND SUPPORT** | **ADDITIONAL CASH CONTRIBUTION** | **TOTAL** |
| **Fellowship salary costs** |  |  |  |  |  |  |  |
| **Salary costs**  Include Award/ Agreement increases and salary increments |  |  |  |  |  |  |  |
| **Salary on-costs**  (24% applied to salary) |  |  |  |  |  |  |  |
| **Research project costs (minimum total cash value of $300,000)** |  |  |  |  |  |  |  |
| **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* |  |  |  |  |  |  |  |
| **Minor essential equipment**  *quotations must be attached* |  |  |  |  |  |  |  |
| **Consumables** |  |  |  |  |  |  |  |
| **Indirect (Infrastructure) costs**  *Maximum of 10%* |  |  |  |  |  |  |  |
| **Consumer Involvement**  *e.g. honoraria payments etc.* |  |  |  |  |  |  |  |
| **Other**  *specify each item* |  |  |  |  |  |  |  |
| **Other items** |  |  |  |  |  |  |  |
| *Specify item* |  |  |  |  |  |  |  |
| *Specify item* |  |  |  |  |  |  |  |
| **TOTAL** |  |  |  |  |  |  |  |

## Section 13: Capacity

To demonstrate the capacity of the research team and its suitability to conduct the research, insert the Curriculum Vitae (CV) of the ***CPI*** and each ***Principal*** ***Investigator.***

An abridged CV for each person is to be provided which includes key publications from the last 5 years.

*(Maximum TWO pages per person)*

## Section 14: Translational Research Team Certification

1. I declare that I have agreed to take part in the activities proposed in this application.
2. I declare that the information supplied by me on this form is complete, true and correct in every particular.
3. I agree to abide by the *Translation Fellowships 2021 Guidelines and Conditions.*
4. I have discussed the likely impact of the project on other relevant departments and support services and this project is acceptable to them.
5. I declare that this application will be submitted to the administering institution’s grant administration office.
6. I agree to obtain the relevant research governance approvals and agreements before commencement of the research project.
7. I understand and agree that no further claim will be made on the Department of Health to cover any over-expenditure of budget or any costs beyond the Fellowship program.
8. I declare that I have no outstanding reporting obligations for any other RIO funding programs.

**Coordinating Principal Investigator**

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

**Principal Investigator 1**

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

**Principal Investigator 2**

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

**Principal Investigator 3**

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

*Note:* If more than three Principal Investigators, please insert additional tables as required.

## Section 15: Administering Institution Representative Certification

I declare that:

1. The administering institution endorses the application proposed by \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (CPI) and is willing to administer the Fellowship grant in accordance with the *Translation Fellowships 2021 Guidelines and Conditions*.
2. The administering institution shall notify RIO of any changes affecting Fellowship eligibility, Fellowship administration or Fellowship research activity.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Title, First Name, SURNAME** | |  | | |
| **Administering institution** | |  | | |
| **Department** | |  | | |
| **Position title** | |  | | |
| **Telephone number** | |  | | |
| **Email address** | |  | | |
| **Signature** |  | | **Date** |  |

## Section 16: Finance Officer/ Business Manager Certification

I certify that:

1. The budgeted costs in this Application Form are true and correct and reflect the latest costing information available to me.
2. Amounts claimed are exclusive of GST.

|  |  |
| --- | --- |
| **Title, First Name, SURNAME** |  |
| **Position** |  |
| **Administering institution** |  |
| **Telephone number(s)** |  |
| **Email address** |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Signature** |  | **Date** |  |

Where different to the Finance Officer or Business Manager named above, please provide contact details for the person responsible for the payment of funds and financial acquittal reporting for this project.

|  |  |
| --- | --- |
| **Title, First Name, SURNAME** |  |
| **Position** |  |
| **Institution** |  |
| **Telephone number(s)** |  |
| **Email address** |  |

## Section 17: Health Service Provider Representative Certification

I declare that the HSP endorses this application and will contribute to the activities of the Fellowship in accordance with the *Translation Fellowships 2021 Guidelines and Conditions.*

I declare that the information provided in section 8 (Health Service Provider Partnership/s) is true and correct.

I declare that the HSP is committed to working with the Fellow in supporting the translation of the research projects outputs (subject to these outputs being found to be useful).

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

*Please insert additional table/s if more than one HSP partner is involved in this application.*



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

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