**WA Cohort Studies – Operational Support Program 2025 (WACS-OSP)**

# **Application Form**

##### Due by: 1:00 pm (AWST) Thursday 3 April 2025

* ***Please refer to the relevant*** [***Guidelines and Conditions***](https://fhrifund.health.wa.gov.au/Funding/Current-opportunities) ***which include application instructions.***
* ***Applicants are responsible for complying with internal deadlines and ensuring all certifications are complete prior to submission.***

## Cohort study details

|  |  |
| --- | --- |
| Name of Cohort Study |  |
| ABN |  |
| Registered address*Must have a physical and operational presence in WA* |  |
| Contact officer  | Name: Position: Email: Phone:  |

## Responsible Entity

|  |  |
| --- | --- |
| Name of Responsible Entity*Entity which would administer grant funds**Must be a WA university, WA research institution, WA public health service provider or a WA public-private partnership provider*  |  |
| 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

|  |  |
| --- | --- |
| Title, First name, SURNAME *Authorised representative of the cohort study (Activity Lead)* |  |
| Position |  |
| Primary email address |  |
| Primary telephone number |  |

**Grant Arrangement**

|  |  |
| --- | --- |
| Relationship of the cohort study with the Responsible Entity*Refer to ‘Eligibility’ section of the Guidelines and Conditions* |  |

## Eligibility Checklist

|  |  |
| --- | --- |
| **Cohort Study Eligibility Criteria Checklist** | **Yes** |
| 1. | The cohort study named in this *Application Form* is an established cohort study in accordance with the prescribed definition (see *Guidelines and Conditions)* and is in WA. | [ ]  |
| 2. | The cohort study has at least one active study that has or is recalling the cohort to collect samples or data (i.e., does not include projects utilising existing samples or data) by researchers not directly involved in the collection and maintenance of the cohort study. | [ ]  |
| 3. | The cohort study has received total eligible research grants of $1,000,000 or more in the three calendar years 2022, 2023 and 2024 and this is listed in the *WACS-OSP 2025 Assessment of Research Excellence Spreadsheet*. | [ ]  |

## Cohort study overview

Provide a plain language summary that describes the cohort study, in line with the Eligibility section of the *Guidelines and Conditions*. This should include:

* the objectives and significance of the cohort study
* high-level processes for sharing data for research purposes, including the role of a scientific advisory committee and a consumer and community advisory group
* expected benefits to the WA health system.

This summary may be used for publicity purposes.

*[Maximum 500 words]*

|  |
| --- |
|  |

## Eligible research grants received

Complete the *WACS-OSP 2025 – Assessment of Research Excellence Spreadsheet* for each grant.

If it is unclear from the grant project title whether it is health or medical research, please provide a copy of the research project aims.

If the funding source is not included within the [Australian Government Higher Education Research Data Collection (HERDC) specifications for 2023](https://www.education.gov.au/research-block-grants/resources/higher-education-research-data-collection-specifications-collection-2023-data) (see Appendix A), then the Section *Funding Source Assessment* must be completed.

|  |  |
| --- | --- |
| Total Eligible Research Grants received 2022 – 2024*Ensure the WACS-OSP 2025 – Assessment of Research Excellence Spreadsheet is attached.* | $ |

## PhD dollar value equivalent

Complete the *WACS-OSP 2025 – Research Excellence Spreadsheet* for each PhD student supported.

|  |  |
| --- | --- |
| Total Eligible PhD dollar value equivalent 2022 - 2024*Ensure the WACS-OSP 2025 – Assessment of Research Excellence Spreadsheet is attached.* | $ |

## Total number of new projects

Complete the required information in the *WACS-OSP 2025 – Research Excellence Spreadsheet* for each new project supported.

|  |  |
| --- | --- |
| Total number of new projects dollar value equivalent 2022 - 2024*Ensure the WACS-OSP 2025 – Assessment of Research Excellence Spreadsheet is attached.* | $ |

## Activity Lead certification

I certify that:

1. I am an authorised representative of the cohort study
2. the information supplied on this form is complete, true and correct in every particular
3. the cohort study meets the eligibility criteria specified in the *Guidelines and Conditions*
4. I understand that the Department of Health has the final determination on both the eligibility of applications and the amount of funding to be awarded
5. I agree to abide by the *Guidelines and Conditions*
6. all the Applicants have seen and agreed to the grant split details as declared in this application
7. I agree to participate in an evaluation whether the application is successful or unsuccessful
8. I 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 awarded amount
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. I will inform the Office of Medical Research and Innovation of any changes to the information provided in this application, such as the closure of the cohort study, if these changes occur prior to the WA Cohort Studies-Operational Support Program 2025 grant being fully expended.

|  |  |  |  |
| --- | --- | --- | --- |
| **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. the Responsible Entity is responsible for the financial activities of the cohort study
5. the Responsible Entity endorses this application, confirms that the information supplied on this form is complete, true and correct in every particular
6. 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 and the cohort study
7. the grant does not constitute the entire financial base of the cohort study, i.e. the Responsible Entity has other external sources of income
8. 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
9. the Department of Health will be notified immediately of any changes to the cohort study’s eligibility or changes to the information originally provided in this application.

|  |  |
| --- | --- |
| **Full name** |  |
| **Position** |  |
| **Signature** |  | **Date** |  |

## Split grant details

To be completed by the Activity Lead on behalf of all Applicants and a copy attached to each relevant cohort study’s *WA Cohort Studies – Operational Support Program 2025* application*.*

This section applies when research grants are being claimed based on or uses samples and/or associated data from more than one cohort study that is applying to the *WA Cohort Studies – Operational Support Program 2025.*

This section must be provided for each grant where a split has been agreed by the affected cohort studies. Where more than one grant has been split, this section must be completed for each grant.

|  |  |
| --- | --- |
| **Funding body name** |  |
| **Funding Organisation Grant ID** |  |
| **Grant Project Title** |  |

|  |  |
| --- | --- |
| **2022** |  |
| **Applicant** | **$ Amount** |
|  |  |
|  |  |
| **Total:** |  |
|  |
| **2023** |  |
| **Applicant** | **$ Amount** |
|  |  |
|  |  |
| **Total:** |  |
|  |  |
| **2024** |
| **Applicant** | **$ Amount** |
|  |  |
|  |  |
| **Total:** |  |

## Funding source assessment

To be completed by the Activity Lead only if a grant funding source is not included within the HERDC specifications, contained in Appendix A of the *Guidelines and Conditions,* an assessment of eligibility for the *WA Cohort Studies – Operational Support Program 2025* is required.

The Department of Health has final determination regarding eligibility of funding sources.

|  |  |
| --- | --- |
| **Funding Organisation** |  |
| **Grant Funding Scheme** |  |

|  |  |
| --- | --- |
| **Eligibility Criteria** | **Statement of Compliance\*** |
| 1. Open to national or international applicants
 |  |
| 1. Competitive selection process; including national or international scientific peer-review and Board review
 |  |

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