# WA Near-miss Awards: Emerging Leaders 2022

**Application Form**

**Application Period closes: 1:00pm (AWST),** **Thursday 8December 2022**

***When completing this Application Form refer to the*** [***WA Near-miss Awards: Emerging Leaders 2022 Guidelines and Conditions***](https://fhrifund.health.wa.gov.au/Funding/Current-opportunities)***, which include application instructions.***

## Section 1: Applicant details

|  |  |
| --- | --- |
| Title (e.g. Dr, Ms), First name, SURNAME |  |
| ORCiD (if registered) |  |
| Citizenship/residency status | [ ]  Australian citizen [ ]  Australia permanent resident[ ]  New Zealand citizen [ ]  appropriate work visa |
| Employed by Administering Institution  | [ ]  Yes [ ]  No |
| Grant arrangementRefer to section 4 ‘Eligibility’ of Guidelines and Conditions | [ ]  (a) employee of the Administering Institution or [ ]  (b) honorary or adjunct title at the Administering Institution |
| If response above is (a), indicate further details | Position: |
| If response above is (b) and there will be an arrangement with a relevant Employer, indicate further details | Title at Administering Institution:[ ]  honorary [ ]  adjunct |
| Intended grant arrangement:[ ]  via affiliation agreement [ ]  subcontract to Employer |
| Relevant Employer: |
| Position: ­­­­­­­­­ |
| Employer has a physical & operational presence in WA:[ ]  Yes  |
| Affiliated institutions, position/title*Institutions with which the CPI is affiliated, other than the Administering Institution or Employer (if different to the Administering Institution). Identify if adjunct or honorary position.* |  |
| Discipline/Profession |  |
| Telephone number |  |
| Primary email address |  |
| Primarily based in WA*Confirm that will be based in WA for a minimum of 80% during the project.* | [ ]  Yes |

## Section 2: NHMRC near-miss application details

|  |  |
| --- | --- |
| Application Title (the ‘Project’) |  |
| NHMRC Application Number |  |
| NHMRC Program and Stream |  |
| Duration of NHMRC grant applied for |  |
| NHMRC Application Score*Please list all decimal places.* |  |

## Section 3: Administering Institution

|  |  |
| --- | --- |
| Name of Administering Institution*Entity which would administer grant funds**Must be a WA university or WA research institute* |  |
| Administering Institution ABN |  |
| Contact officer name*Person responsible for grant administration* |  |
| Contact officer position |  |
| Contact officer email address |  |

## Section 4: Project Research classification

|  |  |
| --- | --- |
| **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):*

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|   |   |   |   |   |   |

Secondary FoR(s) *(optional):*

|  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|   |   |   |   |   |   |  |   |   |   |   |   |   |

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| **Burden of Disease** (select one disease)*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* |  |
| **Research Keywords** (up to 5)*Available from NHMRC*[*Sapphire Knowledge Base*](https://healthandmedicalresearch.gov.au/tutorials.html) *webpage, located under Research > My Applications > Keyword Library* | 1.2.3.4.5. |

## Section 5: Other funding

Please select one of the two options below:

[ ]  I have no other current source of funding for this Project and I have no related funding applications presently under review by another funding body; OR

[ ]  I have applied for or have received other funding for this Project.

*Provide details below. For multiple funding applications, please provide each in a separate table*.

|  |  |
| --- | --- |
| Funding Organisation |  |
| Funding Scheme/Round |  |
| Funding Status | Choose an item. |
| Amount of Funding |  |
| Date of Award or Decision |  |

## Section 6: Funding request summary

The information provided below must align with the original application request to NHMRC. All amounts must be excluding GST.

|  |  |
| --- | --- |
| NHMRC Funding Request | Salary $ Research project costs $ |

## Section 7: Eligibility criteria

Please complete the checklist below.

|  |  |
| --- | --- |
| **Eligibility Criteria Checklist** | **Yes** |
| 1. | The NHMRC application as listed in Section 2 was assessed as being ‘fundable but not funded’ by the NHMRC peer-review panel in one of the following rounds for funding commencing in 2023:* Investigator Grants 2022 Funding Round – Emerging Leadership Level 1
* Investigator Grants 2022 Funding Round – Emerging Leadership Level 2.
 | [ ] [ ]  |
| 2. | The NHMRC application as listed in Section 2 received a score above 4.50 (equivalent to a category 5 score). | [ ]  |
| 3. | I am an Australian or New Zealand citizen, a permanent resident of Australia, or have an appropriate work visa in place. | [ ]  |
| 4. | I will be based in WA for a minimum of 80 per cent of the period of the grant/Fellowship. | [ ]  |
| 5. | I do not have any outstanding reports for any Department of Health WA or FHRI Fund grant funding programs from any years (excludes authorised extensions). | [ ]  |
| 6. | I am eligible to, and agree that I will, re-apply to an NHMRC Investigator Grants round at the end of the funded activity as specified in Section 6: Program Conditions, of the *WA Near-miss Awards: Emerging Leaders 2022 Guidelines and Conditions.* | [ ]  |
| 7. | I have a position or title at the Administering Institution for the period of the grant. | [ ]  |
| 8. | As at 1 March 2022, I have held my PhD or equivalent for no more than 10 years from the date my PhD thesis was passed (not the submission date or conferral date), notwithstanding any career disruptions. For career disruptions please attach a timeline of the events.[ ]  PhD [ ]  Masters by Research [ ]  NoneYears since award of degree: \_\_\_\_\_\_\_\_If None, years of research experience: \_\_\_\_\_\_\_\_ | [ ]  |

## Section 8: Attachments

If your PhD or equivalent was more than 10 years ago but you still meet the early/mid-career conditions due to career disruptions, please provide an attachment showing the timeline and duration of the disruptions.

## Section 9: Certification by Applicant

I certify that:

1. I commit to taking part in the activities proposed in this application for the duration of the grant if successful
2. the information supplied by me on this form is complete, true and correct in every particular
3. I agree to abide by the *WA Near-miss Awards: Emerging Leaders 2022 Guidelines and Conditions*
4. I agree to participate in an evaluation whether the application is successful or unsuccessful
5. I have discussed the likely impact of the activity on participating organisations, and this activity is acceptable to them
6. I will submit this application to the Administering Institution’s grant administration office
7. I agree to obtain any research ethics and governance approvals that might be required for undertaking funded activities
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 approved budget
9. I have no overdue reporting obligations for any other funding programs administered by OMRI (including FHRI Fund Programs).

|  |  |
| --- | --- |
| **Title, First Name, SURNAME** |  |
| **Signature** |  | **Date** |  |

## Section 10: Certification by Administering Institution

I certify that:

1. I am an authorised representative of the Administering Institution
2. the Researcher would have a position or title at the Administering Institution for the period of the grant
3. the Administering Institution endorses this application, confirms that the information supplied on this form, including the justification of the Researcher’s career stage, is complete, true and correct in every particular and is willing to administer the grant under the conditions specified in the *WA Near-miss Awards: Emerging Leaders 2022 Guidelines and Conditions*
4. the grant does not constitute the entire financial base of the Administering Institution
5. the Department of Health will be notified immediately of any changes to the applicant’s eligibility or changes to the information originally provided in this application.

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

n be made available in alternative formats on request for a person with disability.



**This document can be made available in alternative formats on request for a person with a disability.**

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