

# WA Near-miss Awards: Ideas Grants 2023-24

# Application Form

**Due by: 1:00 pm (AWST),** **Thursday 4 April 2024**

* ***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.***

## 1. Activity Lead

|  |  |
| --- | --- |
| 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 |
| Within which area are you located | ☐ Perth metropolitan [ ]  Regional and remote |
| Grant arrangement*Refer to section 4 ‘Eligibility’ of Guidelines and Conditions* | [ ]  (a) employee of the Responsible Entity or [ ]  (b) honorary or adjunct title at the Responsible Entity |
| If response to grant arrangement is (a), indicate further details | Position: |
| 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:[ ]  via affiliation agreement [ ]  subcontract to Employer |
| Employer: |
| Position: ­­­­­­­­­ |

|  |  |
| --- | --- |
|  | Employer has a physical & operational presence in WA:[ ]  Yes  |
| Affiliated entities, position/title*List all entities that the Activity Lead is employed by or affiliated with, other than the Responsible Entity or Employer listed above/below. Identify if adjunct or honorary position.* |  |
| 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[ ]  Mid-Career[ ]  Post Mid-Career[ ]  No postgraduate degree |
| 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 |

## 2. NHMRC near-miss application details

|  |  |
| --- | --- |
| Application title (the ‘Activity’) |  |
| NHMRC Application Number |  |
| NHMRC Program and Stream |  |
| Duration of NHMRC grant applied for |  |
| NHMRC Application Score*Please list all decimal places.* |  |
| NHMRC Application attached? | [ ]  Yes |

## 3. Responsible Entity

|  |  |
| --- | --- |
| Name of Responsible Entity*Entity which would administer grant funds* |  |
| ABN |  |
| Registered address*Must have a physical and operational presence in WA* |  |
| Contact officer name*Person responsible for grant administration post award* |  |
| Contact officer position |  |
| Contact officer email address |  |

## 4. Activity 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):*

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

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

## 5. Other funding

Please select one of the two options below:

[ ]  I have no other current source of funding for this Activity 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 Activity.

*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 |  |

## 6. Funding request summary

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

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

## 7. Eligibility criteria

Please complete the checklist below.

|  |  |
| --- | --- |
| **Eligibility Criteria Checklist** | **Yes** |
| 1. | The NHMRC application listed in Section 2 above was assessed as being ‘fundable but not funded’ by the NHMRC peer-review in the Ideas Grants 2023 round. | [ ]  |
| 2. | The NHMRC application as listed in Section 2 above 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. | [ ]  |
| 5. | I do not have any outstanding reports for any WA Department of Health 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 Ideas Grants round at the end of the funded activity, as specified in ‘Program conditions’ section of the *Guidelines and Conditions.* | [ ]  |
| 7. | I will have a position or title at the Responsible Entity for the period of the grant. | [ ]  |
| 8. | As at 1 March 2023, 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: \_\_\_\_\_\_\_\_ | [ ]  |

## 8. Attachments

* 2-page CV
* NHMRC near-miss application (Application Report and Grant Proposal).
* 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.

## 9. Activity Lead certification

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 *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 agree to obtain any research ethics and governance approvals that might be required for undertaking funded activities
7. 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
8. I do not have overdue reporting obligations for any other funding programs administered by OMRI (including FHRI Fund Programs)
9. an OMRI or FHRI Fund grant has not been awarded for the same activity
10. if successful, the Activity Lead, or a suitable team member, will consider submitting an abstract to, and attending, the annual *Science on the Swan* conference following the first year of the grant. However, this will not apply if submission of an abstract will breach confidentiality provisions, restrict the ability to publish results or obtain patents.

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

## 10. Responsible Entity certification

I certify that:

1. I am an authorised representative of the Responsible Entity.
2. the Activity Lead will have a position or title at the Responsible Entity for the period of the grant if successful.
3. the Responsible Entity endorses this application, confirms that the information supplied on this form is complete, true and correct in every particular.
4. the Responsible Entity is willing to administer the grant 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.
5. the grant will not constitute the entire financial base of the Responsible Entity
6. 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 title** |  |
| **Telephone number(s)** |  |
| **Email address** |  |
| **Signature** |  | **Date** |  |

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.**

© Department of Health 2023

Copyright to this material is vested in the State of Western Australia unless otherwise indicated. Apart from any fair dealing for the purposes of private study, research, criticism or review, as permitted under the provisions of the *Copyright Act 1968*, no part may be reproduced or re-used for any purposes whatsoever without written permission of the State of Western Australia.