

**HEALTHWAY GRADUATE SCHOLARSHIP APPLICATION FORM**

**SECTION A: PERSONAL DETAILS**

1. Title: Mr/Ms/Mrs/Miss/Dr:

2. Full name of applicant:

3. Home address:

4. Work address at your present institution:

5. Mobile:

6. Email:

7. Current position:

8. Date of appointment: (day/month/year):

9. Present salary: (please state amount in Australian dollars): $

10. Are you an Australian citizen? ☐ Yes ☐ No

If no, i) of which country are you a citizen?

ii) Do you hold permanent Australian resident status?

*Evidence of acceptance by Australian Immigration Authorities must be provided.*

**SECTION B: ACADEMIC RECORD OF APPLICANT**

11. Qualifications (most recent first)

|  |  |  |
| --- | --- | --- |
| **Year** | **Qualification** | **Institution** |
|  |  |  |
|  |  |  |
|  |  |  |

***Please attach a brief curriculum vitae (maximum five pages) and a copy of your latest academic record***

12. Experience since graduation (including research and, if relevant, work experience and appointments):

**Do not exceed 200 words.**

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|  |

**SECTION C: PROPOSED RESEARCH**

13. Research Project title:

14. Healthway priority health area(s):

15. Estimated commencement date of research component (day/month/year):

16. Estimated completion date of research component (day/month/year):

*It will take approximately three months for Heathway to process the application, also consider the University calendar, and time required to process the ethics application and the Heathway contract.*

**SECTION C: PROPOSED RESEARCH - CONTINTUED**

**17. Research project summary**

* Provide a brief stand-alone summary of the research component of the training, including the context, aims, target group or setting, expected outcomes, benefits and impact. Use plain English and avoid the use of acronyms and technical language.

**Do not exceed 200 words.**

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**18. Study rationale and design**

* Provide a brief background and clear rationale demonstrating the need for this research.

**Do not exceed 300 words.**

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* List the aims and objectives of the research project. These need to be specific and quantifiable.

**Do not exceed 150 words**.

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* Describe the study design and methods. Where applicable, include details of basic research strategy, sample size and sampling methods, main variables to be measured/examined, methods of data collection and analysis of data. Identify what support you have had in the development of the methodology.

Ensure the proposed study design and methodology is congruent with the research aims and objectives you have identified in the previous question.

**Do not exceed two pages.**

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**20. Research outcomes and community impact**

* Describe the expected outcomes and impact of this research. Specify how this research will improve knowledge about the promotion of a Healthway priority health area and contribute to improvements in community health outcomes and more broadly health promotion practice in WA.

**Do not exceed 300 words**.

|  |
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|  |

* Outline a knowledge translation plan to demonstrate how the research will be practically applied to current health promotion policy and/or practice in WA. See the guidelines (page 7) for more guidance on writing the knowledge translation plan.

**Do not exceed one page.**

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**21. Partnerships**

* Identify your partner agencies and the relevance of the partnership. Describe what input the partner agencies have had in the development of this proposal and describe how you plan to engage with them throughout the project.

**Do not exceed 200 words.**

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|  |

* Nominate the partner agency(s) where you will spend time during the research component of the Scholarship. Indicate the approximate total hours that you plan spend at the agency and outline the intentions and anticipated benefits of the residency for the Scholarship recipient and the agency.

**Do not exceed 150 words.**

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| --- |
|  |

**22. Budget**

* Give a budget breakdown, including justification for major the costs. Please state if additional financial support will be sought over and above the Healthway Scholarship funding, in order to complete the proposed project and the source of this.

**Do not exceed 200 words**.

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* Have you previously received or are you concurrently applying for any form of postgraduate scholarship elsewhere? If so, name the funding body to which you applied.

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**SECTION D: CAREER DEVELOPMENT AND STUDY PROGRAM**

**23. Career Development**

* Nominate the higher degree to which the Scholarship will lead and the WA institution for the proposed study.

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|  |

* State the anticipated start and finish dates of your study program.

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|  |

* Summarise the overall aims and structure of the study program, include the anticipated study and research timetable. Indicate the proportion of program devoted to research, formal coursework, other coursework (e.g. short courses, summer school and any other activities).

**Do not exceed 200 words.**

|  |
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|  |

* Detail how the Scholarship will benefit you and assist with the development of your future career in health promotion. Specify what skills you will acquire and how these relate to health promotion research, practice and/or policy.

**Do not exceed one page.**

|  |
| --- |
|  |

* Nominate your supervisor and note their position, qualifications, major research interests and how many hours supervision will be provided to the project per week.

**Do not exceed 150 words.**

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|  |

* List the resources or other material circumstances that will be available to you to support your study and research training experience. This may include access to data bases or data analysis programs, or access to facilities where you will undertake consultations and focus groups.

**Do not exceed 150 words.**

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**SECTION E: CLEARANCE REQUIREMENTS**

(IT IS ESSENTIAL THAT EACH PART IS ANSWERED)

|  |  |  |  |
| --- | --- | --- | --- |
| 24. |  | Research involving humans - Please mark Y/N | Y/N |
|  |  |  |  |
|  | (i) | Does this project include research involving humans? |  |
|  |  | (If yes, complete Q25) |  |
|  |  |  |  |
|  | (ii) | Does this project involve the administration to humans, of drugs,  chemical agents or vaccines? |  |
|  |  |  |  |
|  |  |  |  |
|  | (iii) | With regard to privacy, does this project involve the use of  personal information obtained from a Commonwealth department or agency |  |
|  |  | (including Repatriation Hospitals)? |  |
|  |  | If yes, specify the name of the department or agency |  |
|  |  |  |  |
|  |  |  |  |
|  | (iv) | If yes to any of the above, is the completed FINAL clearance form attached? |  |
|  |  | Provisional clearances will not be accepted. |  |
|  |  |  |  |

NOTE: One (1) copy of the final clearance must be forwarded to Healthway. Failure to ensure that these requirements are met will affect funding of the application if successful.

Question 25 and the form on the following page must be completed when research involving humans is undertaken as part of this project.

A brief statement of the ethical issues which arise from such experimentation, and an explanation of how these issues will be addressed, must be given.

It is not sufficient to note that the “NHMRC Statement of Human Experimentation will be observed”.

25. Ethical Implications of the Project - Research Involving Humans

**HEALTHWAY Research Training Scholarship**

**INSTITUTIONAL APPROVAL FORM FOR**

**RESEARCH INVOLVING HUMANS**

One (1) copy of this completed approval form should be attached to the application form sent to Healthway.

APPLICANT USE .

|  |  |  |  |
| --- | --- | --- | --- |
| Chief Investigator | SURNAME | TITLE | INITIALS |
| Scientific Project Title: | | | |
|  | | | |
| Administering Institution: | | | |
|  | | | |

**ETHICS COMMITTEE USE**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | | | | | | **Y/N** |
| Does this project comply with provisions contained in the NHMRC’s document | | | | | |  |
| “Statement on Human Experimentation and Supplementary Notes”? | | | | | |  |
|  | | | | | |  |
| Does this project comply with the regulations governing experimentation on humans | | | | | |  |
| within your Institution and within your State or Territory? | | | | | |  |
| Comments, provisos or reservations: | | | | | | |
| Name of responsible Ethics Committee: | | | | | | |
|  | | | | | | |
| Name of Ethics Committee representative (block letters): | | | | | | |
| SURNAME | | | TITLE | | INITIAL | |
| Signature: | | | | Date: | | |
| Note: | (1)  (2) | This form has been produced in an effort to standardise and effectively record ethics approval for all projects submitted to Healthway. Should it prove inappropriate, an individual statement may be forwarded in lieu. As Healthway cannot provide support if ethics clearance is not provided, it is of utmost importance that this information is received.  If there is no appropriate Ethics Committee at the institution concerned, the Head of Department, or, in the case of individual researchers, the applicants themselves, should ensure that the proposal is submitted to an established Ethics Committee at a hospital or university for comment, prior to completing and signing the rest of the form as an undertaking that the provisions of the NHMRC “Statement on Human Experimentation and Supplementary Notes” will be observed. | | | | |

**SECTION F: AGREEMENT TO ADMINISTER THE SCHOLARSHIP**

**Electronic signatures are accepted.**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| 26. | Certification by Administering Institution | | | | | | |
|  |  | | | | | | |
|  | I certify that should the applicant |  | | | | | be awarded a Research |
|  | Training Scholarship, this institution is willing to administer the grant on behalf of the applicant. | | | | | | |
|  |  | | | | | | |
|  | Name of certifying officer (please print) | | | | Position | | |
|  |  | | | |  | | |
|  |  | | | | | | |
|  | Name of Institution | | | | | | |
|  |  | | | | | | |
|  |  | | | | | | |
|  | Signature of certifying officer | | | | | | |
|  |  | |  |  | |  | |
|  |  | |  |  | |  | |
|  |  | |  |  | |  | |
|  |  | |  | Date: | |  | |
|  |  | | | | | | |

**SECTION G: REFEREES, HEAD OF DEPARTMENT AND SUPERVISOR**

**Please note we may contact your referees**

27. NOMINATED REFEREE (1)

|  |  |  |  |
| --- | --- | --- | --- |
|  | SURNAME | TITLE | INITIALS |

EMAIL

TELEPHONE NO:

NOMINATED REFEREE (2)

|  |  |  |  |
| --- | --- | --- | --- |
|  | SURNAME | TITLE | INITIALS |

EMAIL

TELEPHONE NO

HEAD OF DEPARTMENT

|  |  |  |  |
| --- | --- | --- | --- |
|  | SURNAME | TITLE | INITIALS |

EMAIL

TELEPHONE NO

NOMINATED SUPERVISOR

|  |  |  |  |
| --- | --- | --- | --- |
|  | SURNAME | TITLE | INITIALS |

EMAIL

TELEPHONE NO

**SECTION H: PARTNER AGENCY(S) APPROVAL**

**Electronic signatures are accepted.**

28. Certification by Partnering Agency(s)

I confirm that my agency is supportive of this proposal and intend to participate in the project as outlined in this application.

PARTNER AGENCY (1)

|  |  |  |  |
| --- | --- | --- | --- |
|  | ORGANISATION | KEY CONTACT | POSITION |

EMAIL

TELEPHONE NO

SIGNATURE DATE

PARTNER AGENCY (2)

|  |  |  |  |
| --- | --- | --- | --- |
|  | ORGANISATION | KEY CONTACT | POSITION |

EMAIL

TELEPHONE NO

SIGNATURE DATE

PARTNER AGENCY (3)

|  |  |  |  |
| --- | --- | --- | --- |
|  | ORGANISATION | TITLE | INITIALS |

EMAIL

TELEPHONE NO

SIGNATURE DATE

**CONFIDENTIAL REPORT ON CANDIDATE FOR HEALTH**

**PROMOTION RESEARCH TRAINING SCHOLARSHIP**

**REPORT ON APPLICANT BY NOMINATED REFEREE**

|  |  |  |
| --- | --- | --- |
| **Name of Applicant:** | |  |
| **Institution:** |  | |
| **Project Title:** |  | |

**Due Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Note to applicant: Please complete the above and forward to the nominated referee with a completed copy of the application. It is recommended you agree on a date for submission of this report to Healthway.

**PART A:**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| 1. | I have known the candidate for | |  | years | |
|  |  | | |  |  |
|  | I have known the candidate as | |  | | |
|  | (e.g. friend, student, colleague) | | |  |  |
|  |  | | |  |  |
|  | I have been his/her |  | | | |
|  | (e.g. tutor, dept head) | | |  |  |
|  |  | | |  |  |

**PART B**

Please provide a brief written report to assist the selection committee in evaluating the candidate’s ability.

Briefly comment on the following areas:

1. Candidate’s understanding of the area of study.
2. Ability of the candidate to communicate orally and in writing.
3. Candidate’s ability to understand and evaluate the scientific literature in the field.
4. Ability of the candidate to create and explore new ideas.
5. Knowledge and ability of the candidate to use basic research techniques.
6. Ability of the candidate to collaborate and engage with the nominated partner agency(s).
7. State the candidate’s main weaknesses and whether they are likely to affect his/her ability to complete the proposed research.
8. Relevance (in your opinion) of candidate’s research/study area to health promotion in Western Australia.

(Do not exceed 3 pages)

**Referee's Details**

|  |  |  |  |
| --- | --- | --- | --- |
| Name |  | | |
| Institution |  | | |
| Signature |  | Date |  |

Once this form is completed, please email to [research@healthway.wa.gov.au](mailto:research@healthway.wa.gov.au)

**CONFIDENTIAL REPORT ON CANDIDATE FOR HEALTH**

**PROMOTION RESEARCH TRAINING SCHOLARSHIP**

**REPORT ON APPLICANT BY NOMINATED REFEREE**

|  |  |  |
| --- | --- | --- |
| **Name of Applicant:** | |  |
| **Institution:** |  | |
| **Project Title:** |  | |

**Due Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Note to applicant: Please complete the above and forward to the nominated referee with a completed copy of the application. It is recommended you agree on a date for submission of this report to Healthway.

**PART A:**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| 1. | I have known the candidate for | |  | years | |
|  |  | | |  |  |
|  | I have known the candidate as | |  | | |
|  | (e.g. friend, student, colleague) | | |  |  |
|  |  | | |  |  |
|  | I have been his/her |  | | | |
|  | (e.g. tutor, dept head) | | |  |  |
|  |  | | |  |  |

**PART B**

Please provide a brief written report to assist the selection committee in evaluating the candidate’s ability. Briefly comment on the following areas:

1. Candidate’s understanding of the area of study.
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3. Candidate’s ability to understand and evaluate the scientific literature in the field.
4. Ability of the candidate to create and explore new ideas.
5. Knowledge and ability of the candidate to use basic research techniques.
6. Ability of the candidate to collaborate and engage with the nominated partner agency(s).
7. State the candidate’s main weaknesses and whether they are likely to affect his/her ability to complete the proposed research.
8. Relevance (in your opinion) of candidate’s research/study area to health promotion in Western Australia.

(Do not exceed 3 pages)

**Referee's Details**

|  |  |  |  |
| --- | --- | --- | --- |
| Name |  | | |
| Institution |  | | |
| Signature |  | Date |  |

Once this form is completed, please email to [research@healthway.wa.gov.au](mailto:research@healthway.wa.gov.au)