**Health Promotion**

**Exploratory Research Grants**

**2021 Open Round**

Stage 1 – Expression of Interest (EOI) form

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Healthway has a two-stage application process. All applicants must complete an initial EoI using this form and are strongly advised to read the Grant Guidelines, Healthway’s Strategic Plan, Active Healthy People 2018-2023 and the Frequently Asked Questions before applying.

The closing date for EoIs for the 2021 Exploratory Targeted Round is **Friday 20th August 2021 at 5pm**.

This EoI template is only for the 2021 Exploratory Open Round. Please submit the EoI through the applying institution’s Research Grants Office via email to healthway@healthway.wa.gov.au.

The purpose of the EoI is to:

* + - Provide an overall description of the proposed research project.
		- Demonstrate alignment of the research with Heathway’s strategic priorities or another relevant health promotion issue, where appropriate and justified.
		- Provide a brief knowledge translation plan to demonstrate the intent and capacity for the research outcomes to influence health promotion policy and/or practice.
		- Demonstrate the appropriateness of the research team with the required expertise to undertake the project.
		- Demonstrate engagement with relevant partners who will support, inform and facilitate translation of the research into practice.

The research proposal does not need to be fully developed at the EoI stage. The research objectives, methods and budget can be draft and indicative. Technical detail on the research design and methodology will not be assessed at this stage. Research partnerships can be unconfirmed in the EoI, however must be established upon submission of the full application.

**Please do not exceed word limits or change the formatting of this form. A reference list may be submitted as an attachment however, additional attachments will not be accepted.**

Healthway will acknowledge receipt of EoIs within two (2) working days and complete the initial assessment within approximately four to six (4-6) weeks. **Please note that not all EoIs will be shortlisted and invited to progress to a full application.**

Further information on the requirements of the EoI, assessment process, timelines and Healthway’s priorities and approach can be found in the funding guidelines.

It is strongly recommended that you contact Healthway’s Health Promotion Research team on 133 777, or email research@healthway.wa.gov.au prior to making a submission to discuss your proposal.

**Exploratory Research Grants - Open Round**

EOI form

1. **Administering Institutions Details**

|  |  |
| --- | --- |
| Administering Institution’s Name *(Legal name)* |  |

1. **Contact Person – Chief Investigator A**

|  |  |
| --- | --- |
| Title  |  |
| Name |  |
| Department/School/Faculty/Institution  |  |
| Telephone |  |
| Email |  |

1. **Eligibility**

Please confirm that all of the following eligibility criteria will be met:

☐ The research centrally focuses on WA, and majority of grant monies will be spent in WA.

☐ At least one (1) Chief Investigator will be based and reside in WA for the duration of the grant.

☐ This EoI or a similar version has not been submitted for an Exploratory grant this year.

☐ Projects focusing on Aboriginal health have at least one (1) Chief Investigator appointed who identifies as Aboriginal or Torres Strait Islander.

1. **Project Title**

Nomination of the project title. The title should accurately describe the nature of the project and be understandable to the general community (75 characters including spaces).

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1. **Alignment to Healthway Priorities**

5a) Select which of Healthway’s strategic priorities the project seeks to address (you may select more than one) or select and nominate another health promotion issue.

☐ Creating a smoke-free WA

☐ Preventing harm from alcohol

☐ Improving mental health

☐ Increasing physical activity

☐ Increasing healthy eating

☐ Aboriginal health

☐ Other health promotion issue (please specify) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

5b Please note any particular issues that will be considered when undertaking the research within the COVID context, for example barriers that may arise due to physical distancing requirements or lock down periods. (Maximum 100 words)

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1. **Project Description**

Please give a brief description of the proposed project, specifically:

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| --- |
| 6.1 Rationale/justification for the research. Include appropriate referencing. (maximum 300 words) |

|  |
| --- |
| 6.2 Describe the proposed research clearly stating the main components (maximum 200 words) |

|  |
| --- |
| 6.3 List the proposed, specific research objectives (maximum 150 words) |

|  |
| --- |
| 6.4 List and briefly describe the research methods (maximum 150 words) |

|  |
| --- |
| 6.5 Briefly describe how it is envisioned this research will improve community health outcomes in WA (maximum 200 words)  |

1. **Proposed Translation Strategies**

Please outline the proposed translation strategy to demonstrate how the research findings will be used by the partner organisations and the sector more broadly to influence programs, policies and other health promotion activities in the WA community

(maximum 300 words).

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1. **Collaboration and Partner Agencies**

Please list all of the key partner organisation/s that will contribute to the research project and support translation of the research findings into policy and practice.

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| --- | --- | --- | --- | --- |
| Organisation | Contact Person | Expertise | Role in proposed study  | Is the partnership confirmed / unconfirmed  |
|  |  |  |  |  |
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**9. CHIEF AND ASSOCIATE INVESTIGATORS AND RESEARCH TEAM**

1. **The Research Team**

Please list the Chief and Associate Investigators.

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | Name  | Position  | Organisation | Skills and contribution | Chief or Associate Investigator  | Is this person of Aboriginal or Torres Strait Islander origin (Y/N/Unsure) |
| **A** |  |  |  |  |  |  |
| **B** |  |  |  |  |  |  |
| **C** |  |  |  |  |  |  |
| **D** |  |  |  |  |  |  |
| **E** |  |  |  |  |  |  |
| **F** |  |  |  |  |  |  |
| **G** |  |  |  |  |  |  |
| **H** |  |  |  |  |  |  |
| **I** |  |  |  |  |  |  |
| **J** |  |  |  |  |  |  |

1. **Indicative budget**

Please provide an indicative annual and overall budget for the project:

|  |  |
| --- | --- |
| COMPONENTS |  |
| (1) | PERSONNELOutline position, level and period of employment **Note that salary on-costs must not exceed 30%** | SalaryRate pa | $Year 1 | $Year 2 |
|  |  |  |  |  |
|  |  | Sub total |  |  |
| (2) | EQUIPMENTSpecify Items to be purchased**Please note Healthway does not fund computers or capital items** |  |  |  |
|  |  | Sub total |  |  |
| (3) | MAINTENANCEFor example: survey and field expenses, printing and mailing costs.**Please note Healthway does not pay administration or infrastructure**  |  |  |  |
|  |  | Sub total |  |  |
|  | **Do not include GST** | **ANNUAL TOTAL $** |  |  |
|  | **OVERALL TOTAL $** |  |
|  |  |

1. **Dates**

Please outline the proposed start date and finish date of the study. The start date must be on or after 1 June 2022 due to the assessment and approval processes.

|  |  |
| --- | --- |
| Proposed project start date:  |  |
| Proposed project end date: |  |

1. **Other Funding**

**(a) Submission of application to other funders**

Please note the agencies details below if you are seeking **total** funding support for this research from any other funding agency, e.g. NHMRC, WA Health, NHF, ARC, Ramaciotti Fdn, etc.

**(b) Other Funding Partners**

 Do you intend to approach other partners, in additional to those already listed in section 8 to jointly fund (in kind and/or financial) this research? Please list details below:

**(c) Referral to the Lotterywest Grants team if appropriate**

 Healthway and Lotterywest work together across their respective grant funding programs.  Do you provide consent for Healthway to discuss your application with Lotterywest?

 Please indicate yes or no in the box below

1. **Certification by Chief Investigators and Research Office**

**itonBy Chief Investigators, Head of Department & Administering Organisation**

|  |
| --- |
| **Signatures of Chief Investigators** In signing this page, you certify that all details given in this application are correct. Electronic signatures are acceptable.  |
|  |  | DATE |
| **A** |  |  |
| **B** |  |  |
| **C** |  |  |
| **D** |  |  |
| **E** |  |  |
| **F** |  |  |

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| **Certification by the Administering Research Office** I certify that the project is appropriate to the general facilities available and that I am prepared to have the project carried out strictly in accordance with the current Healthway guidelines for Exploratory Research Grants.Electronic signature is acceptable.  |
| Use Block Letters |  |  |  |
| SURNAME | TITLE | INITIAL | DEPARTMENT |
|  |  |  |  |
| SIGNATURE | DATE |

**Note: All sections must be completed to be considered eligible.**