**Health Promotion Exploratory Research Grants 2022 Targeted Round –**

Impact of harmful industry marketing on children and young people

Stage 1 – Expression of Interest (EOI) form

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 before applying.

The closing date for EoIs for the 2022 Exploratory Targeted Round is **Friday 28 January 2022 at 5pm**.

This EoI template is only for the 2022 Exploratory Targeted Round*.* The EoI must be *s*ubmitted through the applying institution’s Research Grants Office via email to healthway@healthway.wa.gov.au. EoIs submitted directly from researchers will not be accepted.

**Please contact Healthway’s Health Promotion and Research team on 9488 6700, or email research@healthway.wa.gov.au prior to making a submission to discuss your proposal.**

The purpose of the EoI is to:

* + - Demonstrate the research is focused on exploring and addressing the impact of harmful industry marketing on children and young people.
		- Provide a brief description of the research project and design.
		- Provide a brief knowledge translation plan to demonstrate the intent and capacity for the research outcomes to inform program or policy action to limit children and young people’s exposure to marketing by harmful industries, and/or educate children and young people on the harms associated with new products.
		- 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 (4) 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.

**Exploratory Research Grants – 2022 Targeted 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 Administering Institution is based in Australia.

☐ The research explores the impact of harmful industry marketing on children and young people.

☐ 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.

☐ 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. **Covid-19 context**

Please note any particular issues that will be considered when undertaking the research within the COVID-19 context, for example barriers that may arise due to physical distancing requirements or lock down periods and how you will overcome them. (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) |

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| 6.2 Describe the current landscape of the unhealthy marketing industry including information on the marketing strategies employed (maximum 200 words) |

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| 6.3 Describe the proposed research project clearly stating the main components (maximum 200 words) |

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| 6.4 List the proposed, specific research objectives (maximum 150 words) |

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| 6.5 List and briefly describe the research methods (maximum 150 words) |

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| 6.6 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 inform program or policy action to limit children and young people’s exposure to marketing by harmful industries and/or educate children and young people on the harms associated with new products.

(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:

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| --- | --- |
| 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 $** |
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1. **Dates**

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

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| --- | --- |
| 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. **Previous Healthway submissions**

If the same, or a similar application has previously been submitted to Healthway for a research grant please provide the project number or project title in the box below. Note N/A if this is the first submission.

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

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

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| --- |
| **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.**