**Funding eligibility**

Grant Request Category: Research Fellowship (Nominate Senior Career Fellow OR Early Career Stipend)

1. Project title:
2. Confirm the following eligibility criteria:
* The candidate will reside in WA for the duration of the fellowship and conduct the research within WA ☐ Yes ☐ No
* The candidate has an Australia citizenship or has permanent resident status ☐ Yes ☐ No

If not an Australian Citizen nominate the Country of citizenship:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*Evidence of acceptance by Australian Immigration Authorities must be provided for candidates who are not Australian Citizens.*

* The project addresses one of Healthway’s strategic priorities ☐ Yes ☐ No

1. Nominate which of Healthway’s strategic priorities this project seeks to address (Healthy eating, active living [promoting physical activity and/or reducing sedentary behaviour], mental wellbeing, preventing and reducing tobacco and/or e-cigarettes, preventing and reducing alcohol use).

**Personal details of the candidate**

1. Title: Dr/Professor/Associate Professor

1. Full name of candidate:

1. Mobile

1. Email:

1. Current place of employment and position:

1. Date of appointment of current position: (day/month/year):

1. Present salary: (please state amount in Australian dollars): $
2. List your qualifications (most recent first). List your formal academic qualifications. If your PhD has been formally submitted and is currently with examiners, please indicate the date of submission in the table.

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| **Year** | **Qualification** | **Institution**  |
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1. Please outline your relevant experience since graduating from your PhD (including research and work experience). The Healthway Fellow is for a Mid-Senior Career candidate with a minimum of 3 years post-doctoral experience.

Maximum 200 words.

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**Career development and research program schedule of dates**

1. Commencement date of the fellowship (day/month/year): \_\_\_\_\_\_\_\_\_\_\_\_\_

 Completion date of research component (day/month/year): \_\_\_\_\_\_\_\_\_\_\_\_\_

*(Please note, the successful fellow will be announced in October 2024, the start date therefore must be after 1 November 2024)*

1. Detail how the Research Fellowship will benefit you and assist with the development of your career in health promotion, and the specific skills you will acquire. *(Please note that a commitment to pursue a career in health promotion must be demonstrated).*

Maximum 600 words.

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**Ethics requirements**

1. Does this project include research involving humans and require ethics approval? YES / NO

 If yes, complete question 16.

*If full ethics clearance has been received, please attach a copy of the final approval to this request form. Final ethics clearance must be forwarded to Healthway to receive funding. Provisional clearances will not be accepted.*

1. Please provide a brief statement of the ethical implications and considerations of the project. If ethics approval has not been received, please nominate the ethics committee/s you will apply to and anticipated submission dates.

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**Fellowship project details**

1. Project summary

Provide a brief stand-alone summary of the research project, including the context, aims, target group or setting, expected outcomes, benefits, and impact. The language used should be non-technical and understandable to the general community.

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1. Rationale

Provide a brief background and clear rationale demonstrating the need for this research. Ensure it clearly links to a Healthway strategic priority health area/s. Please cite relevant references where applicable.

Maximum 400 words.

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1. Aims and objectives

List the aims and objectives of the research project, please ensure these are specific and quantifiable.

Maximum 150 words.

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1. Research design and methods

Describe the research 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.

Ensure the proposed study design and methodology is congruent with the research aims and objectives you have identified at question 19.

If you plan to work with Aboriginal communities, demonstrate that the research will be undertaken in a culturally appropriate way.

Maximum 1,500 words.

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1. Research outcomes and community impact

Describe the expected tangible outcomes and how it is anticipated the research will contribute to best practice in health promotion and improve community health outcomes for the WA community.

Maximum 400 words.

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1. Knowledge translation plan
* Provide a detailed outline of a knowledge translation plan to demonstrate how the research will be used to inform policy and practice in WA. For example, if the research aims to influence policy, outline which policy and how the work will inform changes or development of the policy. Identify which stakeholders will be engaged, how they will be engaged and how the collaboration aims to achieve policy change.
* Describe any tools or resources that will be developed as a result of the research and outline how it is anticipated they will be utilised and adopted by the sector.
* If appropriate, describe the current context in terms of what other programs are currently operating and who they are coordinated by, and demonstrate how your research will add value to existing work to inform current practice in WA.
* The translation strategy needs to be broader than the dissemination of findings to key stakeholders.

Maximum 600 words.

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1. Partnerships

Identify the partner agencies, not including Healthway, that will assist in translating the findings into policy and practice and specifically describe what input the partner agencies have had in the development of this proposal, and how you plan to engage with them throughout the project. *(Please note Healthway may contact the partner agencies as part of the assessment process)*

Maximum 200 words.

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1. Budget

List the budget items and costs for each year of the fellowship for the $5,000 allowances allocated each year, plus the additional $10,000 for project costs allocated each year. You must apply for the full $5,000 and $10,000 additional costs.

Please refer to Section 7 in the guidelines for details on what items can be included.

Maximum 200 words.

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1. Other funding

Have you, or do you intend to apply for other funding to undertake or compliment this research project? This may include applying for a Research Fellowship from another funding agency. If so, name the funding body to which you applied.

Maximum 50 words.

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**Supervisors and resources**

1. Supervisors

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

Maximum 150 words.

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1. Other support

List the resources or other material circumstances that will be available to you from your institution, or partners that will enhance the training experience.

Maximum 150 words.

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**Attachments**

Please ensure you provide your research grants office the following attachments with submission of this request.

1. Refence list
2. Certification by partner agencies
3. Most recent Academic Record
4. CV (Max 5 pages)
5. Evidence of permanent resident status if you are not an Australian Citizen.
6. Ethics committee approval if relevant.

**Referees and supervisors**

Two nominated referees are required to complete the [referee report](https://view.officeapps.live.com/op/view.aspx?src=https%3A%2F%2Fwww.healthway.wa.gov.au%2Fwp-content%2Fuploads%2FResearch-Fellowship-Referee-Report.docx&wdOrigin=BROWSELINK), and email it directly to research@healthway.wa.gov.au

Please ensure your referees and supervisor(s) sign the request form below. Electronic signatures are accepted.

**Certification by referees and supervisors**

1. Nominated referee (1)

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| Surname | Title | Initials  |
| Email |
| Telephone number |

 Nominated referee (2)

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| Surname | Title | Initials  |
| Email |
| Telephone number |

 Nominated supervisor (1)

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|  | Surname | Title | Initials  |
|  | Email |
|  | Telephone number |

 Nominated supervisor (2) *If applicable.*

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|  | Surname | Title | Initials  |
|  | Email |
|  | Telephone number |

**Electronic signatures are accepted.**