2025 Travelling Research Fellow

Request form

**All applicants must complete this request form.**

**Request forms must be submitted by your institution’s research grants office via the** [**Lotterywest Healthway Grants Portal**](https://lotterywesthealthway.fluxx.io/user_sessions/new) **(Grants Portal) by 5pm, Friday 1 August 2025.**

**Researchers cannot be given access to the Grants Portal.**

**Before applying:**

1. Please contact us to discuss your proposal before submitting your application on 133 777 or email [research@healthway.wa.gov.au](mailto:research@healthway.wa.gov.au).
2. Review the Terms and Conditions in the [guidelines](https://www.healthway.wa.gov.au/wp-content/uploads/2025_VisitingTravelling_Fellow_GuidelinesFinal.pdf) to ensure you are eligible.
3. Read our [Strategic Plan 2024 - 2029: Creating a healthier WA together](https://www.healthway.wa.gov.au/strategic-plan-2024-2029-creating-a-healthier-wa-together/). The activities proposed must address at least one of our priority health areas.
4. Review our [Health Promotion Research FAQs](https://www.healthway.wa.gov.au/our-funding/healthy-research-program/faqs/) to familiarise yourself with the assessment process, assessment criteria and funding conditions.
5. Along with your request form, please be ready to submit to your research grants office your Curriculum Vitae (max 5 pages), most recent academic transcript and flight quotation.

1. **Travelling Fellow**

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| --- | --- |
| Title (Dr/Professor/Associate Professor): |  |
| Name: |  |
| Current position: |  |
| Department/School/Faculty/Institution:  *(Legal Name)* |  |
| Mobile: |  |
| Email: |  |

Please confirm the following eligibility criteria:

* I am an Australian citizenship or have Permanent Australian Resident status ☐ Yes ☐ No
* I currently reside in Western Australia ☐ Yes ☐ No

List your formal academic qualifications (most recent first):

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| --- | --- | --- |
| **Year** | **Qualification** | **Institution** |
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Select which of our priority health area(s) your travel will seek to address.

☐ Promote healthy eating

☐ Promote active living

☐ Promote mental wellbeing

☐ Prevent and reduce use of tobacco, e-cigarettes and other novel tobacco products

☐ Prevent and reduce use of alcohol

☐ Aboriginal health

The Travelling Fellow is for a Mid-Senior Career candidate with a minimum of 3 years post-doctoral experience. Please provide a brief outline of your experience, specifically:

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| 1.1 Briefly describe your area(s) of expertise and the relevance to health promotion and Healthway’s priority area(s). *(Maximum 200 words)* |

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| 1.2 List your present and past achievements in research and/or policy and practice relevant to health promotion. *(Maximum 150 words)* |

1. **Travel program details**

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| 2.1 Provide a program title. The title should use the following format: ‘Travelling Research Fellow’ followed by your full name (i.e. *Travelling Research Fellow John Smith*). |

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| 2.2 Provide a summary of the objectives of the travel, include details on the new knowledge, skills and expertise you intend to develop. (*Maximum 200 words*) |

2.3 List the key experts and groups you plan to engage with, outlining their areas of expertise in relation to health promotion and how they will assist your professional development. Describe any existing professional relationships and networks that you have with these groups, if applicable, and indicate whether you have consulted regarding their availability and willingness to connect and collaborate with you. (*Maximum 200 words*)

1. **Program schedule**

Please provide an outline of your proposed schedule, including dates and locations. In addition, identify the key experts and groups you will meet with and the types of knowledge sharing and professional development activities that will occur (i.e. meetings, workshops, seminars and conferences).

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| **Date** | **Key expert and/or group**  **(name and position)** | **Organisation/location** | **Planned activity** |
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1. **Knowledge sharing activities**

Please provide a brief outline of the planned knowledge sharing activities:

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| 4.1 Describe how you plan to apply the knowledge, skills, and expertise gained during your travel to your research and other programs of work upon your return. Include specific details about the research projects, programs or policies you are working on, and explain how these will be informed or enhanced by your experience. (*Maximum 300 words*) |

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| 4.2 Describe how you will share and translate the knowledge, skills and expertise gained during your travel with your colleagues and the health promotion sector (i.e. presentations or workshops with the relevant health promotion workforce). *(Maximum 300 words)* |

1. **Indicative budget**

Provide a detailed budget. Include the professional stipend plus travel expenses and accommodation. The maximum budget is $10,000.

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| **COMPONENTS** | |
| (1) TRAVELLING FELLOW | **COST ($)** |
| Airfares  *Please attach price quotation of flight* |  |
| Visa application (if applicable) |  |
| Accommodation |  |
| Professional development costs (i.e. attendance costs for conferences, workshops, seminars or other professional development related activities) |  |
| Internal transportation (i.e. bus or train fares, taxis or car rentals) |  |
| **OVERALL TOTAL $**  *(Do not include GST)* |  |

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| Please note if any costs will be provided in kind (i.e., administrative costs, venue hire for knowledge sharing activities). |

1. **Certification by Travelling Fellow**

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| **Signature of Travelling Fellow**  In signing this page, you certify that all details given in this application are correct.  *Electronic signatures are acceptable.*   |  |  |  | | --- | --- | --- | | Title: |  | | | Name: |  | | | University/School/Centre: |  | | | Signature: |  | Date: | |

1. **Referees**

One nominated referee is required as a signatory. We may contact the nominated referee at our discretion.

Please ensure your referee signs the request form below.

*Electronic signatures are acceptable.*

Nominated referee.

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| --- | --- | --- |
| Title: |  | |
| Name: |  | |
| University/School/Centre: |  | |
| Email: |  | |
| Telephone number: |  | |
| Signature: |  | Date: |

**Certification by administering institution**

I certify that should the applicant \_\_\_\_*INSERT FULL NAME HERE*\_\_\_be awarded a Travelling Fellowship grant, this institution is willing to administer the grant on behalf of the applicant.

*Electronic signatures are accepted.*

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| **Name of certifying officer** | **Position** |
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| **Name of Institution** |
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| **Signature of certifying officer** | **Date** |
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| **Note: All sections must be completed to be considered eligible.** |