Once this form is completed, please email it to your Research Grants Office to submit via our [Grants Portal](https://lotterywesthealthway.fluxx.io/user_sessions/new), on your behalf. Please note candidates cannot gain access the Grants Portal directly.



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

1. Reference list
2. Partner agencies letters of support
3. Most recent Academic Record/University Transcript
4. CV (Max 5 pages)
5. Evidence of permanent resident status if you are not an Australian Citizen.

**Referees and supervisors**

Two nominated referees are also required to complete the [referee report](https://www.healthway.wa.gov.au/wp-content/uploads/2025-Research-Refereree-Report.docx) and email it directly to research@healthway.wa.gov.au

Please ensure your referees and supervisor(s) sign the application form under section (F) and (G). Electronic signatures are accepted.

**Section A – Candidate’s personal details**

|  |  |
| --- | --- |
| 1. Title: Mr/Ms/Mrs/Miss/Dr/Other: |  |
| 2. Full name of applicant:  |  |
| 3. Home address:  |  |
| 4. Work address at your present institution: |  |
| 5. Mobile:  |  |
| 6. Email:  |  |
| 7. Current position(s): |  |
| 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 to question 10:1. Of which country are you a citizen?
2. Do you hold permanent Australian resident status?
 |  |

**Section B – Academic record**

11. Qualifications (most recent first)

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

12. Experience since graduation (including research and, if relevant, work experience and appointments). **Maximum 200 words.**

|  |
| --- |
|  |

**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): |  |

**17. Research 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.

**Maximum 200 words**

|  |
| --- |
|  |

**18. Study rationale**

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

**Maximum 300 words**

|  |
| --- |
|  |

**19. List the aims and objectives of the research project**

Please ensure these are specific and quantifiable.

**Maximum 150 words**

|  |
| --- |
|  |

**20. Study design and methods**

Describe the research design and methods. Where applicable, include details of basic research strategy, sampling methods, main variables to be measured/examined, methods of data collection and analysis of data.

**Maximum 500 words**

|  |
| --- |
|  |

**21. Research outcomes and community impact**

Describe the expected outcomes and impact of this research on the WA community.

**Maximum 300 words**

|  |
| --- |
|  |

**22. Knowledge Translation Plan**

Provide an outline of a knowledge translation plan to demonstrate how the research will be used to impact programs or activities in WA. For example, if the research aims to influence a program, describe the program and how it will be informed and improved by this research. Identify which stakeholders will be engaged, how they how they will be engaged to support the translation efforts.

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.

Please review the [Healthway Knowledge Translation Guide](https://www.healthway.wa.gov.au/wp-content/uploads/Healthway-Knowledge-Translation-Guide_Jun23_FINAL-3.pdf) for more information.

**Maximum 500 words**

|  |
| --- |
|  |

**23. Partnerships**

Identify your partner agencies and the relevance of the partnerships. Describe how you plan to engage with them throughout the project.

**Maximum 200 words**

|  |
| --- |
|  |

**24. Nominate the partner agency(s)** where you will spend time during the research component of the Scholarship.

**Maximum 150 words**

|  |
| --- |
|  |

**25. Budget**

The Scholarship recipient is entitled to an allowance of $15,000 annually, including up to $8,500 annually for project costs (please refer to the guidelines). To receive this allowance the applicant is required to provide an annual budget breakdown outlining the allowance costs.

|  |  |
| --- | --- |
| **Year** | **Budget items and estimated related costs for the allowances** |
| **Year 1**  | *For example:* *Travel for conference and courses:* * *$3,000 for interstate conference registration, travel accommodation*

*Project costs:* * *$1,000 Participant reimbursement for focus groups*
* *$1,000 Catering and venue hire for advisory group meetings and focus groups*
* *$1,000 Resource development (producing, publishing, disseminating)*
* *$1,000 Transcribing interview data*
 |
| **Year 2**  |  |
| **Year 3**  |  |
| **Total (exclusive of GST)** |  |

**26. Additional funding**

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. Also, include details of any of form of postgraduate scholarship funding, you are currently receiving or have applied for.

|  |
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**Section D – Career development and study program**

**27. Study Program**

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

|  |
| --- |
|  |

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

|  |
| --- |
|  |

**28. Study program information**

Summarise the overall aims and structure of the study program, including the anticipated study and research timetable**.**

**Maximum 200 words**

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|  |

**29. Career Development**

Detail how the Scholarship will benefit you and assist with the development of your future career in health promotion, and the specific skills you will acquire.

**Maximum 500 words**

|  |
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|  |

**30. 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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|  |

**Section E – Agreement**

32. Certification by Administering Institution

Electronic signatures are accepted.

I certify that should the applicant \_\_\_\_*INSERT FULL NAME HERE*\_\_\_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 F – Referees, department heads and supervisors**

33. Details of Referees, Department Heads and Supervisor

|  |
| --- |
| **Nominated Referee (1)** |
| Full name (including title) |  |
| Email |  |
| Phone number |  |
| **Nominated Referee (2)** |
| Full name (including title) |  |
| Email |  |
| Phone number |  |
| **Head of Department** |
| Full name (including title) |  |
| Email |  |
| Phone number |  |
| **Nominated Supervisor** |
| Full name (including title) |  |
| Email |  |
| Phone number |  |

**Section G – Partner agency approval**

34. Certification by Partnering Agency(s)

Electronic signatures are accepted.

*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 (Title and full name) |  |
| Position |  |
| Email |  |
| Phone number |  |
| Signature |  |
| Date of signature |  |
| **Partner agency (2)** |
| Organisation |  |
| Key contact (title and full name) |  |
| Position |  |
| Email |  |
| Phone number |  |
| Signature |  |
| Date of signature |  |
| **Partner agency (2)** |
| Organisation |  |
| Key contact (title and full name) |  |
| Position |  |
| Email |  |
| Phone number |  |
| Signature |  |
| Date of signature |  |