**2025 Open Exploratory Research Round**

**Expression of Interest (EoI)**

**All applicants must complete an EoI using this form.**

**EoI’s 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 15 August 2025.**

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

**If your EoI is successful, you will be invited to submit a full application.**

**Before applying:**

1. Please contact us to discuss your proposal before submitting your application on 133 777 or email research@healthway.wa.gov.au.
2. Please refer to our [guidelines](https://www.healthway.wa.gov.au/wp-content/uploads/2025_OpenExploratoryIntervention_GuidelinesFinal.pdf) to make sure that you are eligible to apply and can submit by the due date.
3. Research proposals submitted to us must address one of our priority health areas or Aboriginal health. Applicants are strongly advised to read our [Strategic Plan 2024-2029: Creating a healthier Western Australia together](https://www.healthway.wa.gov.au/our-priorities/strategic-plan-2024-2029-creating-a-healthier-wa-together/), and our [Health Promotion Research FAQs.](https://www.healthway.wa.gov.au/our-funding/healthy-research-program/faqs/)
4. Please do not alter this form. Follow the word and space limit in the EoI. If you go over the word limit, your EoI may not be accepted. You can attach a reference list but additional attachments will not be accepted.

**The purpose of the EoI is to:**

* Briefly describe the proposed exploratory research and what new evidence will be developed.
* Show how your research aligns to our priority health areas or another relevant health promotion issue, if relevant.
* Provide a brief [knowledge translation plan](https://www.healthway.wa.gov.au/wp-content/uploads/Healthway-Knowledge-Translation-Guide_Jun23_FINAL-3.pdf) to demonstrate the intent and capacity for the research outcomes to influence health promotion policy and/or practice.
* Demonstrate that the research team has the required expertise to undertake the project.
* Explain how relevant partners will support, inform and facilitate translating the research into policy and/or practice.

**At the EoI stage:**

* The research proposal does not need to be fully developed.
* The research objectives, methods and budget can be draft and indicative.
* Technical details on the research design and methodology will not be assessed.
* Research partnerships can be unconfirmed but must be established once you submit your full application (if shortlisted).

Your EoI must be submitted by your institution’s research grants office via the [Grants Portal](https://lotterywesthealthway.fluxx.io/user_sessions/new) by **5pm**, **Friday 15 August 2025.**

We will acknowledge receipt of EoIs within two working days and complete the initial assessment within approximately four to six weeks. **Please note that not all EoIs will be shortlisted and invited to submit a full application.**

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 funds 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**

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| --- |
| * 1. Nominate a project title. The title should clearly describe what the project is about and be easy for the public to understand. *(75 characters including spaces)*
 |

1. **Alignment to our priority health areas**

Select which of our priority health areas the project seeks to address (you may select more than one) or select and nominate another health promotion issue.

☐ 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

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

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 200 words)* |

|  |
| --- |
| 6.2 Describe the proposed research project, clearly stating the main components. *(Maximum 200 words)* |

|  |
| --- |
| 6.3 List the research objectives. *(Maximum 150 words)* |

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| --- |
| 6.4 List and briefly describe the research methods. *(Maximum 150 words)* |
| 6.5 Briefly describe how this research is expected to improve community health outcomes in WA. *(Maximum 200 words)*  |

1. **Proposed translation strategies**

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| 7.1 Please outline the proposed translation strategy, demonstrating both the intent and capacity to ensure the research findings are adopted by partner organisations and the broader sector to influence programs, policies, and other health promotion initiatives in WA. *(Maximum 300 words)* |

1. **Collaboration with partner agencies**

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

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Organisation** | **Contact person** | **Expertise** | **Role in proposed study**  | **Is the partnership confirmed/unconfirmed** |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
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|  |  |  |  |  |

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. PERSONNEL
 | Outline position, level and period of employment. **Note that salary on-costs must not exceed 30%** |
| Title | Salary Rate pa. | $ Year 1 | $ Year 2 |
|  |  |  |  |
|  | **Subtotal $** |  |  |
|  |  |  |  |
| 1. EQUIPMENT
 | Specify Items to be purchased.**Please note we do not fund computers or capital items** |
| Item | $ Year 1 | $ Year 2 |
|  |  |  |
|  | **Subtotal $** |  |  |

|  |  |
| --- | --- |
| 1. MAINTENANCE
 | For example: survey and field expenses, printing and mailing costs.**Please note we do not pay administration or infrastructure.** |
| Item | $ Year 1 | $ Year 2 |
|  |  |  |
|  | **Subtotal $** |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
|  | **ANNUAL TOTAL $** |  |  |

|  |  |  |
| --- | --- | --- |
|  | **OVERALL TOTAL $***(Do not include GST)* |  |

1. **Dates**

Please outline the **proposed** start date and finish date of the study. The start date must be on or after **1 June 2026** due to the assessment and approval processes.

|  |  |
| --- | --- |
| Start date:  |  |
| End date: |  |

1. **Other funding**

**(a) Applying to other funding sources**

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), please list their details below.

**(b) Other funding partners**

 Do you intend to approach other partners (beyond those listed in Section 8) to jointly fund this research? (in kind and/or financial). If yes, please list their details below.

**(c) Referral to the Lotterywest grants team**

Healthway and Lotterywest work together across our respective grant funding programs. Do you provide us consent to discuss your application with Lotterywest? Please indicate yes or no below:

☐ Yes

☐ No

1. **Certification by Chief Investigators and research office**

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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.*  |
|  | SIGNATURES  | DATE |
| **A** |  |  |
| **B** |  |  |
| **C** |  |  |
| **D** |  |  |
| **E** |  |  |
| **F** |  |  |

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| **Certification by the administering research office** I certify that the project is suitable to the general facilities available, and I agree to conduct the project in full compliance with the current guidelines for 2025 Open Exploratory Research grant. *Please use BLOCK LETTERS. Electronic signature is acceptable.*  |
|  |  |  |  |
| Surname: | Title: | Initial: | Department: |
|  |  |  |  |
| Signature: | Date: |

|  |
| --- |
| **Note: All sections must be completed to be considered eligible** |