

HEALTH PROMOTION INTERVENTION RESEARCH GRANTS

OPEN ROUND

STAGE 1 - EXPRESSION OF INTEREST FORM

Healthway has a two-stage application process. All applicants for Intervention Research Grants must complete an initial EoI using this form and are strongly advised to read the Intervention Research Grant Guidelines, Healthway's Strategic Plan, Active Healthy People 2018-2023 and the Frequently Asked Questions before applying.

The closing date for EoIs for the 2020 Open Intervention Research Round is **Friday 28th August 2020 at 5pm**.

This EoI template is only for the Intervention Research Grants – Open Round. Please submit the EoI through the applying institution's Research Grants Office via email to research@healthway.wa.gov.au.

The purpose of the EoI is to:

- » Provide a brief description of the proposed intervention that will be developed, implemented and evaluated and describe what new evidence will be developed.
- » Demonstrate alignment of the research with Healthway's strategic priorities, another relevant health promotion issue, or COVID-19 where appropriate and justified.
- » Provide a brief knowledge translation plan to demonstrate the intent and capacity for the research outcomes to influence health promotion policy and/or practice.
- » 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 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.

It is strongly recommended that you contact Healthway's Health Promotion Research team on 08 9488 6700, or email research@healthway.wa.gov.au prior to making a submission to discuss your proposal.

1. ADMINISTERING INSTITUTION DETAILS

Administering Institution's Name (Legal name)

2. CONTACT PERSON - CHIEF INVESTIGATOR A

Title

Name

Department/School/Faculty/Institution

Telephone

Email

3. ELIGIBILITY

Please confirm that all of the following eligibility criteria will be met:

- 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.
- This EoI or a similar version has not been submitted for an Exploratory grant this year.
- Projects focusing on Aboriginal health have at least one (1) Chief Investigator appointed who identifies as Aboriginal or Torres Strait Islander.
- All Chief Investigators comply with the four-grant rule. (See section 6 of the guidelines).

4. PROJECT TITLE

The title should accurately describe the nature of the project and be understandable to the general community (75 characters including spaces)

5. ALIGNMENT WITH HEALTHWAY PRIORITIES

5a) Select which of Healthway’s strategic priorities the project seeks to address (you may select more than one) or select and nominate another health promotion issue, including COVID-19 focused research.

- Creating a smoke-free WA
- Preventing harm from alcohol
- Improving mental health
- Increasing physical activity
- Increasing healthy eating
- Aboriginal health
- COVID-19 community health impacts (please describe in section 5b)
- Other health promotion issue (please specify) _____

5b) Describe how the research will investigate and address the physical and/or mental health impacts of COVID-19. Please note any particular issues that will be considered when undertaking the research within the COVID context including barriers to implementation. (Maximum 150 words)

6. PROJECT DESCRIPTION

Please give a brief description of the proposed project, specifically:

6.1 Rationale/justification for the intervention. Include appropriate referencing. (maximum 200 words)

6.2 Describe the proposed intervention clearly stating the main components (maximum 200 words)

6.3 List the proposed research objectives (maximum 150 words)

6.4 Briefly describe the research methods (maximum 150 words)

6.5 Briefly describe how the research outcomes will improve health outcomes in WA (maximum 200 words)

7. 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 influence programs, policies and other health promotion activities in the WA community (maximum 300 words).

8. 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 practice. Additional partners can be added if necessary.

Please email research@healthway.wa.gov.au for a template to add additional representatives.

Organisation	Contact Person	Expertise	Role in proposed study	Partnership status

9. CHIEF AND ASSOCIATE INVESTIGATORS

Please list the Chief and Associate Investigators. Additional investigators can be added if there is justification (see guidelines). Please email research@healthway.wa.gov.au for a template to add additional team members.

A - Chief/Associate Investigator details

Name

Position

Organisation / Department

Skills and contribution

Chief Investigator

Is this person of
Aboriginal or Torres
Strait Islander origin?

Associate Investigator

B - Chief/Associate Investigator details

Name

Position

Organisation / Department

Skills and contribution

Chief Investigator

Is this person of
Aboriginal or Torres
Strait Islander origin?

Associate Investigator

C - Chief/Associate Investigator details

Name

Position

Organisation / Department

Skills and contribution

Chief Investigator

Is this person of
Aboriginal or Torres
Strait Islander origin?

Associate Investigator

D - Chief/Associate Investigator details

Name

Position

Organisation / Department

Skills and contribution

Chief Investigator

Is this person of
Aboriginal or Torres
Strait Islander origin?

Associate Investigator

E - Chief/Associate Investigator details

Name

Position

Organisation / Department

Skills and contribution

Chief Investigator

Is this person of
Aboriginal or Torres
Strait Islander origin?

Associate Investigator

F - Chief/Associate Investigator details

Name

Position

Organisation / Department

Skills and contribution

Chief Investigator

Is this person of
Aboriginal or Torres
Strait Islander origin?

Associate Investigator

G - Chief/Associate Investigator details

Name

Position

Organisation / Department

Skills and contribution

Chief Investigator

Is this person of
Aboriginal or Torres
Strait Islander origin?

Associate Investigator

H - Chief/Associate Investigator details

Name

Position

Organisation / Department

Skills and contribution

Chief Investigator

Is this person of
Aboriginal or Torres
Strait Islander origin?

Associate Investigator

I - Chief/Associate Investigator details

Name

Position

Organisation / Department

Skills and contribution

Chief Investigator

Is this person of
Aboriginal or Torres
Strait Islander origin?

Associate Investigator

J - Chief/Associate Investigator details

Name

Position

Organisation / Department

Skills and contribution

Chief Investigator

Is this person of
Aboriginal or Torres
Strait Islander origin?

Associate Investigator

10. INDICATIVE BUDGET

Please provide an indicative annual and overall budget for the project:

Components

	Salary rate PA	\$ Year 1	\$ Year 2	\$ Year 3
(1) PERSONNEL Outline position, level and period of employment. Note that salary on-costs must not exceed 30%				
Sub total				
(2) EQUIPMENT Specify items to be purchased Please note Healthway does not fund computers or capital items				
Sub total				
(3) MAINTENANCE For example: survey and field expenses, printing and mailing costs. Please note Healthway does not pay administration or infrastructure				
Sub total				
Do not include GST Total \$				

MAXIMUM \$120,000 PER YEAR OR \$150,000 FOR YEARS WHERE THE INTERVENTION IS ACTUALLY BEING DEVELOPED
(\$150,000 will not generally be awarded for each year of a three-year grant)

11. DATES

Please outline the proposed start date and finish date of the study. The start date must be on or after 1st Jun 2021 due to the assessment and approval processes.

Proposed project Start date:

Proposed project End date:

12. OTHER FUNDING

(a) Submission of application to other funders

Please complete below if you are seeking total funding support for this project 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 addition to those already listed in section 8 to jointly fund (in kind and/or financial) this research? Please list details below:

13. CERTIFICATION BY CHIEF INVESTIGATORS AND ADMINISTERING INSTITUTION

Signatures of Chief Investigators

In signing this page, you certify that all details given in this application are correct.

Electronic signatures are acceptable.

Chief Investigator A

Signature

Date

Chief Investigator C

Signature

Date

Chief Investigator E

Signature

Date

Chief Investigator B

Signature

Date

Chief Investigator D

Signature

Date

Chief Investigator F

Signature

Date

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 Intervention Research Grants.

Electronic signature is acceptable.

Surname	Title	Initials	Signature
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Department			
<input type="text"/>			
	Date		
	<input type="text"/>		

FAILURE TO COMPLETE EACH QUESTION WILL PREVENT PROCESSING OF THE EXPRESSION OF INTEREST