A close up of a card

Description automatically generated

**Health Promotion Research Fellowship**

application form 2022

**Health Promotion Research Fellowship**

application form

**Section A: Personal, academic and administration details**

1. Title: Mr/Ms/Mrs/Miss/Dr:

2. Full name of candidate:

3. Home address:

4. Work address at your present institution:

5. Mobile:

6. Email:

7. Current position:

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

9. Present salary: (please state amount in Australian dollars): $

10. Are you an Australian citizen? ☐ Yes ☐ No

If no,

i) of which country are you a citizen?

ii) Do you hold permanent Australian resident status?

*Evidence of acceptance by Australian Immigration Authorities must be provided.*

11. Are you applying for an Early Career or Senior Research Fellowship?

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12. Qualifications (most recent first)

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

13. Experience since graduating from your PhD (including research and, if relevant, work experience and appointments).

Maximum 200 words.

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**Section B: Proposed fellowship project**

14. Research project title:

15. Healthway priority health area(s):

16. Estimated commencement date of research component (day/month/year):

Estimated completion date of research component (day/month/year):

**Section B: Proposed research – continued**

17. **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.

Maximum 250 words.

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18. **Rationale and design**

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

Maximum 400 words.

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19. **Aims and objectives**

List the aims and objectives of the research project.

Maximum 150 words.

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20. **Research design and methods**

Describe the research design and methods including any potential COVID-19 related impacts.

Maximum 1,600 words.

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21. **Research outcomes and community impact**

Describe the expected health outcomes and impact of this research on the Western Australian (WA) community.

Maximum 400 words.

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22.  **Knowledge translation plan**

Provide a detailed outline of a knowledge translation plan to demonstrate how the research will be used to impact programs or activities in WA.

Maximum 600 words.

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23.  **Partnerships**

Identify your partner agencies and the relevance of the partnership.

Maximum 200 words.

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24. **Nominated partner agency**

Provide details of the residency you will undertake with a partner agency.

Maximum 200 words.

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|  |

25. **Budget**

Provide a budget breakdown for the $5,000 allowance for each year of the Research Fellowship, including justification for the major costs. If you are applying for the additional allowance for project costs ($10,000) across one year of the project, please also specifiy these expenses.

Maximum 200 words.

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26. **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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**Section C: Career development and resources**

27.  **Career development**

Detail how the Research Fellowship will benefit you and assist with the development of your future career in health promotion.

Maximum 600 words.

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28. **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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29. **Other support**

List the resources or other material circumstances that will be available to you that will enhance the training experience.

Maximum 150 words.

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**Section D: Ethics requirements**

This section must be completed.

|  |  |  |  |
| --- | --- | --- | --- |
| 30. |  | Does this project include research involving humans? YES/NO |  |
|  |  | (If yes, complete Q.31 - 32)  *If full ethics clearance has been received, please attach a copy of the final approval to this application form.* |
|  |  |  |
| 31.  32. |  | Please provide a brief statement of the ethical implications and considerations of the project.   |  | | --- | |  |   If ethics approval has not yet been received, please provide details below of the pending submission, including nomination of the ethics committee/s, anticipated or actual submission date and estimated approval date.   |  | | --- | |  |   *NOTE: Final ethics clearance must be forwarded to Healthway to receive funding. Provisional clearances will not be accepted.* |  |

**Section E: Certification and referee and partner details**

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|  | 33. Certification by administering institution | | | | |
|  |  | | | | |
|  | I certify that should the applicant |  | | | be awarded a |
|  | Research Fellowship, this institution is willing to administer the grant on behalf of the applicant. | | | | |
|  |  | | | | |
|  | Name of certifying officer (please print) | | | Position | |
|  |  | | |  | |
|  |  | | | | |
|  | Name of institution | | | | |
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|  | Signature of certifying officer Date | | | | |
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34. Nominated referee (1)

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

Nominated referee (2)

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

Nominated supervisor

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

35. Certification by partnering agency(s)

I confirm that my agency is supportive of this proposal and intends to participate in the project as outlined in this application.

Partner agency (1)

|  |  |  |  |
| --- | --- | --- | --- |
|  | Organisation | Nominated contact | Position |
|  | Email | | |
|  | Telephone number | | |
|  | Signature | | Date |

Partner agency (2)

|  |  |  |  |
| --- | --- | --- | --- |
|  | Organisation | Nominated contact | Position |
|  | Email | | |
|  | Telephone number | | |
|  | Signature | | Date |

Partner agency (3)

|  |  |  |  |
| --- | --- | --- | --- |
|  | Organisation | Nominated contact | Position |
|  | Email | | |
|  | Telephone number | | |
|  | Signature | | Date |

**Electronic signatures are accepted.**