

Healthy Research Program

Health Promotion Research Training Scholarships

**APPLICATION FORM**

### Section A: Personal details

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| --- | --- |
| 1. Title: Mr/Ms/Mrs/Miss/Dr: |  |
| 2. Full name of applicant: |  |
| 3. Home address: |  |
| 4. Work address at your present institution: |  |
| 5. Mobile: |  |
| 6. Email: |  |
| 7. Current position: |  |
| 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, 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 |

### Section B – Academic Record

**11. Qualifications (most recent first)**

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| --- | --- | --- |
| Year | **Qualification** | **Institution** |
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*Please attach a brief curriculum vitae (maximum five pages) and a copy of your latest academic record*

**12. Experience since graduation (including research and, if relevant, work experience and appointments).** *Do not exceed 200 words.*

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### Section C – Proposed Research

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| **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):** |  |
| *It will take approximately five months for Heathway to process the application, also consider the University calendar, and time required to process the ethics application and the Heathway contract.* | |

**17. Research project summary**

Provide a brief summary of the research component of the training. *Do not exceed 200 words.*

* **Do not exceed 200 words.**

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**18. Study rationale and design**

Provide a brief background and clear rationale demonstrating the need for this research. *Do not exceed 300 words.*

* **Do not exceed 300 words.**

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**19.** **List the aims and objectives of the research project.** *Do not exceed 150 words.*

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**20.** **Study design and methods.** *Do not exceed two (2) pages.*

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**21. Research outcomes and community impact**

Describe the expected outcomes and impact of this research.*Do not exceed 300 words.*

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**22.** **Knowledge Translation Plan**. *Do not exceed one (1) page.*

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**23. Partnerships**

Identify your partner agencies and the relevance of the partnerships. *Do not exceed 200 words.*

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**24.** **Nominate the partner agency(s) where you will spend time during the research component of the Scholarship**. *Do not exceed 150 words.*

* **Do not exceed 150 words.**

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**25. Budget**

The Scholarship recipient is entitled to allowances relating to project costs (page 6 of these guidelines). To receive this allowance the applicant is required to provide a budget breakdown per year including justification for major the costs.

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.

|  |  |  |
| --- | --- | --- |
| Budget items | Amount requested from Healthway | In kind or other confirmed funding source\* |
| Year 1 Project Costs |  |  |
| Year 2 Project Costs |  |  |
| Year 3 Project Costs |  |  |
| Total (exclusive of GST) |  |  |

**26.** **Have you previously received or are you concurrently applying for any form of postgraduate scholarship elsewhere?**

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### Section D – Career development and study program

**27. Career Development**

1. Nominate the higher degree to which the Scholarship will lead and the WA institution for

the proposed study.

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

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**28.** **Summarise the overall aims and structure of the study program, include the anticipated study and research timetable**.*Do not exceed 200 words.*

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**29** .**Detail how the Scholarship will benefit you and assist with the development of your future career in health promotion**. *Do not exceed one (1) page.*

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**30. Nominate your supervisor/s**.*Do not exceed 150 words.*

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**31.** **List the resources or other material circumstances that will be available to you to support your study and research training experience**. *Do not exceed 150 words.*

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### Section E – Agreement

**Electronic signatures are accepted.**

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| **32.** | **Certification by Administering Institution** | | | | | | | |
| I certify that should the candidate | |  | | | | | 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 | | | | | | | |
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|  | | |  | Date: | |  | |
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### Section F – Referees, Department Heads and Supervisors

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| 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

**Electronic signatures are accepted.**

**Certification by Partnering Agency(s)**

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:  Position: |
| Email: | Phone number: |
| Signature: Date: | |
| Partner Agency 2 | |
| Organisation: | Key Contact:  Position: |
| Email: | Phone number: |
| Signature: Date: | |
| Partner Agency 3 | |
| Organisation: | Key Contact:  Position: |
| Email: | Phone number: |
| Signature: Date: | |

### CONFIDENTIAL REPORT ON CANDIDATE FOR HEALTH

### PROMOTION RESEARCH TRAINING SCHOLARSHIP

**REPORT ON CANDIDATE BY NOMINATED REFEREE:** The candidate should complete the following table and forward it to your nominated referee with a completed copy of the application. It is recommended you agree on a date for submission of this report to Healthway.

|  |  |
| --- | --- |
| Name of Applicant |  |
| Institution |  |
| Project title |  |

**PART A:**

|  |  |
| --- | --- |
| How long have you known the candidate for? | \_\_\_\_ year/s |
| How have you known the candidate (friend, student, colleague)? | \_\_\_\_ e.g. friend, student, colleague |
| What role have you played to this applicant? | \_\_\_\_ e.g. tutor, department head |

**PART B**

Please provide a brief written report to assist the selection committee in evaluating the candidate’s ability.

Briefly comment on the following areas:

1. Candidate’s understanding of the area of study.
2. Ability of the candidate to communicate orally and in writing.
3. Candidate’s ability to understand and evaluate the scientific literature in the field.
4. Ability of the candidate to create and explore new ideas.
5. Knowledge and ability of the candidate to use basic research techniques.
6. Ability of the candidate to collaborate and engage with the nominated partner agency(s).
7. State the candidate’s main weaknesses and whether they are likely to affect his/her ability to complete the proposed research.
8. Relevance (in your opinion) of candidate’s research/study area to health promotion in Western Australia.

(Do not exceed three (3) pages)

|  |  |
| --- | --- |
| **Referee’s details** | |
| Name |  |
| Institution |  |
| Signature  Date |  |

Once this form is completed, please email to [research@healthway.wa.gov.au](mailto:research@healthway.wa.gov.au)

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| Project title |  |

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|  |  |
| --- | --- |
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| How have you known the candidate (friend, student, colleague)? | \_\_\_\_ e.g. friend, student, colleague |
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(Do not exceed 3 pages)

|  |  |
| --- | --- |
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| Name |  |
| Institution |  |
| Signature  Date |  |

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