

# **HEALTHWAY RESEARCH FELLOWSHIP**

APPLICATION FORM

**SECTION A: PERSONAL, ACADEMIC AND ADMINISTRATION DETAILS**

1. Title

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, of which country are you a citizen?

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?

**12. Qualifications (Most recent first)**

Year	Qualification	Institution
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>

**13. Research and employment experience since graduation**

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 dates for research component (day/month/year):**

Commencement  /  /       Completion  /  /

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## SECTION C: PROPOSED RESEARCH

### 17. Project summary

Provide a brief stand-alone summary of the research project. (Maximum 200 words)

### 18. Rationale and design

Provide a brief background and clear rationale demonstrating the need for this research (Maximum 400 words)

**19. Aims and objectives**

List the aims and objectives of the research project. (Maximum 150 words)

**20. Research design and methods**

Describe the research design and methods. (Maximum 1500 words)

**20. Research design and methods (continued)**

**21. Research outcomes and community impact**

Describe the expected outcomes and impact of this research on community health. (Maximum 400 words)

**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)

**23. Partnerships**

Identify partner agencies and the relevance of the partnership. (Maximum 200 words)



**24. Nominated Partner Agency**

Provide details of the residency that will be undertaken with a partner agency. (Maximum 200 words)

**25. Budget**

Provide a budget breakdown, including justification for the major costs. (Maximum 200 words)

**26. Other Funding**

Have you previously received or are you concurrently applying for a Research Fellowship elsewhere? If so, name the funding body to which you applied.

Please state if additional financial support will be required to complete the Fellowship. Include the source of the funding, how much and if it is confirmed.

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## SECTION C: CAREER DEVELOPMENT AND RESOURCES

### 27. Career Development

Detail how the Fellowship will assist with the development of a future career in health promotion. (Maximum 600 words)

## 28. Supervisors

Nominate up to two supervisor(s) and their details below.

### A - Supervisor details

Name

Position

Qualifications and areas of research expertise

Hours dedicated to supervision (per week)

### B - Supervisor details

Name

Position

Qualifications and areas of research expertise

Hours dedicated to supervision (per week)

## 29. Other support

List the resources or other material circumstances that will be available to enhance the training experience.  
(Maximum 150 words)

## SECTION D: CLEARANCE REQUIREMENTS

### 30. Research involving humans

(i) Does this project include research involving humans? (If yes, complete Q31)  Yes  No

(ii) Does this project involve the administration to humans, of drugs, chemical agents or vaccines?  Yes  No

(iii) With regard to privacy, does this project involve the use of personal information obtained from a Commonwealth department or agency (including Repatriation Hospitals)?  Yes  No

If yes, specify the name of the department or agency

(iv) If yes to any of the above, is the completed FINAL clearance form attached?  Yes  No

Provisional clearances will not be accepted.

NOTE: One (1) copy of the final ethics clearance must be forwarded to Healthway to receive funding

Question 31 and the form on the following page must be completed when research involving humans is undertaken as part of this project. A brief statement of the ethical issues which arise from such experimentation, and an explanation of how these issues will be addressed, must be given.

It is not sufficient to note that the "NHMRC Statement of Human Experimentation will be observed".

### 31. Ethical Implications of the Project - Research Involving Humans

## INSTITUTIONAL APPROVAL FORM FOR RESEARCH INVOLVING HUMANS

One (1) copy of this completed approval form should be attached to the application form sent to Healthway.

### Ethics Committee use

Does this project comply with provisions contained in the NHMRC's document "Statement on Human Experimentation and Supplementary Notes"?

Yes  No

Does this project comply with the regulations governing experimentation on humans within your Institution and within your State or Territory?

Yes  No

Comments, provisos or reservations:

Name of responsible Ethics Committee:

Name of Ethics Committee representative (block letters):

Surname

Initials

Title

Signature

Date

Note:

- (1) This form has been produced in an effort to standardise and effectively record ethics approval for all projects submitted to Healthway. Should it prove inappropriate, an individual statement may be forwarded in lieu. As Healthway cannot provide support if ethics clearance is not provided, it is of utmost importance that this information is received.
- (2) If there is no appropriate Ethics Committee at the institution concerned, the Head of Department, or, in the case of individual researchers, the applicants themselves, should ensure that the proposal is submitted to an established Ethics Committee at a hospital or university for comment, prior to completing and signing the rest of the form as an undertaking that the provisions of the NHMRC "Statement on Human Experimentation and Supplementary Notes" will be observed.

## SECTION E: CERTIFICATION AND REFEREE AND PARTNER DETAILS

Electronic signatures are accepted.

### 32. Certification by Administering Institution

I certify that should the applicant \_\_\_\_\_ 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

Signature of certifying officer

Date

### 33. Contact details

#### Nominated Referee (1)

Surname

Initials

Title

Email

Telephone No

#### Nominated Referee (2)

Surname

Initials

Title

Telephone No

#### Head of Department

Surname

Initials

Title

Email

Telephone No

### 34. 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. (Electronic signatures are accepted)

#### Partner Agency (1)

Organisation

Nominated contact

Position

Email

Telephone no

Signature

Date

#### Partner Agency (2)

Organisation

Nominated contact

Position

Email

Telephone no

Signature

Date

#### Partner Agency (3)

Organisation

Nominated contact

Position

Email

Telephone no

Signature

Date