

# **HEALTH PROMOTION EXPLORATORY RESEARCH GRANTS**

**2020 TARGETED ROUND  
ABORIGINAL HEALTH**

**STAGE 1 – EXPRESSION OF INTEREST APPLICATION FORM**

# EXPLORATORY RESEARCH GRANTS

## 2020 TARGETED ROUND – ABORIGINAL HEALTH

Healthway has a two-stage application process. All applicants for Targeted Exploratory Research grants must complete an initial EoI using the attached form and are strongly advised to read the Exploratory Research Grant (Targeted Round – Aboriginal Health) Guidelines, Healthway's [Strategic Plan, Active Healthy People 2018-2023](#) and the Expression of Interest (EoI), Frequently Asked Questions before applying.

The closing date for EoIs for the Health Promotion Exploratory Research Grants Targeted Round- Aboriginal Health is **Friday 31 January 2020 at 5pm**.

This EoI template is only for this Targeted Round for Exploratory Research Grants. Please submit the EoI via email to [research@healthway.wa.gov.au](mailto:research@healthway.wa.gov.au).

The purpose of the EoI is to:

- » Provide a brief description of the proposed exploratory research project and how it will contribute to the current evidence.
- » Demonstrate the alignment of the research with Healthway's strategic priorities.
- » Provide a brief translation plan to demonstrate the intent and capacity for the research outcomes to influence Aboriginal health promotion policy and/or practice.
- » Demonstrate the appropriateness of the research team with the required expertise to undertake the project.
- » Demonstrate that the proposed research is needed or led by community.
- » Demonstrate that Aboriginal community members have or will be engaged in the development and implementation of the research and development of a culturally secure research methodology.

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. It is expected that Aboriginal community partnerships will already have been formed at the time of EoI submission.

**Please do not exceed word limits or change the formatting of this form. Additional attachments will not be accepted.**

Healthway will acknowledge receipt of EoIs within two working days, and complete the initial assessment within six 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 94886700, or email [research@healthway.wa.gov.au](mailto:research@healthway.wa.gov.au) prior to making a submission.

# EXPLORATORY RESEARCH GRANTS

## 2020 TARGETED ROUND – ABORIGINAL HEALTH

### SECTION 1. ADMINISTERING INSTITUTION DETAILS

Administering Institution's Name (*Legal name*)

### SECTION 2. CONTACT PERSON - CHIEF INVESTIGATOR A

Title

Name

Department/School/Faculty/Institution

Telephone

Email

### SECTION 3. ELIGIBILITY

At least one Chief Investigator will be based and reside in WA for the duration of the grant

The research centrally focuses on WA, and majority of the grant monies will be spent in WA

This EoI or a similar version has not been submitted for a Targeted Round Intervention grant this year

Confirm that the proposed project aligns with the NMHRC *Ethical Conduct in Research with Aboriginal and Torres Strait Islander Peoples and Communities: Guidelines for Researchers and Stakeholders 2018*

### SECTION 4. PROJECT TITLE

Title of project. (75 characters including spaces)

### SECTION 5. ALIGNMENT WITH HEALTHWAY PRIORITIES

This EoI must address Aboriginal Health. In addition, select which of Healthway's strategic priorities the project seeks to address (you may select more than one):

Creating a smoke-free WA

Increasing physical activity

Preventing harm from alcohol

Increasing healthy eating

Improving mental health

### SECTION 6. PROJECT DESCRIPTION

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

6.1 Rationale/justification for the research (150 words)

6.2 Describe the proposed research project, clearly stating the main components (200 words)

6.3 List the proposed research objectives (150 words)

6.4 Briefly describe the research methods including culturally secure methodology (150 words)

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

## EXPLORATORY RESEARCH GRANTS

## SECTION 7. PROPOSED TRANSLATION STRATEGIES

Please outline the proposed translation strategy for the results of the study to influence programs or activities in the WA community (300 words)

## SECTION 8. COLLABORATION AND PARTNER AGENCIES

Please list all of the key Aboriginal community members, partner organisation/s, including other funding partners, that will contribute to the translation of the research findings.

# EXPLORATORY RESEARCH GRANTS

## 2020 TARGETED ROUND - ABORIGINAL HEALTH

### SECTION 9. CHIEF INVESTIGATORS AND RESEARCH TEAM

Please list up to eight Chief Investigators including at least one Aboriginal Chief Investigator. Additional investigators can be added if there is justification (see guidelines).

Name	Position	Organisation	Skills and contribution
<b>A</b>			
<b>B</b>			
<b>C</b>			
<b>D</b>			
<b>E</b>			
<b>F</b>			
<b>G</b>			
<b>H</b>			

Please list up to six Associate Investigators. Additional investigators can be added if there is justification.

Name	Position	Organisation	Skills and contribution
<b>E</b>			
<b>F</b>			
<b>G</b>			
<b>H</b>			
<b>I</b>			
<b>J</b>			

# EXPLORATORY RESEARCH GRANTS

## 2020 TARGETED ROUND - ABORIGINAL HEALTH

### SECTION 10. INDICATIVE BUDGET

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

(1) PERSONNEL	Salary Rate pa	\$ Year 1	\$ Year 2
---------------	-------------------	--------------	--------------

Outline position, level and period of employment

**Please note salary on-costs must not exceed 30%**

Sub Total

(2) EQUIPMENT	\$ Year 1	\$ Year 2
---------------	--------------	--------------

Specify Items to be purchased

**Please note Healthway does not fund computers or capital items**

Sub Total

(3) MAINTENANCE	\$ Year 1	\$ Year 2
-----------------	--------------	--------------

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 \$75,000 in total excluding GST**

### SECTION 11. DATES

Should your EoI be shortlisted and invited to submit a full application for Stage 2, you will be notified of the outcome of the full application around September 2020. Please allow for this time and consider ethics approval processes (see guidelines).

Proposed project start date:

Proposed project end date:

### SECTION 12. OTHER FUNDING

#### (a) SUBMISSION OF APPLICATION TO OTHER FUNDERS

Please complete below if you are seeking total funding support for this research from any other funding agency, e.g. NHMRC, WA Health, NHF, ARC, RamaciottiFdn, etc.

Name of Agency:

#### (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:

Name of potential funding partners:



# EXPLORATORY RESEARCH GRANTS

## 2020 TARGETED ROUND – ABORIGINAL HEALTH

### SECTION 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.

Name	Date
<b>A</b>	
<b>B</b>	
<b>C</b>	
<b>D</b>	
<b>E</b>	
<b>F</b>	
<b>G</b>	
<b>H</b>	

#### 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 Exploratory Research Grants.

Surname	Title	Initial	Department
Signature	Date		

**NOTE: FAILURE TO COMPLETE EACH QUESTION WILL PREVENT PROCESSING  
OF THE EXPRESSION OF INTEREST APPLICATION**