

Healthy Research Program

2023 Targeted Research Round – Exploratory grants

**Stage 1: Expression of Interest (EoI) form**

The Targeted Research Round – Exploratory grants has a two-stage application process:

1. Stage one: All applicants must complete this EoI form.
2. Stage two: Healthway will shortlist EoI’s and invite selected applicants to submit a full application.

Before applying, applicants are strongly advised to read the following:

* [2023 Targeted Research Round – Exploratory grants: Guidelines](https://www.healthway.wa.gov.au/wp-content/uploads/HW_2023-Targeted-Research-Round_Guidelines-final.pdf)
* [Healthway’s Strategic Plan Active Healthy People: 2018-2023](https://www.healthway.wa.gov.au/our-priorities/active-healthy-people-2018-2023/)
* [Healthy Research FAQs](https://www.healthway.wa.gov.au/our-funding/healthy-research-program/apply-for-intervention-exploratory-grant/).

The purpose of the EoI is to:

* Provide a brief description of the proposed research that will be undertaken and describe what new evidence will be developed.
* Demonstrate how the research aligns with the targeted research round’s focus area, and your chosen health issue.
* 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 that the research team has the required skills and expertise to undertake the project.
* Demonstrate how relevant partners will support, inform, and facilitate translation of the research into policy and/or practice will be engaged.

At the EoI stage:

* The research proposal does not need to be fully developed, and its objectives, methods and budget can be draft and indicative.
* Technical detail on the research design and methodology will not be assessed.
* Research partnerships can be unconfirmed but must be established before submitting your full application, if shortlisted.

Please submit your EoI through your institution’s Research Grants Office via email to healthway@healthway.wa.gov.au by **5pm (AWST)**, **Tuesday 31 January 2023.** We will acknowledge receipt of EoIs within two (2) working days and complete the initial assessment within approximately four to six (4-6) weeks.

**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.**

**It is strongly recommended that you contact us to discuss your proposal before submitting your application on 133 777 or email research@healthway.wa.gov.au.**

1. **Administering institutions details**

|  |  |
| --- | --- |
| Administering institution’s name *(Legal name)* |  |

1. **Contact person – Chief Investigator A**

|  |  |
| --- | --- |
| Title  |  |
| Name |  |
| Department/School/Faculty/Institution  |  |
| Telephone |  |
| Email |  |

1. **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.

[ ]  Projects focusing on Aboriginal health have at least one (1) Chief Investigator appointed who identifies as Aboriginal or Torres Strait Islander.

1. **Project title**

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

|  |
| --- |
|  |

1. **Alignment to Healthway priorities**

Select which of Healthway’s strategic priorities the project seeks to address.

[ ]  Vaping

[ ]  Healthy eating

[ ]  Physical activity (including reducing sedentary behaviour)

[ ]  Mental health

[ ]  Alcohol-related harm

[ ]  Illicit drug use

[ ]  Solvent use

[ ]  Sexual health

[ ]  Sun safety

1. **Project description**

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

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

|  |
| --- |
|  |

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

|  |
| --- |
|  |

6.3 List the proposed, specific research objectives (maximum 150 words)

|  |
| --- |
|  |

6.4 List and briefly describe the research methods (maximum 150 words)

|  |
| --- |
|  |

6.5 Briefly describe how it is envisioned this research will improve community health outcomes in WA (maximum 200 words)

|  |
| --- |
|  |

1. **Proposed translation strategies**

Please outline the proposed translation strategy to demonstrate how the research findings will be used by the partner organisations and the health promotion sector more broadly to influence programs, policies, and other health promotion activities in the WA community (maximum 300 words)

|  |
| --- |
|  |

1. **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 policy and/or practice.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Organisation** | **Contact person** | **Expertise** | **Role in proposed study** | **Is the partnership confirmed / unconfirmed** |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

**9. IEF AN**

1. **The research team**

Please list the Chief and Associate Investigators.

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | **Name** | **Position** | **Organisation** | **Skills and contribution** | **Chief or Associate Investigator** | **Is this person of Aboriginal or Torres Strait Islander origin (Y/N/Unsure)** |
| **A** |  |  |  |  |  |  |
| **B** |  |  |  |  |  |  |
| **C** |  |  |  |  |  |  |
| **D** |  |  |  |  |  |  |
| **E** |  |  |  |  |  |  |
| **F** |  |  |  |  |  |  |
| **G** |  |  |  |  |  |  |
| **H** |  |  |  |  |  |  |
| **I** |  |  |  |  |  |  |
| **J** |  |  |  |  |  |  |

1. **Indicative budget**

Please provide an indicative overall budget for the project:

|  |  |  |
| --- | --- | --- |
|  COMPONENTS |  | $ |
| (1) | PERSONNELOutline position, level and period of employment. **Note that salary on-costs must not exceed 30%** | SalaryRate pa |  |
|  |  |  |  |
|  |  | Sub total |  |
| (2) | PROJECT COSTS**Please note that Healthway does not fund computers or capital items** |  |  |
|  |  | Sub total |  |
| (3) | MAINTENANCE/SUPPORT COSTSFor example: survey and field expenses, printing and mailing costs.**Please note that Healthway does not pay administration or infrastructure**  |  |  |
|  |  | Sub total |  |
| (4) | ADDITIONAL TESTING/TRANSLATION COSTS (max $25,000) |  |  |
|  |  | Sub total |  |
| **OVERALL TOTAL $****Do not include GST**  |  |

|  |
| --- |
|  |

1. **Dates**

Please outline the proposed start date and finish dates of the study. The start date must be on or after 1 July 2023 due to the assessment and approval processes.

|  |  |
| --- | --- |
| Proposed start date:  |  |
| Proposed end date: |  |

1. **Other funding**

(a) Submission of application to other funders

If you are seeking **total** funding support for this research from any other funding agency, e.g. NHMRC, WA Health, NHF, ARC, Ramaciotti Fdn, etc, please note their details below:

(b) Other funding partners

Do you intend to approach other partners, in additional to those already listed in section 8 to jointly fund (in kind and/or financial) this research? Please list details below:

(c) Referral to the Lotterywest grants team if appropriate

Healthway and Lotterywest work together across their respective grant funding programs. Do you provide consent for Healthway to discuss your application with Lotterywest?

Please indicate yes or no in the box below:

1. **Certification by Chief Investigators and Research Office**

**iy Chief Investigators, Head of Department & Administering Organisation**

|  |
| --- |
| **Signatures of Chief Investigators** In signing this page, you certify that all details given in this application are correct. Electronic signatures are acceptable.  |
|  |  | DATE: |
| **A** |  |  |
| **B** |  |  |
| **C** |  |  |
| **D** |  |  |
| **E** |  |  |
| **F** |  |  |
| **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 2023 Targeted Research Round - Exploratory grant. Electronic signature is acceptable.  |
| Use Block Letters |  |  |  |
| Surname | Title | Initial | Department |
|  |  |  |  |
| Signature | Date |

**Note: All sections must be completed to be considered eligible.**