

Request Status

Draft

With Applicant

Review

Active

Closed

Before You Begin

Before starting your funding request, please make sure your organisation's details are up to date, such as:

- Latest Financial Statement
- Annual Report or AGM minutes
- Legal signatory details and other governance documents.

If you need to update any of these details, please select [Save and Close] at the bottom of this page and then select your organisation under the Organisation heading in the menu on the left-hand side of your screen.

Your organisation's details will need to be verified by our Customer Service team, which will take up to two business days. You will be able to submit your funding request once your organisation has been validated.

How to Submit

Please click on [Save and Close], and when the page has closed, please click on [Submit] at the bottom of your screen.

Please Note

The Portal does not automatically save your work, so please make sure you click on either [Save] or [Save and Close] button below before you exit out of the Portal.

Bold denotes a mandatory field.

Status

Draft

▼ Table of Contents

Organisation Information

Program

Eligibility

Personal Details of Candidate

Top Up Funding

Career development and study program

Budget Breakdown - Aboriginal Scholarships

Certification of Administering Institution

Supervisors and Referees

Before starting your request, please review your organisation's details, this includes:

- **Latest Financial Statement**
- **Annual Report or AGM minutes**
- **Latest list of Board and Committee members and other governance documents.**

If you need to update any of these details, please select [Save and Close] at the bottom of this page and then select 'Organisation' in the left-hand menu. Once you can confirm that your organisation's details are up-to-date, please tick the box below.

People added to your organisation using the "Add New" function below will be instantly granted access to the Grants Portal and will be able to view your organisations information including requests, grants and payment information.

The primary contact and person applying fields below should be the appropriate officer/s from the Research Grants Office or similar. Please do not use these fields to add names of the Chief Investigator/s.

Organisation:

Organisation Status:

Warning: Organisation is not in a Validated status. It will need to be validated to submit this request - please follow up on the status of your Organisation, or link one that is validated.

Primary Contact:

Legal Signatory:

Secondary Legal Signatory:

Person Applying:

If you are adding a new Legal Signatory, please attach documentation confirming their position by clicking on '+'. Click for more information around Legal Signatories.

LEGAL SIGNATORIES

Delegated Authority

A Delegated Authority can also perform the duties of a Legal Signatory provided they have been given the authority from a Legal Signatory(s). For the purpose of this request, does the Legal Signatory(s) give responsibility for signing the Healthway Grant Conditions, Agreements and acquittal documentation to someone else within your organisation?

Delegated Authority in place?

▼ Program

Which program are you applying for? Aboriginal research training scholarships

Project Title:

Eligibility

Please confirm that all of the following eligibility criteria will be met:

- Candidates must be of Aboriginal or Torres Strait Islander descent and must reside in WA for the duration of the scholarship.
- The focus of the research is the WA population.

Confirm Eligibility: No

Select which of Healthway's strategic priorities the project seeks to address (you may select more than one) and/or nominate another health promotion issue by selecting 'other'.

▼ Personal Details of Candidate

Name:

Email:

Phone:

Current place of employment and position:

Please write N/A if not currently employed

Date of appointment:

Present annual salary: \$0.00

Please select your position type:

Please list your Qualification(s) by clicking the '+' below:

(Sort by newest to oldest)

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

Please attach a brief curriculum vitae (maximum five pages) and a copy of your latest academic record by clicking the '+'.

Please attach a reference list to support your literature review and other relevant sections of your application by clicking the '+'.

Academic Records

Curriculum Vitae

Reference List

QUALIFICATIONS

Please outline your relevant experience since graduating from your most recent degree.

▼ Top Up Funding

Top-up funding is available for applicants who are applying to Healthway for funding in addition to currently holding another award

Are you applying for top up funding?

▼ Career development and study program

It will take approx five months for Healthway to process this request, also consider the University calendar, and time required to process the ethics request and the Healthway contract.

Anticipated start date of your study program.

Anticipated end date of your study program.

Nominate the qualification to which the scholarship will lead and the WA institution for the proposed study:

Summarise the overall aims of the structure of the study program, include the anticipated study units:

Please provide detail on how the scholarship will assist with the development of your future career working in Aboriginal health.

▼ Budget Breakdown - Aboriginal Scholarships

Please include a detailed budget breakdown for all items required for the entire duration of the project.

What stipend are you applying for: Professional Stipend

How many years are you applying for:

Total Research Project Costs: \$0.00

▼ Certification of Administering Institution

Download the Certification of Administering Institution document, sign it and then upload it by clicking on the '+' below.

Certificate by Administering Institution

DOCUMENTS

▼ Supervisors and Referees

Nominated Supervisor 1

Name:

Organisation:

Position:

Email:

Phone:

Nominated Supervisor 2

Name:

Organisation:

Position:

Email:

Phone:

Nominated Referee

Name:

Organisation :

Position :

Email:

Phone:

Nominated Referee

Name:

Organisation :

Position:

Email:

Phone :

Please ensure referee reports (*INSERT THE REPORT LINK ON THE WEBSITE*), are forwarded by the referees directly to Research@healthway.wa.gov.au.

Head of Department

Name:

Organisation:

Position:

Email:

Phone:

▼ Certification by Partnering Agency(s)

I can confirm that my agency(s) are **supportive of this proposal and intends to participate in the project as outlined in this request.** No

Download the **Certification by Partnering Agency** document, sign it and then upload it by clicking on the '+' below.

Certification by Partnering Agency

DOCUMENTS

▼ **Project Details**

Please select the primary region in WA that will benefit from this grant.

Who will benefit from this grant? (you may select up to 5):

▼ **Documents**

If you have any other supporting documents, please upload them by clicking the '+' below.

SUPPORTING DOCUMENTS