Once this form is completed, please email it to [your](mailto:research@healthway.wa.gov.au) Research Grants Office to submit via our [Grants Portal](https://lotterywesthealthway.fluxx.io/user_sessions/new), on your behalf. Please note candidates cannot gain access the Grants Portal directly.

**Attachments**

Please ensure you provide your research grants office the following attachments with submission of this application.

1. Reference list
2. Partner agencies letters of support
3. Most recent Academic Record/University Transcript
4. CV (Max 5 pages)
5. Evidence of permanent resident status if you are not an Australian Citizen.
6. Ethics committee approval if relevant.

**Referees and supervisors**

Two nominated referees are also required to complete the [referee report](https://www.healthway.wa.gov.au/wp-content/uploads/2025-Research-Refereree-Report.docx) and email it directly to [research@healthway.wa.gov.au](mailto:research@healthway.wa.gov.au)

Please ensure your referees and supervisor(s) sign the application form under section (G) and (H). Electronic signatures are accepted.

**Section A – Candidate’s personal details**

|  |  |
| --- | --- |
| 1. Title: Dr/Professor/Associate Professor/Other: |  |
| 2. Full name of candidate: |  |
| 3. Home address: |  |
| 4. Work address at present institution: |  |
| 5. Mobile: |  |
| 6. Email: |  |
| 7. Current position(s): |  |
| 8. Date of appointment (day/month/year): |  |
| 9. Present salary: (please state amount in Australian dollars): | $ |
| 10. Do you plan to reside in WA for the term of the fellowship? | ☐ Yes ☐ No |
| 11. Are you an Australian citizen? | ☐ Yes ☐ No |
| If no to question 11:   1. Of which country are you a citizen? 2. Do you hold permanent Australian resident status?   *Evidence of acceptance by Australian Immigration Authorities must be provided for candidates who are not Australian Citizens.* |  |

**Section B – Academic record**

1. Qualifications (most recent first). If your PhD has been formally submitted and is currently with examiners, please indicate the date of submission in the table.

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

1. Experience since graduating from your PhD (including research and work experience). **Maximum 200 words.**

|  |
| --- |
|  |

1. Grant Request Category: Are you applying for a Senior Career Fellowship or an Early Career Research Fellowship (see guidelines)

|  |
| --- |
|  |

**Section C – Proposed research project**

|  |  |
| --- | --- |
| 6. Research project title: |  |
| 7. Healthway priority health area(s): |  |
| 8. Estimated commencement date (day/month/year): |  |
| 9. Estimated completion date (day/month/year): |  |

1. **Research project summary**

Provide a brief stand-alone summary of the research project, including the context, aims, target group or setting, expected outcomes, benefits, and impact. The language used should be non-technical and understandable to the general community.

**Maximum 250 words**

|  |
| --- |
|  |

1. **Study rationale**

Provide a brief background and clear rationale demonstrating the need for this research.

**Maximum 400 words**

|  |
| --- |
|  |

1. **List the aims and objectives of the research project**

Please ensure these are specific and quantifiable.

**Maximum 150 words**

|  |
| --- |
|  |

1. **Study design and methods**

Describe the research design and methods. Where applicable, include details of basic research strategy, sample size and sampling methods, main variables to be measured/examined, methods of data collection and analysis of data.

**Maximum 1,500 words**

|  |
| --- |
|  |

1. **Research outcomes and community impact**

Describe the expected tangible outcomes and impact of this research.

**Maximum 400 words**

|  |
| --- |
|  |

1. **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. For example, if the research aims to influence policy, outline which policy and how the work will inform changes or development of the policy. Identify which stakeholders will be engaged, how they how they will be engaged and how the collaboration aims to achieve policy change.

Describe any tools or resources that will be developed as a result of the research, and outline how it is anticipated they will be utilised and adopted.

Please review the [Healthway Knowledge Translation Guide](https://www.healthway.wa.gov.au/wp-content/uploads/Healthway-Knowledge-Translation-Guide_Jun23_FINAL-3.pdf) for more information.

**Maximum 600 words**

|  |
| --- |
|  |

1. **Partnerships**

Identify your partner agencies and the relevance of the partnerships. Specifically, describe what input the partner agencies have had in the development of this proposal, and how you plan to engage with them throughout the project.

**Maximum 200 words.**

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| --- |
|  |

1. **Budget**

The fellowship recipient is entitled to an allowance of $50,000 over three years, including $40,000 for project costs. To receive this allowance the candidate is required to provide an annual budget breakdown outlining all the allowance costs (Please refer to the guidelines for what items can be included).

|  |  |
| --- | --- |
| **Year** | **Budget items and estimated related costs for the allowances** |
| **Year 1** | *For example:*  *Travel for conference and courses:*   * *$3,000 for interstate conference registration, travel accommodation*   *Project costs:*   * *$1,000 Participant reimbursement for focus groups* * *$1,000 Catering and venue hire for advisory group meetings and focus groups* * *$1,000 Resource development (producing, publishing, disseminating)* * *$1,000 Transcribing interview data* |
| **Year 2** |  |
| **Year 3** |  |
| **Total (exclusive of GST)** |  |

1. **Additional funding**

Please state if additional financial support will be sought, over and above the Healthway fellowship funding, to complete the proposed project, and the source of this. Also, include details of any other fellowship funding you are currently receiving, or have currently applied for.

**Maximum 50 words**

|  |
| --- |
|  |

1. **Supervisors**

Nominate your supervisor(s) (up to two) and note their position, qualifications, major research interests and how many hours supervision will be provided to the project per week.

**Maximum 150 words**

|  |
| --- |
|  |

**Section D – Career development**

**19. Career development**

Detail how the Research Fellowship will benefit you and assist with the development of your career in health promotion, and the specific skills you will acquire. *(Please note that a commitment to pursue a career in health promotion must be demonstrated).*

**Maximum 600 words**

|  |
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|  |

**Section E - Ethics requirements**

1. **Does this project include research involving humans and require ethics approval?** YES / NO

If yes, complete question 21.

1. **Please provide a brief statement of the ethical implications and considerations of the project.** If ethics approval has not been received, please nominate the ethics committee/s you will apply to and anticipated submission dates.

If full ethics clearance has been received, please attach a copy to this application form. Provisional clearances will not be accepted.

|  |
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**Section F – Agreement**

32. Certification by Administering Institution

Electronic signatures are accepted.

I certify that should the applicant \_\_\_\_*INSERT FULL NAME HERE*\_\_\_be awarded a Research Training Scholarship, this institution is willing to administer the grant on behalf of the applicant.

|  |  |
| --- | --- |
| **Name of certifying officer** | **Position** |
|  |  |

|  |
| --- |
| **Name of Institution** |
|  |

|  |  |
| --- | --- |
| **Signature of certifying officer** | **Date** |
|  |  |

**Section G – Referees, department heads and supervisors**

33. Details of Referees, Department Heads and Supervisor

|  |  |
| --- | --- |
| **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 (1)** | |
| Full name (including title) |  |
| Email |  |
| Phone number |  |
| **Nominated Supervisor (2) if applicable** |
| Full name (including title) |  |
| Email |  |
| Phone number |  |

**Section H – Partner agency approval**

34. Certification by Partnering Agency(s)

Electronic signatures are accepted.

*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 (Title and full name) |  |
| Position |  |
| Email |  |
| Phone number |  |
| Signature |  |
| Date of signature |  |
| **Partner agency (2)** | |
| Organisation |  |
| Key contact (title and full name) |  |
| Position |  |
| Email |  |
| Phone number |  |
| Signature |  |
| Date of signature |  |
| **Partner agency (3)** | |
| Organisation |  |
| Key contact (title and full name) |  |
| Position |  |
| Email |  |
| Phone number |  |
| Signature |  |
| Date of signature |  |