Once this form is completed, please email it to your 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.



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)

**Referees and supervisors**

One referee is 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

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

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

|  |  |
| --- | --- |
| 1. Title: Mr/Ms/Mrs/Miss/Dr/Other: |  |
| 2. Full name of applicant:  |  |
| 3. Confirm you are an Aboriginal or Torres Strait Islander resident in WA:  | Yes / No  |
| 4. Home address:  |  |
| 5. Work address at your present institution: |  |
| 6. Mobile:  |  |
| 7. Email:  |  |
| 8. Current employment position (s):  |  |
| 9. Date of appointment: (day/month/year): |  |
| 10. Present salary: (please state amount in Australian dollars):  |  |
| 11. Is your current position full time, part time or casual? |  |
| 12. Are you applying for top-up funding?If yes, please state: * the award you have been offered or currently hold
* the funding body duration of the award
* the amount funded for each year of the award
 |  |
| 13. Are you applying for a student or professional stiped? (see page 2 of the guidelines)  |  |
| Only complete questions 14 and 15 if you are applying for a Professional Stipend |
| 14. Name of manager/supervisor |  |
| 15. Manager/supervisor’s telephone number |  |

**Section B – Academic Record**

16. Qualifications (most recent first)

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

17. Experience since graduation (including research and, if relevant, work experience and appointments). **Maximum 200 words.**

|  |
| --- |
|  |

**Section C – Career development and study program**

|  |
| --- |
|  |

**18. Study Program**

a) Nominate the qualification to which the Scholarship will lead and the WA institution for the proposed study.

b) State the anticipated start and finish dates of your study program.

|  |
| --- |
|  |

**19. Course information**

Provide a brief description of the course and list the course units (if relevant) which you will be undertaking. **Maximum 150 words**

|  |
| --- |
|  |

**20. Career Development**

Explain how the Scholarship will assist with the development of your future career working in Aboriginal Health. Note what skills and expertise you hope to develop.

**Maximum 300 words**

|  |
| --- |
|  |

**Section D – Proposed Research Component**

|  |
| --- |
| **Section D is for Masters and PhD candidates only.** **Postgraduate Diploma and Graduate Certificate applicants move to section E** |

|  |  |
| --- | --- |
| 21. Research Project title: |  |
| 22. Estimated commencement date of research component (day/month/year): |  |
| 23. Estimated completion date of research component (day/month/year): |  |

**24. Research project summary**

Provide a brief stand-alone summary of the research component of the training, including the context, aims, target group or setting, expected outcomes, benefits and impact. Use plain English and avoid the use of acronyms and technical language.

**Maximum 200 words.**

|  |
| --- |
|  |

**25. Study rationale**

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

**Maximum 200 words.**

|  |
| --- |
|  |

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

Please ensure these are specific and quantifiable.

**Maximum 150 words.**

|  |
| --- |
|  |

**27. Study design and methods**

Explain what you plan to do in terms of data collection and analysis. Note any culturally appropriate methods.

**Maximum 500 words**

|  |
| --- |
|  |

**28. Research outcomes and community impact**

Describe how this project benefit the health of Aboriginal and Torres Strait Islander people in Western Australia.

**Maximum 200 words.**

|  |
| --- |
|  |

**29. Knowledge translation plan**

How do you plan to share and promote the findings of your research?

In particular, how will your partner agency(s) or other relevant agencies benefit from and use your research findings?

**Maximum 500 words.**

|  |
| --- |
|  |

**30. Partnerships**

Identify your partner agency(s) and the relevance of the partnership. Describe how you plan to work with them throughout the project.

**Maximum 200 words.**

|  |
| --- |
|  |

**31. Nominate the partner agency(s)** where you will spend time during the research component of the Scholarship.

**Maximum 150 words.**

|  |
| --- |
|  |

**32. Budget**

The Scholarship recipient is entitled to allowances of $15,000 annually, including up to $8,500 annually for project costs (please refer to the guidelines). To receive this allowance the applicant is required to provide an annual budget breakdown outlining the allowance costs.

|  |  |
| --- | --- |
| **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)** |  |

**33. Additional funding**

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

|  |
| --- |
|  |

**34. Project support**

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 E – Agreement**

35. 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 (please print)** | **Position** |
|  |  |

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

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

**Section F – Referees, Department Heads and Supervisors**

36. 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 |  |
| **Nominated Supervisor** |
| Full name (including title) |  |
| Email |  |
| Phone number |  |

**Section G – Partner Agency Approval**

|  |
| --- |
| **Section G signatures are for Masters and PhD candidates only.**  |

37. 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 |  |