

Aboriginal Research Training Scholarships

**APPLICATION FORM**

### Section A: Personal details

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| --- | --- |
| 1. Title: Mr/Ms/Mrs/Miss/Dr: |  |
| 2. Full name of applicant: |  |
| 3. Are you an Aboriginal or Torres Strait Islander resident in WA: |  |
| 4. Home address: |  |
| 5. Work address at your present institution: |  |
| 6. Mobile: |  |
| 7. Email: |  |
| 8. Current employment place and position: |  |
| 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? |  |
| ***Only complete questions 14 to 16 if you are applying for a Professional Stipend*** | |
| **14. Current annual gross salary:** |  |
| 15. Name of manager/supervisor |  |
| 16. Manager/supervisor’s telephone number |  |

### Section B – Academic Record

17. Qualifications (most recent first)

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| --- | --- | --- |
| Year | **Qualification** | **Institution** |
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***Please attach a brief curriculum vitae (maximum five pages) and a copy of your latest academic record***

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

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### Section C – Career development and study program

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

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

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21. Explain how the Scholarship will assist with the development of your future career working in Aboriginal Health. **Maximum 300 words**

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

### Section D – Proposed Research Component

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| 22. Research Project title: |  |
| 23. Estimated commencement date of research component (day/month/year): |  |
| 24. Estimated completion date of research component (day/month/year): |  |
| *It will take approximately three months for Heathway to process the application, also consider the University calendar, and time required to process the ethics application and the Heathway contract.* | |

**25. 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.**

* **Do not exceed 200 words.**

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**26. Study rationale and design**

Provide a brief background and clear rationale demonstrating the need for this research. **Maximum 200 words.**

* **Do not exceed 300 words.**

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

**Maximum 150 words.**

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**28.** **Outline your research methodology.**

Explain what you plan to do in terms of data collection and analysis.

**Maximum one page.**

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**29. Research outcomes and community impact**

How will this project benefit the health of Aboriginal and Torres Strait Islander people in Western Australia?

**Maximum 200 words.**

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**30.** **Outline a knowledge translation plan**

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

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

**Maximum one page.**

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**31. Partnerships**

Identify your partner agency(s) and the relevance of the partnership.

Describe how you plan to engage with them throughout the project.

**Maximum 200 words.**

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32. Nominate the partner agency(s) where you will spend time during the research component of the Scholarship. Indicate the approximate total hours that you plan spend at the agency.

**Maximum 150 words.**

* **Do not exceed 150 words.**

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**33. Budget**

The Scholarship recipient is entitled to allowances relating to project costs (page 6 of these guidelines). To receive this allowance the applicant is required to provide a budget breakdown per year including justification for major the costs.

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.

|  |  |  |
| --- | --- | --- |
| Budget items | Amount Requested from Healthway | In kind or other confirmed funding source\* |
| Year 1 Project Costs |  |  |
| Year 2 Project Costs |  |  |
| Year 3 Project Costs |  |  |
| Total (exclusive of GST) |  |  |

34. Have you previously received or are you concurrently applying for any form of postgraduate scholarship elsewhere? If so, name the funding body to which you applied, and when you anticipate finding out the outcome of your application.

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**35. Project support**

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

**Maximum 150 words.**

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36. List the resources or other material circumstances that will be available to you to support your study and research training experience. This may include access to data bases or data analysis programs, or access to facilities where you will undertake consultations and focus groups.

**Maximum 150 words.**

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### Section E – Agreement

**Electronic signatures are accepted.**

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| **37.** | **Certification by Administering Institution** | | | | | | | |
| I certify that should the applicant | |  | | | | | 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 | | | | | | | |
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|  | | |  | Date: | |  | |
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### Section F – Referees, Department Heads and Supervisors

**38. 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 | |
| Full name (including title) |  |
| Email |  |
| Phone number |  |

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

### Section G - Partner Agency approval

**Electronic signatures are accepted.**

**39. Certification by Partnering Agency(s)**

I confirm that my agency is supportive of this proposal and intend to participate in the

project as outlined in this application.

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| --- | --- |
| Partner Agency 1 | |
| Organisation: | Key Contact:  Position: |
| Email: | Phone number: |
| Signature: Date: | |
| Partner Agency 2 | |
| Organisation: | Key Contact:  Position: |
| Email: | Phone number: |
| Signature: Date: | |
| Partner Agency 3 | |
| Organisation: | Key Contact:  Position: |
| Email: | Phone number: |
| Signature: Date: | |

*Once this form is completed, please email it to* [*your*](mailto:research@healthway.wa.gov.au) *Research Grants Office to submit on via our Grants Portal (Fluxx), on your behalf.*

*Please note: candidates cannot gain access the Fluxx Grants Portal.*

### CONFIDENTIAL REPORT ON CANDIDATE FOR HEALTH

### PROMOTION RESEARCH TRAINING SCHOLARSHIP

**REPORT ON APPLICANT BY NOMINATED REFEREE:**

**The applicant is required to complete the following table and forward it to their nominated referee with a completed copy of the application. It is recommended the applicant and referee agree on a date for submission** **of this report to Healthway.**

**The referee must email this report directly to** [**research@healthway.wa.gov.au**](mailto:research@healthway.wa.gov.au)

|  |  |
| --- | --- |
| Name of Applicant |  |
| Institution |  |
| Project title |  |

**PART A:**

|  |  |
| --- | --- |
| How long have you known the candidate for? | \_\_\_\_ year/s |
| How have you known the candidate (friend, student, colleague)? | \_\_\_\_ e.g. friend, student, colleague |
| What role have you played to this applicant? | \_\_\_\_ e.g. tutor, department head |

**PART B**

Please provide a brief written report to assist the selection committee in evaluating the candidate’s ability.

Briefly comment on the following areas:

1. Candidate’s understanding of the area of study.
2. Ability of the candidate to communicate orally and in writing.
3. Candidate’s ability to understand and evaluate the scientific literature in the field.
4. Ability of the candidate to create and explore new ideas.
5. Knowledge and ability of the candidate to use basic research techniques.
6. Ability of the candidate to collaborate and engage with the nominated partner agency(s).
7. State the candidate’s main weaknesses and whether they are likely to affect his/her ability to complete the proposed research.
8. Relevance (in your opinion) of candidate’s research/study area to health promotion in Western Australia.

(Do not exceed 3 pages)

|  |  |
| --- | --- |
| **Referee’s details** | |
| Name |  |
| Institution |  |
| Signature  Date |  |

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| --- | --- |
| Name of Applicant |  |
| Institution |  |
| Project title |  |

**PART A:**

|  |  |
| --- | --- |
| How long have you known the candidate for? | \_\_\_\_ year/s |
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(Do not exceed 3 pages)

|  |  |
| --- | --- |
| **Referee’s details** | |
| Name |  |
| Institution |  |
| Signature  Date |  |

Once this referee form is completed, please email to [research@healthway.wa.gov.au](mailto:research@healthway.wa.gov.au)