WA Child Research Fund 2019/20

(Round 8)

*Formerly Telethon-Perth Children’s Hospital Research Fund (TPCHRF)*

Application Form

**Closing Date: 1.00pm, Friday 28 February 2020**

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# Application Instructions

Applications are invited in accordance with the conditions described in the WA Child Research Fund *Guidelines and Conditions 2019/20 (Round 8)* which are available at the [Research Development](mailto:https://ww2.health.wa.gov.au/Articles/U_Z/WA-Child-Research-Fund) website.

* **Late or incomplete applications will not be accepted.**
* The Application Form must be typed in Arial font 11 point or larger.
* Double-sided printing is encouraged.
* Paper copies of the applications are to be stapled together in the top left hand corner. Do not submit in a folder.
* **Do not submit** the Application Instructions page with the Application Form.
* Applicants are asked to submit their proposals through the Administering Institution’s research administration office and are responsible to check for internal deadlines.
* Acknowledgment of receipt of application will be provided via e-mail to the research administration office within 2 working days of the closing date.
* Queries regarding the application process should be directed by email to the [Research Development Unit](mailto:ResearchDevelopment@health.wa.gov.au)
* Both electronic and printed copies of the completed Application Form are to be submitted to the Research Development Unit, by the closing date as follows:

ONE electronic copy is to be emailed to the [Research Development Unit](mailto:ResearchDevelopment@health.wa.gov.au) as a single Adobe Acrobat PDF or Microsoft Word file, not exceeding 2MBs, including CVs and quotations. The application and email subject line should be titled as follows:

CPI SURNAME First name – WACRF 2019/20 (R8) Application

e.g. SMITH John – WACRF 2019/20 (R8) Application

And

EIGHT (including the original) printed black & white, double-sided copies, including CVs, quotations and signed certifications stapled in the left hand top corner to be sent to:

|  |  |
| --- | --- |
| ***Courier/Hand delivery*** | ***Postal*** |
| Research Development Unit  Department of Health  Level 2, Block B  189 Royal Street  EAST PERTH 6004 | Research Development Unit  Department of Health  PO Box 8172  Perth Business Centre  PERTH WA 6849 |

# Application Form

***This should be the first page of the submitted application***

## Section 1: Proposed Project

|  |  |
| --- | --- |
| Coordinating Principal Investigator |  |
| Project title |  |
| Amount requested  *Excl GST, must not exceed $250,000* | $ |
| Name of Administering Institution  *Institution which will receive grant funds* |  |
| Postal address of Administering Institution  *All correspondence will be sent to this address* |  |
| Physical address of Administering Institution  *Not a PO Box* |  |
| ABN/ACN |  |
| Administering Institution contact officer |  |
| Administering Institution contact officer email address  *For notifications* |  |
| Total time required to complete project  *Can be up to 2 years* |  |
| Submissions to other funding sources for this project  *List the name of the funding agency(s) and the amount(s) requested. Include applications already submitted and planned submissions.* |  |
| Project summary  *Include the research questions, methodology, predicted benefits and relevance to WA children and adolescent’s health.*  *Where a grant is awarded, this summary may be used for publicity purposes.*  *(Maximum 500 words)* |  |

## Section 2: Research Team

(i) Coordinating Principal Investigator (all correspondence will be sent to this person)

|  |  |
| --- | --- |
| Title, First Name, SURNAME |  |
| Affiliated Institutions  Institution where the CPI is affiliated other than the Administering Institution |  |
| Telephone number(s) |  |
| Email address |  |
| Discipline / Profession |  |
| Position held and year appointed |  |
| Number of years work experience   1. clinical / health practice   b) postgraduate research |  |
| Highest qualification |  |
| Citizenship status  Australian Citizen or Permanent Resident |  |
| Role in this project |  |
| Time contribution to this project (hours/week) |  |

**(ii) Other Research Team Members**

In addition to the Coordinating Principal Investigator listed above, please provide details for each Principal and Associate Investigator involved in the project.

Additional tables can be inserted as required.

|  |  |
| --- | --- |
| **Principal Investigator 1 – will be the next point of contact after the CPI** | |
| Title, First Name, SURNAME |  |
| Discipline / Profession |  |
| Institution |  |
| Telephone number(s) |  |
| Email address |  |
| Role in this project |  |
| Time contribution to this project (hours/week) |  |

|  |  |
| --- | --- |
| **Principal Investigator 2** | |
| Title, First Name, SURNAME |  |
| Discipline / Profession |  |
| Institution |  |
| Telephone number(s) |  |
| Email address |  |
| Role in this project |  |
| Time contribution to this project (hours/week) |  |

|  |  |
| --- | --- |
| **Principal Investigator 3** | |
| Title, First Name, SURNAME |  |
| Discipline / Profession |  |
| Institution |  |
| Telephone number(s) |  |
| Email address |  |
| Role in this project |  |
| Time contribution to this project (hours/week) |  |

|  |  |
| --- | --- |
| **Associate Investigator 1** | |
| Title, First Name, SURNAME |  |
| Discipline / Profession |  |
| Institution |  |
| Telephone number(s) |  |
| Email address |  |
| Role in this project |  |
| Time contribution to this project (hours/week) |  |

|  |  |
| --- | --- |
| **Associate Investigator 2** | |
| Title, First Name, SURNAME |  |
| Discipline / Profession |  |
| Institution |  |
| Telephone number(s) |  |
| Email address |  |
| Role in this project |  |
| Time contribution to this project (hours/week) |  |

|  |  |
| --- | --- |
| **Associate Investigator 3** | |
| Title, First Name, SURNAME |  |
| Discipline / Profession |  |
| Institution |  |
| Telephone number(s) |  |
| Email address |  |
| Role in this project |  |
| Time contribution to this project (hours/week) |  |

## Section 3: Significance of the Project (20%)

1. Describe the child and/or adolescent health issue(s) and its significance to the WA public health system (e.g. incidence/prevalence, burden of disease).
2. Outline how the proposed research will address the issue(s) described above. This may be through policy, operational, advocacy or other transformational changes.
3. Describe in detail the expected benefits to the WA public health system (e.g. improved health outcomes and/or more efficient/cost effective healthcare delivery) including both the short-term gains and longer-term impacts of the work.
4. Describe this project’s impact on existing programs that are currently operating in this area.

(Maximum TWO pages)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

## Section 4: Innovation (10%)

1. Describe how this project is innovative. Discuss what distinguishes this work from similar or related research in this area.

(Maximum ONE page)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

## Section 5: Research Plan (20%)

Include here:

1. Study hypothesis, research questions and objectives\*.
2. Methodology, including techniques, target group(s), a realistic sample size and measures to be used.
3. List all approvals that will be required before the research project can proceed e.g. ethics, governance approvals and intellectual property agreements.
4. Milestones against the project’s timeline. Noting that the timeline should include an allocation of time for the approvals, employment of staff, data collection, analysis and report writing, and that the project must be completed within 24 months.

\* Ensure objectives are specific, measurable, attainable, relevant and time-bound.

(Maximum FOUR pages)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**(i) Study hypothesis and research questions and objectives**

|  |
| --- |
|  |

**(ii) Methodology**

|  |
| --- |
|  |

**(iii) Approvals**

|  |
| --- |
|  |

**(iv) Milestones against timeline**

Consider required approvals, creation of positions, data collection, analysis and report writing. Insert additional rows as required.

|  |  |
| --- | --- |
| **Milestones** | **Timeline** |
| 1. | Aug 2020 |
| 2. |  |
| 3. |  |
| 4. |  |
| 5. Progress Report submitted to the Research Development Unit | 11 Oct 2021 |
| 6. |  |
| 7. |  |
| 8. |  |
| 9. |  |
| 10. Final Report, Financial Acquittal and Community Stakeholder Brief submitted to the Research Development Unit | 10 Oct 2022 |

## Section 6: Partnerships (10%)

Outline collaborations with healthcare providers, policy makers and other groups as appropriate. Include:

1. Nature of these collaborations and how these partnerships have assisted with framing the research questions.
2. Extent of the commitment by the research team and relevant stakeholders/decision-makers to implement research findings into improved health policy, practice and service delivery at the end of the funded project.
3. Other programs, areas of work etc. that are interdependent with this project.

(Maximum ONE page)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

## Section 7: Consumer Involvement (10%)

Describe how consumers have been involved in the development of the research proposal and the plan for ongoing engagement during the study. Include what formal processes will be put in place to link consumer engagement with the research.

(Maximum ONE page)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

## Section 8: Research Translation (10%)

1. Provide an outline of the planned steps for the implementation of research findings.
2. Discuss how the knowledge, expertise and experience of the team members and collaborating partners will assist the process of translating findings to practice, policy and/or service delivery.
3. Outline future plans for the work. This may include a possible extension of the study to a broader geographical area, population or to other disciplines. Include if the project will lead to future national research funding opportunities, e.g. applications to the NHMRC.

(Maximum of TWO pages)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

## Section 9: Budget (10%)

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **BUDGET ITEM** | **AMOUNT REQUESTED**  **($ EXCL GST)** | | | | | |
|  | **Year 1**  **2020-21**  **($)** | **Year 2**  **2021-22**  **($)** | **TOTAL BUDGET REQUEST**  **($)** | **ADDITIONAL IN-KIND SUPPORT**  **($)** | **ADDITIONAL OTHER SOURCE FUNDING**  **($)** | **TOTAL PROJECT COST**  **($)** |
| **Personnel**  *specify for each position*  **Position 1**   * *title* * *new/ existing* * *%FTE* * *salary level*   Position 2   * *title* * *new/ existing* * *%FTE* * *salary level* |  |  |  |  |  |  |
| **Salary on-costs**  *specify for each position*  *Maximum of 30%*  **Position 1**  *\_\_\_% applied*  **Position 2**  *\_\_\_% applied* |  |  |  |  |  |  |
| **Minor essential equipment**  *quotations must be attached* |  |  |  |  |  |  |
| **Consumables** |  |  |  |  |  |  |
| **Professional services**  *e.g. economic and statistical analysis* |  |  |  |  |  |  |
| **Diagnostic/treatment services**  *e.g. Nuclear Medicine, Pharmacy, Pathology, Radiology, Radiation Oncology* |  |  |  |  |  |  |
| **Research Governance and Ethics review** |  |  |  |  |  |  |
| **Infrastructure**  *Maximum of 10%* |  |  |  |  |  |  |
| **Consumer Involvement**  *e.g. stakeholder training, honoraria and payments, consultations and/or events etc.* |  |  |  |  |  |  |
| **Other**  *specify each item* |  |  |  |  |  |  |
| **TOTAL** |  |  |  |  |  |  |

Salary on-costs include payroll tax, superannuation, leave loading, workers' compensation and insurance payments.

Where applicable, other sources of funding and in-kind support should be included in the budget.

Applicants should note that it is important to calculate budgets accurately, as requests for additional funding will not be approved.

Costs must be verified by the Administering Institution’s Finance Officer or Business Manager at Section 13**.**

## Section 10: Justification of Budget

1. Each budget request must be adequately described and justified. Details regarding in-kind support and other sources of funding should be outlined here.
2. Where the proposed research findings require an ongoing funding source for implementation, a proposed plan for a sustainable funding strategy for future years should be outlined here.

(Maximum ONE page)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

## Section 11: Capacity (10%)

To demonstrate the capacity of the research team and its suitability to conduct the research, insert the Curriculum Vitae of the ***Coordinating Principal Investigator*** and each ***Principal*** ***Investigator.***

An abridged CV that includes key publications from the last 5 years for each person is to be provided.

(Maximum TWO pages per person)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

## Section 12: Certification by Research Team

1. I declare that I have agreed to take part in the research proposed in this application.
2. I declare that the information supplied by me on this form is complete, true and correct in every particular.
3. I agree to abide by the *WA Child Research Fund 2019/20 (Round 8) Guidelines and Conditions.*
4. I have discussed the likely impact of the project on other relevant departments and support services and this project is acceptable to them.
5. I declare that this application will be submitted to the institution’s research administration office or equivalent.
6. I agree to obtain the relevant research governance approvals and agreements before commencement of the project.
7. I understand and agree that no further claim will be made on the Department of Health or the Channel 7 Telethon Trust to cover any over-expenditure of budget or any costs beyond the research project.
8. I declare that I have no outstanding reporting obligations for any other RDU funding programs.

**Coordinating Principal Investigator**

|  |  |
| --- | --- |
| **Full Name** | |
| **Signature** | **Date** |

**Principal Investigator 1**

|  |  |
| --- | --- |
| **Full Name** | |
| **Signature** | **Date** |

**Principal Investigator 2**

|  |  |
| --- | --- |
| **Full Name** | |
| **Signature** | **Date** |

**Principal Investigator 3**

|  |  |
| --- | --- |
| **Full Name** | |
| **Signature** | **Date** |

*Note:* If more than three Principal Investigators, please insert additional tables as required.

## Section 13: Certification by Finance Officer/ Business Manager or equivalent

I certify that:

1. The budgeted costs in this Application Form for \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Coordinating Principal Investigator) are true and correct and reflect the latest costing information available to me.
2. Amounts claimed are exclusive of GST.

|  |  |
| --- | --- |
| **Title, First Name, SURNAME** |  |
| **Position** |  |
| **Institution** |  |
| **Signature** |  |
| **Date** |  |
| **Telephone number(s)** |  |
| **Email address** |  |

Where different to the Finance Officer or Business Manager named above, please provide contact details for the person responsible for the payment of funds and financial acquittal reporting for this project.

|  |  |
| --- | --- |
| **Title, First Name, SURNAME** |  |
| **Position** |  |
| **Institution** |  |
| **Telephone number(s)** |  |
| **Email address** |  |

## Section 14: Certification by Head of Department or equivalent

I certify that:

1. The above project proposed by \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_ (Coordinating Principal Investigator) is acceptable and appropriate to the School/Centre/Department or Service Unit in the institution and I am prepared to have the project carried out in this area.
2. This area is capable of providing the facilities and services necessary for the efficient conduct of this research.
3. Practice change will be implemented in the School/Centre/Department or Service Unit based on the results of this research.

|  |  |
| --- | --- |
| **Title, First Name, SURNAME** |  |
| **Position** |  |
| **Institution** |  |
| **Signature** |  |
| **Date** |  |
| **Telephone number(s)** |  |
| **Email address** |  |

Please include separate *Certification by Head of Department* pages for ***each department and institution*** where resources are being obtained and/or patients accessed, by providing additional copies of this page.

## Section 15: Certification by Research Administration Officer or equivalent

I declare that:

1. The Administering Institution endorses the application proposed by \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Coordinating Principal Investigator) and is willing to administer the grant under the conditions specified by the Department of Health in the *WA Child Research Fund 2019/20 (Round 8) Guidelines and Conditions.*

b) The Research Development Unit, Department of Health will be notified immediately of any changes to the applicant’s eligibility (e.g. employment status) or changes to the information originally provided in this application.

|  |  |
| --- | --- |
| **Title, First Name, SURNAME** |  |
| **Position** |  |
| **Institution** |  |
| **Signature** |  |
| **Date** |  |
| **Telephone number(s)** |  |
| **Email address** |  |

## Section 16: Cited References

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

## Section 17: Check List

Prior to submitting the application, the Coordinating Principal Investigator should check that they have completed the following requirements:

|  |  |  |  |
| --- | --- | --- | --- |
| **1.** | Removed the **Application Instructions** pages from the **Application Form** for electronic and hard copy submission |  |  |
|  |  |  |  |
|  |  |  |  |
| **2.** | Identified all relevant approvals or agreements that are required |  |  |
|  |  |  |  |
| **3.** | Attached abridged CVs of the Coordinating Principal Investigator and each Principal Investigator |  |  |
|  |  |  |  |
| **4.** | Signed the Application Form, and obtained the signature of each Principal Investigator |  |  |
|  |  |  |  |
| **5.** | Obtained certification by the Business Manager, Finance Officer or equivalent that the salary costs have been reviewed and are |  |  |
|  | correct |  |  |
| **6.** | Obtained certification from the Head of School, Director or Head of Unit/Institution for each institution involved in the research |  |  |
|  |  |  |  |
| **7.** | Obtained certification by the Research Administration Officer or equivalent at the nominated Administering Institution |  |  |
|  |  |  |  |
|  |  |  |  |
| **8.** | Emailed the completed application (including CVs and quotes) in ONE PDF or Microsoft Word file (maximum 2MB) by the closing date to: |  |  |
|  | [ResearchDevelopment@health.wa.gov.au](mailto:ResearchDevelopment@health.wa.gov.au) |  |  |
|  |  |  |  |
| **9.** | Provided eight hard copies of the completed application (including abridged CVs and certifications) by the closing date |  |  |
|  |  |  |  |

**[Scan this QR code with your smart phone to go the WA Health website](http://www.health.wa.gov.au/)**

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