

New Independent Researcher Infrastructure Support

(NIRIS) Awards 2018

APPLICATION INSTRUCTIONS

**Applications Close: 1:00pm, Monday 19 March 2018**

LATE APPLICATIONS WILL NOT BE ACCEPTED

Check with your administering institution research grants office for internal deadlines

* Applications are invited in accordance with the **NIRIS Awards 2018** **Guidelines and Conditions**, which are available at:

<http://ww2.health.wa.gov.au/Articles/N_R/New-Independent-Researcher-Infrastructure-Support-Awards>

* The Application Form must be typed in Arial font 11 point or larger.
* Remove the Application Instructions pages before submitting the Application Form.
* Applicants are asked to submit their application through their administering institution’s research grants office and are responsible to check for internal deadlines.
* A signed electronic copy is to be emailed to the Research Development Unit ([CMOResearchDevelopment@health.wa.gov.au](mailto:CMOResearchDevelopment@health.wa.gov.au)) as a single Adobe Acrobat PDF or Microsoft Word file, not exceeding 2MBs, **including the applicant’s Curriculum Vitae, Doctorate evidence, and other evidence/statements as applicable**. Hard copies are not required.
* Acknowledgment of receipt of application will be provided via email to the administering institution’s research grants office.
* For queries please contact the Research Development Unit via email [CMOResearchDevelopment@health.wa.gov.au](mailto:CMOResearchDevelopment@health.wa.gov.au) or phone (08) 9222 2069.

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New Independent Researcher Infrastructure Support

(NIRIS) Awards 2018

APPLICATION FORM

## Applicant Details

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| **Title** |  |
| **First Name, SURNAME** |  |
| **Institution (full address)**  *(Including Section/Department)* |  |
| **Telephone Number** |  |
| **Email Address** |  |
| **Administering Institution**  *(Where research is conducted and the NIRIS Award will be deposited)* |  |

## Lay Summary of Current Research

(200 words or less; suitable for media)

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## Eligibility Criteria Checklist

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| **Have you:** | **Yes/No** |
| * 1. been awarded a Doctorate or other equivalent tertiary qualification within the preceding eight years (or equivalent, taking into account career interruptions)?   *Attach a copy of the letter advising that the doctoral thesis was passed or a copy of the academic transcript.* |  |
| * 1. been an active independent researcher over a maximum period of eight years (full time or equivalent, taking into account part time and/or career interruptions)? |  |
| * 1. a demonstrated reputation as an outstanding independent researcher, through various achievements, including principal or first authorship of high quality publications, Chief or Principal Investigator on research grants, invited conference presentations, patents, prizes and awards within the past eight years (full time or equivalent, taking into account part time and/or career interruptions)? |  |
| * 1. sufficient tenure at a WA institution to expend the NIRIS Award in support of your health and medical research in WA? |  |
| * 1. Chief or Principal Investigator status on a current health or medical research grant, where the grant is nationally or internationally openly competitive and scientific peer-review is performed at a national or international level?   *Refer to Guidelines and Conditions Section 2.2 e) for further notes.* |  |
| * 1. not received any previous grants under the Medical and Health Research Infrastructure Fund (MHRIF) or NIRIS Award schemes? |  |
| * 1. Australian citizenship or Australian permanent residency? |  |
| * 1. a position that is not a full professorial position? |  |

**Career Interruptions:** If there are career interruptions due to factors such as pregnancy, major illness or immediate family carer responsibilities, provide a statement outlining the relevant timeframes and reasons so the career interruptions may be considered.

If you are unsure about any of the above questions, please contact the Research Development Unit to discuss your eligibility.

## Research Career of Applicant

**In addition to the information provided throughout this Application Form, please ensure your complete Curriculum Vitae is included with your application submission.**

* 1. **Academic Qualifications**

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| **Degree** | **Institution** | **Date Started** | **Date Received** |
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* 1. **Current Position(s)**

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| **Position Title** | **Institution** | **Source of salary\*** | **% of total salary** |
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\*If salary source is a grant please include the names of the Chief/Principal Investigators and advise your investigator status.

* 1. **Research Experience**

Please outline your research history over the past eight years (or equivalent), from most recent. Research activities should include details such as project titles and/or general areas of research.

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| **Position Title / Institution** | **Research Activities** | **Inclusive Dates** | **FTE or Hrs per Week** |
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* 1. **Research Funding**

Please include:

1. the grant project title and funding source (i.e. funding organisation and grant scheme);
2. names of all Chief/Principal Investigators on the grant in the order of contribution (i.e. CIA first). In section 4.4.2 you may also include grants where you are an Associate Investigator. Indicate national or international collaboration by including State or Country in brackets after relevant Investigator names;
3. the total grant amount awarded (AU$);
4. the specific years to which the funding applies (inclusive); and
5. duration of funding (number of years).
   * 1. **Current research funding as Chief/Principal Investigator (i.e. include if grant duration includes 2018)**

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| **Grant Project Title /**  **Funding Source** | **Chief / Principal Investigators** | **Grant Amount $** | **Inclusive**  **Year(s)** | **Duration** |
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* + 1. **Previous research funding history as Chief/Principal or Associate Investigator in the past eight years (or equivalent), excluding current funding (i.e. include if grant duration concludes in 2017 or prior)**

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| **Grant Project Title /**  **Funding Source** | **Chief / Principal Investigators**  (indicate if you are an Associate Investigator) | **Grant Amount $** | **Inclusive**  **Year(s)** | **Duration** |
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* 1. **Contribution to Scientific Discipline**
     1. **Significant Achievements**

Provide details of your patents, prizes, awards, etc. in the past eight years (or equivalent).

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* + 1. **Supervision of research staff or students**

Please outline any official supervisory roles within your research group within the past eight years (or equivalent). Please provide position of staff and type of student. Only provide details of research students (Honours/Masters/PhD) where you are listed as supervisor or co-supervisor on their enrolment form.

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| Staff Position or Student Type /  Institution | Supervisor or Co-Supervisor Role | Title of Research Project | Duration of Supervision |
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* + 1. **Conference organisation and committee work**

Provide details of scientific discipline involvement, including organisation of local, national and international conferences or meetings, membership of executive committees and membership of societies in the past eight years (or equivalent). Only include roles that involve a significant contribution.

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* + 1. **Peer review involvement**

Provide details of peer review involvement such as grant application review for funding bodies, journal articles, PhD theses, manuscripts, and editorial board responsibilities in the past eight years (or equivalent). Please indicate frequency of involvement and if the involvement is/was in an official capacity or not.

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* + 1. **Administrative responsibilities**

Provide details of administrative responsibilities associated with your current position including departmental, institutional or other responsibilities.

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* 1. **Presentations at national and international conferences**

Provide details of oral presentations given at scientific conferences organised at a national or international level in the past eight years (or equivalent), in the space provided.

* This does not include meetings held interstate or overseas at a local level.
* Include title of presentation, name of the conference, location and date. Indicate clearly if each conference is national or international.
* Please separate presentations made via official personal invitation from the conference organising committee, from presentations where you were selected after submitting an abstract.
* Include details of any financial support provided by the organising committee (airfare, accommodation, registration, etc).
* Provide details of involvement as keynote speaker, plenary lecturer, session chair, or discussant.
* To assist with the review process, please expand all acronyms and bullet point presentations.

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| CONFERENCE PRESENTATIONSInvited Oral Presentations(includes keynote address, plenary lecture, symposium presentation) **Oral Presentations selected from Abstracts**  **Session Chair or Discussant** |

* 1. **Publications**
     1. **Research publications**
* Include below a list of **national/international peer-reviewed research publications from the past eight years (or equivalent)**, but **do not** include local publications, abstracts, conference papers and clinical discussion papers/case studies.

* **Review articles and book chapters should be included in the next section (4.7.2)** as to clearly distinguish them from original research papers.
* Provide names of all authors (highlight your name in bold), title of the research paper, journal and year of publication. Indicate national and/or international collaboration by including the authors' State or Country in brackets. Provide information to support the impact or significance of each publication such as citations, impact factors, public recognition and/or impact on policy and practice.
* Include papers that have been formally accepted by the editor and those that are in press. You must **provide evidence of acceptance** or the publication will not be assessed for this application. DO NOT include papers that have not been accepted for publication.
* Please include your level of contribution to the research publication i.e. conducted all/some/minimal lab work, wrote manuscript. Include any supporting information that increases understanding of contribution.
* To assist with the review process, please expand all acronyms and bullet point publications.

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| RESEARCH PUBLICATIONS |

* + 1. **Review Articles and Book Chapters**

Provide a list of **review articles and book chapters** below in the space provided. Please note if the review was in an official capacity.

* Include papers that have been formally accepted by the editor and those that are in press. You must **provide evidence of acceptance** or the publication will not be assessed for this application. DO NOT include papers that have not been accepted for publication.

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| **REVIEW ARTICLES AND BOOK CHAPTERS** |

* 1. **National and International Collaboration**

In addition to your national or international collaboration on research grants (Section 4.4) and publications (Section 4.7), please provide details of any other form of national and international collaboration you have been involved in.

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* 1. **Justify why you should be considered an outstanding independent researcher** 
     1. **Contribution to Research**

Demonstrate that you have made a significant independent contribution to research at a leadership level. This may be in areas such as:

1. designing and implementing research projects;
2. attracting external, competitive, peer-reviewed funding;
3. building research capacity (mentorship, team-building, collaboration);
4. disseminating research outcomes; and
5. translating research into practice and/or policy.

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* + 1. **Research Career Vision**

Describe:

1. your vision for your independent research career; and
2. how the NIRIS Award would be utilised to achieve that vision.

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## Applicant Declaration

I declare that:

a) I understand that the Department of Health has the final determination on both the eligibility of applications and the amount of funding to be awarded.

b) The information provided in this application is true and correct.

c) I am aware that the NIRIS Award must be spent in support of my health or medical research in WA and in accordance with *Guidelines and Conditions Section 5 Definition of Infrastructur*e.

d) I will inform the Research Development Unit of any changes to the information provided in my application, such as leaving the administering institution, if these changes occur prior to the NIRIS Award being fully expended.

e) I am aware that NIRIS Award expenditure is subject to the *Financial Management Act 2006 (WA)*, and may be subject to audit by the Office of the Auditor General or their representative and/or the Department of Health.

f) I understand that information provided in this application form is subject to the *Freedom of Information Act*.

g) I agree to provide a self-assessment report on outcomes associated with the NIRIS Award by 30 June 2019.

h) I agree to provide an audited financial acquittal statement of my NIRIS Award expenditure by 30 June 2019.

i) If the NIRIS Award is not fully expended within the acquittal period, I agree to also provide an audited financial acquittal statement for each subsequent twelve month period in which funds are expended. Where relevant, acquittal statements will include the amount of any unspent funds, reasons for the carry over and an estimation of when funds will be expended.

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| First Name, SURNAME |  | | |
| Signature |  | Date |  |

## Head of Department Declaration

I declare that:

1. The applicant has sufficient tenure at the WA institution named below to expend the NIRIS Award in support of their health and medical research in WA.
2. There is provision of the facilities and services necessary for the efficient conduct of the health and medical research and that infrastructure funds shall not be used to meet direct research costs which should be covered by research grants or the host institution.

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| First Name, SURNAME |  | | |
| Position |  | | |
| Institution |  | | |
| Telephone Number |  | | |
| Email Address |  | | |
| Signature |  | Date |  |

## Research Administration Officer Declaration

I declare that:

1. The Administering Institution endorses this application and is willing to administer the NIRIS Award under the conditions specified in the *Guidelines and Conditions*.
2. The Research Development Unit will be notified immediately of any changes to the information provided in this application, such as leaving the administering institution, if these changes occur prior to the NIRIS Award being fully expended.

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| First Name, SURNAME |  | | |
| Position |  | | |
| Institution |  | | |
| Telephone Number |  | | |
| Email Address |  | | |
| Signature |  | Date |  |