Research Translation Projects

2019 (Round 13)

*‘Evidence for a Sustainable Health System’*

Application Form

**CLOSING DATE: 1.00pm Monday 24 June 2019**

**Contents**

[Instructions to Applicants iii](#_Toc8205409)

[Application Form 1](#_Toc8205410)

[Section 1: Proposed Project 1](#_Toc8205411)

[Section 2: Research Team 2](#_Toc8205412)

[Section 3: Lay Summary 5](#_Toc8205413)

[Section 4: Significance of the Project 6](#_Toc8205414)

[Section 5: Innovation 7](#_Toc8205415)

[Section 6: Partnerships 8](#_Toc8205416)

[Section 7: Research Plan 9](#_Toc8205417)

[Section 8: Economic Analysis Plan 10](#_Toc8205418)

[Section 9: Research Translation 11](#_Toc8205419)

[Section 10: Budget 12](#_Toc8205420)

[Section 11: Justification of Budget 14](#_Toc8205421)

[Section 12: Capacity 15](#_Toc8205422)

[Section 13: Certification by Research Team 16](#_Toc8205423)

[Section 14: Certification by Health Economist or Equivalent 17](#_Toc8205424)

[Section 15: Certification by Finance Officer/ Business Manager 18](#_Toc8205425)

[Section 16: Certification by Head of Department 19](#_Toc8205426)

[Section 17: Certification by Administering Institution Research Grants Officer or Equivalent 20](#_Toc8205427)

[Section 18: Cited References 21](#_Toc8205428)

[Section 19: Check List 22](#_Toc8205429)



# Instructions to Applicants

Applications are invited in accordance with the conditions described in the *Research Translation Projects Guidelines for Applicants 2019 (Round 13)* which are available at the [Research Development Unit Website.](http://ww2.health.wa.gov.au/Articles/S_T/SHRAC-Research-Translation-Projects)

* **Late or incomplete applications will not be accepted.**
* Typing must be 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 Instructions to Applicants with the Application Form.
* Applicants are asked to submit their proposals through the administering institution’s research grants office. Note: their internal deadlines may be earlier.
* Acknowledgement of receipt of application will be provided via e-mail within 48 hours of the closing date.
* Queries regarding the application process should be directed by email to the Research Development Unit or telephone: (08) 9222 4415.
* 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 as a single Adobe Acrobat PDF or Microsoft Word file, not exceeding 2MBs, including CVs and quotations. The application document name and the email subject line are to be as follows:

CPI SURNAME First name – RTP 2019 (R13) Application

*e.g. SMITH John – RTP 2019 (R13) Application*

And

|  |  |
| --- | --- |
| ***Courier*** |  ***Postal*** |
| Research Development UnitDepartment of Health189 Royal StreetEAST PERTH 6004 | Research Development UnitDepartment of HealthPO Box 8172 Perth Business Centre PERTH WA 6849 |

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:

**The information below is provided to assist the applicant to complete the RTP Application Form:**

**Significance**

Projects should address relevant contemporary challenges faced by WA Health[[1]](#footnote-1) and where possible, the research should be linked to consumer need and WA Health priorities as described in the [WA Health Strategic Intent](http://ww2.health.wa.gov.au/About-WA-Health/Strategic-Intent) and various WA Health reform initiatives including the [Sustainable Health Review](http://ww2.health.wa.gov.au/Improving-WA-Health/Sustainable-health-review).

**Innovation**

Research ideas should be innovative and significantly different to existing work (if any) in the area, e.g. projects may bring together ideas or services not usually linked. The unique characteristics of the proposed intervention that set it apart from similar or related research in this area should be outlined.

**Partnerships**

Projects should aim to develop research-policy-practice partnerships that can assist in refining the research questions and the translation of research findings into improved health care delivery and population health. Partnerships may also assist in increasing the capacity of WA researchers in leveraging external research funds.

Evidence of consumer involvement in research is highly regarded. The [Consumer and Community Health Research Network](https://www.involvingpeopleinresearch.org.au) can be contacted for further assistance.

Collaborations between clinicians and related health providers, clinical researchers, population health researchers, health service researchers, consumers, WA Health Networks and health economists are encouraged in the RTP program, as are interactions between different disciplines across WA universities, hospitals, health service providers and research institutions.

**Research Plan**

Applicants are to provide a comprehensive plan outlining the research question(s), proposed methods and techniques, a description of the target group(s), and key milestones against the project timeline. The research plan should outline time allocated for gaining necessary approvals, employment of staff, data collection and analysis, and report writing. The entire project must be completed within 24 months.

Careful consideration should be given when estimating the proposed sample size of the study groups. Estimates should be realistic and justified by recent data. Care should be used when making assumptions regarding patient recruitment and inclusion in the project.

***Data Linkage***

Where linked data is required, the[Data Linkage Branch](http://www.datalinkage-wa.org/contact-us) (DLB) should be contacted for assistance with the Application for Data process. The DLB should provide both i) a cost estimate; and ii) an estimate of time required to obtain the data. All requests should state that the data request is associated with the RTP funding program, which requires the research to be completed within a 24 month period.

The preliminary cost estimate should be included in the proposed project’s Budget (Section 10) and the time-estimate built into the project’s milestones against the timeline (Section 7).

**Economic Analysis Plan**

Projects must investigate and evaluate efficiencies and cost savings that research can deliver to health care provided by WA Health while maintaining and/or improving patient outcomes.

Projects are required to have solid economic justification of the potential benefits to WA Health (e.g. through cost-savings and/or productivity gains), substantiated by rigorous economic analysis.

The source of economic expertise for the project must be identified in the application and may be provided by a business manager, health economist, research team member with economic competence or other equivalent source. This person must provide certification that they fully understand the project and agree to provide the economic analysis at Section 14 of the Application Form. The application should be written in conjunction with this person.

A comprehensive plan for an economic analysis must be included in the application. The plan must identify units of measure that allow for cost comparisons. Additionally, an estimate of the predicted benefits (cost-savings and/or improved efficiencies) resulting from the project should be provided in dollar value. Where there is the possibility for roll-out of the research findings to other suitable areas, a prediction of cost-savings that may be achieved through the roll-out should be included.

Applications should address the following questions:

* What is the cost of the current practice?
* What is the per-patient cost of the innovation?
* What are the indirect costs associated with the innovation and current practice? For example, cost of travel, patient time and provision of informal care.
* What is the contribution that the lead health care organisation and collaborating partners will make towards the cost of implementing research findings?
* How will the cost of the innovation be sustained beyond the end of the grant funding period?
* Is there an opportunity to disinvest an element of current practice? If so, what is the dollar value of this potential disinvestment?

**Potential for Research Translation**

Research Translation is the process whereby knowledge is passed onto practice, policy or further research and may include:

1. translation of basic research into a potential clinical application
2. trialling of new interventions (efficacy studies)
3. trialling of interventions in ‘real world’ settings (effectiveness studies)
4. examination of a new intervention at a population level (impact studies).

Applications must describe the proposed benefits to patients and the commitment to research translation among members of the research team and relevant stakeholders/decision-makers and outline practical steps to be taken to embed research findings to policy, operational, advocacy or other transformational changes. Projects will not be considered for funding where the potential implementation of research findings cannot be sustained with existing recurrent funding.

Applicants should explain how successful implementation could be expanded throughout WA. This may include a possible extension of the study to a broader geographical area, population or to other disciplines. CPIs are expected to play a part in expanding the implementation of research findings across the rest of the public healthcare system.

Details of planned funding submissions to external funding bodies such as the NHMRC for this broader work should be provided.

Planning tools to assist research translation can be accessed via the [Research Translation Projects](https://ww2.health.wa.gov.au/Articles/N_R/Research-Translation-Projects) website under ‘Useful Resources’.

**Budget**

The project budget must be broken down into financial years, as set out in the budget template, and take into account when the expenditure for items such as equipment and salaries is expected. Budgets should include in-kind support and other source funding commitments.

Budget claims should be adequately justified. The assessment panel may mark down applications that do not adequately justify claims.

Applicants should calculate budgets accurately, as requests for additional funding will not be considered. All budget requests must be reviewed and verified by a Finance officer/Business Manager at the administering institution at Section 15 of the Application Form.

***Equipment***

Major items of equipment will not be funded. Written quotations must accompany the application for minor items of equipment that is considered essential. Equipment that is purchased through the project shall become the property of the administering institution.

***Salaries for research positions***

Applicants should nominate the salary level and codes for each position requested and indicate if the position is to be a ‘new’ or ‘existing’ position. Applicants should contact the relevant officers (i.e. business managers) in their institution for advice as to the appropriate salary scale and classification level for research staff.

Salary on-costs must be justified in full and can be claimed up to a maximum of 30%. Costs exceeding this amount will not be funded by the grant.

***Travel***

Requests for travel funds will not be approved unless specifically required to undertake the project.

***Economic and statistical analysis***

Applicants must include appropriate economic and statistical analysis of the results and outcomes of the project; the cost for these services can be included in the proposed budget. A business manager and/or health economist should be included on the team.

***Infrastructure costs***

Infrastructure claims cannot be made for applications where a WA Health Service Provider is the administering institution; and must be no greater than 10% of the total budget for applications where a university and/or independent research institute is the administering institution.

**Capacity**

A Curriculum Vitae is required for the CPI and each of the PIs in order to determine the capacity of the research team and its suitability to conduct the proposed research and implement findings.

****

Research Translation Projects

2019 (Round 13)

*‘Evidence for a Sustainable Health System’*

# Application Form

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

## Section 1: Proposed Project

|  |  |
| --- | --- |
| Coordinating Principal Investigator |  |
| Legal 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*Cannot be a PO Box* |  |
| ABN/ACN |  |
| Administering institution contact officer |  |
| Administering institution contact officer email address |  |
| Project title |  |
| Amount requested *Excl GST, must not exceed $270,000* | $ |
| Total time required to complete project*Can be up to 24 months* |  |
| Submissions to other funding sources for this project*List the name of the funding body(s) and amount(s) requested. Include applications already submitted and planned submissions.* |  |

## Section 2: Research Team

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

|  |  |
| --- | --- |
| Title, First Name, SURNAME |  |
| Affiliated Institution(s)Institution(s) 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 experience1. Clinical / health practice:

b) Postgraduate research: |  |
| Highest qualification |  |
| Citizenship statusAustralian Citizen or Permanent Resident (indicate if pending) |  |
| Role in this project |  |
| Time contribution to this project (hours/week) |  |

**(ii) Other Research Team Members** (where applicable)

In addition to the Coordinating Principal Investigator listed above, please provide details for each Principal and Associate Investigator for the project. Please insert additional tables 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: Lay Summary

In plain English, provide an outline of your proposal. This should include what you will achieve (research aims), how you will conduct the research (methodology) and why the study is necessary (predicted benefits and savings for WA Health).

Where a grant is awarded, this summary may be used for publicity purposes.

(Maximum 250 words)

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

## Section 4: Significance of the Project

What does the research hope to achieve; what are its aims and objectives?

1. Describe the issue and its significance in the WA context. The proposed research should be linked to consumer need and to WA Health priorities.
2. Outline how the proposed research will address the issues described above. Include the study hypothesis and key research questions.
3. Describe in detail the expected benefits to WA Health, with a particular focus on improved cost-effectiveness, savings and/or efficiencies in both the short- and long-term.
4. Describe this project’s impact on existing programs that are currently operating in this area.

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

(Maximum TWO pages)

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

## Section 5: Innovation

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

 (Maximum ONE page)

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

## Section 6: Partnerships

1. Outline collaborations with policy, operational and other groups as appropriate. Include:
2. nature of these collaborations and how these partnerships have assisted with framing the research questions
3. extent of any commitment to implement research findings into improved health policy, practice and/or service delivery at the conclusion of the project.
4. 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.
5. Outline other programs, areas of work etc. that are interdependent with this project.

(Maximum ONE page)

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

## Section 7: Research Plan

Include:

1. the proposed research methodology, including techniques, target group(s) and measures of outcomes
2. a list of all approvals that will be required before the research project can proceed i.e. ethics, data linkage, governance approvals and intellectual property agreements etc
3. milestones against the project timeline.

 (Maximum FOUR pages)

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

**(i) Methodology**

|  |
| --- |
|  |

**(ii) Approvals**

|  |
| --- |
|  |

**(iii) Milestones against project timeline**

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

|  |  |
| --- | --- |
| **Milestones** | **Timeline** |
| 1. |  |
| 2. |  |
| 3. |  |
| 4. |  |
| 5. Progress Report submitted to the Research Development Unit | 30 Nov 2020 |
| 6. |  |
| 7. |  |
| 8. |  |
| 9. |  |
| 10.Final Report, one-page Community Stakeholder Brief and Financial Acquittal submitted to the Research Development Unit | 30 Nov 2021 |

## Section 8: Economic Analysis Plan

Projects should demonstrate cost-effectiveness, savings and/or improved efficiencies to WA Health. In conjunction with a health economic expert outline the plan for economic analysis. Include:

(i) an outline of the expected economic benefit to WA Health that may be achieved through this work

(ii) the units of measure that will be used to assess the benefits and from where this information will be sourced

(iii) estimates of the predicted benefits and cost-savings (dollar values) to WA Health that will result from this project and if applicable, from the wider implementation of research findings, e.g. from roll-out to other suitable areas.

This plan must be agreed to by the person providing health economic expertise at Section 14.

 (Maximum of TWO pages)

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

## Section 9: Research Translation

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. an NHMRC application.

 (Maximum of TWO pages)

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

## Section 10: Budget

|  |  |
| --- | --- |
| **BUDGET ITEM** | **AMOUNT REQUESTED****($ EXCL GST)** |
|  | **2019-20****($)** | **2020-21****($)** | **2021-22****($)** | **TOTAL BUDGET REQUEST****($)** | **ADDITIONAL IN-KIND SUPPORT****($)** | **ADDITIONAL OTHER SOURCE FUNDING****($)** | **TOTAL PROJECT COST****($)** |
| **Personnel** *specify for each position***Position 1*** *title*
* *identify if new or existing*
* *%FTE*
* *salary level*

Position 2* *title*
* *identify if new or 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%* |  |  |  |  |  |  |  |
| **Other** *e.g. publication costs**(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 15**.**

## Section 11: Justification of Budget

Each budget request must be adequately described and justified. Details regarding in-kind support and other sources of funding should be outlined here.

 (Maximum ONE page)

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

## Section 12: Capacity

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

An abridged CV for each person is to be provided which includes key publications from the last 5 years. An upper limit of **TWO pages** **per person** is allowed.

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

## Section 13: 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 have discussed the likely impact of the project with relevant departments and support services which may be affected, and this project is acceptable to them.
4. I declare that this application will be submitted to the institution’s research grants office or equivalent, and I agree to obtain the relevant research governance approvals and agreements before commencement of the project.
5. I understand and agree that no further claim will be made on the Department of Health to cover any over-expenditure of budget or any costs beyond the research project.
6. I declare that I have no outstanding reporting obligations for any other Department of Health research grant administered by the Research Development Unit.

**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 14: Certification by Health Economist or Equivalent

I certify that:

1. I have a full understanding of this project, and I support the economic analysis plan outlined in the application
2. I agree to conduct the health economic analysis for this project
3. I agree to contribute economic analysis information for both the Progress and Final Reports for the project as required.

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

## Section 15: Certification by Finance Officer/ Business Manager

I certify that:

1. the budget 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 matters pertaining to the payment of funds and financial acquittal reporting for this project.

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

## Section 16: Certification by Head of Department

I certify that:

1. the above project proposed by \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ *(Coordinating Principal Investigator)* is acceptable and appropriate to the Department/School/Centre or Service Unit 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. due consideration will be given to support the implementation of practice change in the Department/School/Centre or Service Unit based on the findings of this research.

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

Please include separate *Certification by Head of Department* for ***each institution*** where resources (e.g. facilities, equipment, staff) are being obtained for this research and/or patients accessed, by providing additional copies of this page.

## Section 17: Certification by Administering Institution Research Grants Officer or Equivalent

I declare that:

1. the Administering Institution endorses the application proposed by \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ *(Coordinating Principal Investigator)* and if selected for funding, is willing to administer the grant under the conditions specified by the Department of Health in the *Research Translation Projects Guidelines for Applicants 2019 (Round 13)*

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 18: Cited References

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

## Section 19: Check List

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

|  |  |  |  |
| --- | --- | --- | --- |
| **1.** | Provided written quotations for any minor items of equipment that are considered essential. |  |  |
|  |  |  |  |
|  |  |  |  |
| **2.** | Identified relevant approvals or agreements that are required (e.g. HREC and Research Governance). |  |  |
|  |  |  |  |
| **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 from the health economist for the economic analysis plan and reporting requirements. |  |  |
|  |  |  |  |
|  |  |  |  |
| **6.** | Obtained certification by the Business Manager, Finance Officer or equivalent that the salary costs have been reviewed and are correct. |  |  |
|  |  |  |  |
|  |  |  |  |
| **7.** | Obtained certification from the Head of Department/School/Centre for each institution involved in the research. |  |  |
|  |  |  |  |
|  |  |  |  |
| **8.** | Obtained certification by the Research Grants Officer or equivalent at the nominated Administering Institution. |  |  |
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| **9.** | Removed the **Instructions to Applicants** pages from the **Application Form** for electronic and hard copy submission. |  |  |
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|  |  |  |  |
| **10.** | 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. |  |  |
|  |  |  |  |
| **11.** | Provided eight hard copies of the completed application (including abridged CVs and certifications) by the closing date. |  |  |

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**This document can be made available in alternative formats
on request for a person with a disability.**

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1. *For the purposes of this program “****WA Health****” refers to all agencies that are under the jurisdiction of the Minister for Health, and is defined as the “WA health system” in the Health Services Act 2016.* [↑](#footnote-ref-1)