

WACPCN Cancer Fellowships 2021

Application Form

**Closing Date: 1.00pm, Wednesday 24 June 2020**

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# DOH_RGBApplication Instructions

Applications are invited in accordance with the conditions described in the WA Cancer and Palliative Care Network (WACPCN) Cancer Fellowships 2021 *Guidelines for Applicants,* available at the [WACPCN Cancer Fellowships website](https://ww2.health.wa.gov.au/Articles/U_Z/WACPCN-Cancer-Fellowships).

* Late or incomplete applications will not be accepted.
* Typing must be in Arial font 11 point or larger.
* Do not submit the Application Instructions page with the Application Form.
* Applicants are asked to submit their application through the administering institution’s research grants office. Note: their internal deadlines may be earlier.
* Electronic signatures are permitted. However, the onus is on the applicant to ensure permissions to use electronic signatures have been obtained.
* Acknowledgment 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 to the WA Cancer and Palliative Care Network (WACPCN) Policy Unit via email to: WACPCN.PolicyUnit@health.wa.gov.au.
* An electronic copy of the completed Application Form is to be submitted to the WACPCN Policy Unit by the closing date, via [MedJobsWA](https://medjobswa.mercury.com.au/SearchResults.aspx) **(Reference No. 10697)**.

# DOH_RGB

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# Application Form

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

# 1 Application Details

|  |
| --- |
| **Research** [ ]  **Training** [ ] *Please tick which type of application you are submitting* |
|  |
| **Applicant** |
| Title, First Name, SURNAME |  |
| Proposed training and/or research project title |  |
| Position & discipline |  |
| Current place/organisation of employment |  |
| Current employment level *(as per AMA Award. Please include increment and Arrangement A or B)* |  |
| Telephone number(s) |  |
| Email address |  |
| Citizenship statusAustralian Citizen or Permanent Resident (note if pending) |  |
| Total FTE employed by hospital Include both existing clinical & research time |  |
| Total Fellowship FTE requested *can be up to 1.0 FTE* |  |
| **Administering Institution** |
| Name of administering institution *Institution where the fellowship will be based and which will receive funds* |  |
| Postal address of administering institution |  |
| Physical address of administering institution*Not a PO Box* |  |
| ABN/ACN |  |
| Research Office contact  |  |
| Research Office email address*For notifications* |  |

|  |
| --- |
| **Supervisor** |
| Title, First Name, SURNAME |  |
| Position & Discipline |  |
| Institution |  |
| Telephone number(s) |  |
| Email address |  |
| Time contribution to mentoring the applicant and their training and/or research (hours/week) |  |

|  |
| --- |
| **Other organisations involved** |
| Submissions to other funding sources for this project*List the name of the funding agency(s) and amount(s) requested. Include applications already submitted and those planned to be submitted.* |  |
| For applications to undertake training *If relevant, list the name of the training/education organisation who will be providing training and the qualification/course title.* |  |

# 2 Career Development

How will this Fellowship assist your career?

1. Describe your goals for your clinical and/or research career and how this Fellowship would assist in achieving these.
2. Outline the hospital duties that you intend to retain (if any) during the Fellowship year and those that are to be replaced by the Fellowship.
3. For research Fellowships, describe your role and contribution to the proposed research.
4. For training Fellowships, describe how the training will benefit WA Health and how likely is it for the role to be ongoing.

(Maximum ONE page)

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

# 3 Lay Summary

In plain English, provide an outline of your training and/or research proposal. This should include what you will achieve (clinical skills and/or research aims), how you will undertake acquisition of new skills (for Training Stream) and the research methodology (for Research Stream) and why this is necessary (predicted benefits, efficiencies, savings etc., for WA).

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

(Maximum HALF page)

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

# 4 Aims and significance

What does the training/research hope to achieve?

1. Describe what cancer issue the training/research will address and its significance in the WA context;
2. Outline how the training/research findings may assist in addressing the identified issue(s). Describe how changes to practice may be embedded into usual practice. This may be through policy, operational, advocacy or other transformational changes. Include both the short-term gains and longer-term impacts of the work;
3. How have consumers been engaged and how have their views shaped the Fellowship application? For research applications, how will consumer engagement continue to shape the research?

(Maximum TWO pages)

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

# 5 Innovation and implementation

1. If the proposal includes establishment of a clinical service, outline how the service intends to be self-sufficient beyond the life of the Fellowship.
2. Describe how the proposed training/research is innovative?
	1. For research applications, discuss the unique characteristics that distinguishes this project from similar or related research in this area.
	2. For training applications, discuss how the expertise will be utilised beyond the life of the Fellowship.

(Maximum ONE page)

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

## 6 Training and/or Research Plan

For the Research Stream, include here:

1. The research questions/objectives;
2. Methodology, including techniques, target group(s), a realistic sample size and measures to be used;
3. All approvals that will be required before the research project can proceed e.g. ethics, governance approvals and intellectual property agreements etc.; and
4. Milestones against the project’s timeline. Noting that the timeline should include an allocation of time for relevant approvals, data collection, analysis and report writing, and that although the Fellowship is awarded in July, it begins in January of the following year for a duration of 12-months.

For the Training Stream, include here:

1. The plan to achieve the new skills, including attendance at registered educational courses, mentorship arrangements, assessments etc;
2. All key approvals/acceptances that will be required before the training can proceed e.g. registrations and acceptance into training courses etc.; and
3. Key milestones against the Fellowship timeline. Noting that the timeline should include an allocation of time for registrations, acceptances, relevant approvals, and report writing, and that although the Fellowship is awarded in July, it begins in January of the following year for a duration of 12-months.

Ensure objectives are specific, measurable, attainable, relevant and time-bound. (Maximum FOUR pages)

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

**(i) Training plan and/or Research questions and methodology**

**(ii) Approvals**

**(iii) Milestones against timeline** *(add rows to below table as required)*

|  |  |
| --- | --- |
| **Milestones** | **Timeline** |
| 1. Fellowship award date | September 2020 |
| 2. Institutional/HREC/Governance approvals |  |
| 3. Fellowship/Research start date | February 2021 |
| 4.  |  |
| 5.  |  |
| 7. Progress Report submitted to the WACPCN Policy Unit | June 2021 |
| 8. |  |
| 9. |  |
| 11. Training/Research end date | January 2022 |
| 12. Final Report, Financial Acquittal and WACOG presentation  | March 2022 |

## 7 Engagement and Collaboration

Outline collaborations with policy, operational, consumer and other groups as appropriate. Include:

1. Nature of these collaborations and how these partnerships will assist the acquisition of new skills and/or have assisted with framing the research questions;
2. Extent of the commitment by relevant stakeholders/decision-makers to utilise the new skills/implement research findings at the end of the funded work; and
3. Other programs, areas of work etc. that are interdependent with this project.

(Maximum ONE page)

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

## 8 Capacity

To demonstrate the capacity of the applicant to undertake the training and/or conduct research and the supervisor to mentor and guide the applicant in the proposed work, insert the Curriculum Vitae of the ***Fellowship applicant*** and the ***Supervisor.***

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

(Maximum TWO pages per person)

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

## 9 Certification by Applicant

I certify that:

1. I meet the eligibility criteria specified in the *WACPCN Cancer Fellowships 2021 Guidelines for Applicants.*
2. The information supplied by me on this form is complete, true and correct in every particular.
3. I agree to abide by the *WACPCN Cancer Fellowships 2021 Guidelines for Applicants.*
4. I have discussed the likely impact of the work on other relevant departments and support services and this project is acceptable to them.
5. This application will be submitted to the institution’s research grants office or equivalent, and I agree to obtain the relevant governance approvals and agreements before commencement of the work.
6. 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 other costs.

**Fellowship Applicant**

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

## 10 Certification by Supervisor

I certify that:

1. I have reviewed the application and provided feedback to the applicant.
2. If successful, the applicant shall receive guidance and support from me in relation to the proposed training/research and career development during the term of the Fellowship.

**Supervisor**

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

## 11 Certification by Finance Officer/ Business Manager or equivalent

I certify that:

1. The employment award rate claimed in this application form for \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Fellowship applicant) is true and correct and reflects the latest Award rates available.
2. A claim will not be made on the Department of Health for any over-expenditure of budget.
3. If the applicant is successful they will be appointed against a position at the nominated administering institution that will allow them to undertake the Fellowship position.

|  |  |
| --- | --- |
| **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** |  |

## 12 Certification by Head of Department or equivalent

I certify that:

1. The above project proposed by \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Fellowship applicant) is acceptable and appropriate to the Department 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, resources and services necessary for the efficient conduct of the proposed training and/or research.
3. Practice change will be implemented in the School/Centre/Department or Service Unit based on the results of this training/research.
4. The applicant will be employed by the nominated administering institution for the duration of the Fellowship.
5. If the applicant is successful, they may be released from their post for the period of the Fellowship and that their vacated post may be adequately back-filled (if applicable).
6. If the applicant is successful they will be appointed against a position at the nominated administering institution that will allow them to undertake the Fellowship position.

|  |  |
| --- | --- |
| **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.

## 13 Certification by Research Grants Officer or equivalent

I declare that:

1. The Administering Institution endorses the application proposed by \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Fellowship applicant) and is willing to administer the grant under the conditions specified by the Department of Health in the *WACPCN Cancer Fellowships 2021 Guidelines for Applicants;* and

b) The WACPCN Policy 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** |  |

## 14 Cited References

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

## 15 Check List

Prior to submitting the application, the Applicant should check that they have completed the following requirements:

|  |  |  |  |
| --- | --- | --- | --- |
| **1.** | Identified and provided all relevant approvals or agreements that are required  |  |  |
|  |  |  |  |
| **2.** | Attached abridged CVs of the Applicant and the Supervisor |  |  |
|  |  |  |  |
| **3.** | Signed the Application Form, and obtained the signature of the Supervisor  |  |  |
|  |  |  |  |
| **4.** | Obtained certification by the Business Manager, Finance Officer or equivalent that the salary costs are correct  |  |  |
|  |  |  |  |
| **5.** | Obtained certification from the Head of Department for each institution involved in the training activities/research |  |  |
|  |  |  |  |
| **6.** | Obtained certification by the Research Grants Officer or equivalent at the nominated Administering Institution |  |  |
|  |  |  |  |
| **7.** | Removed the **Application Instructions** pages from the **Application Form** for electronic submission |  |  |
|  |  |  |  |
| **8.** | Email the completed application (including CVs) in ONE PDF or Microsoft Word file (maximum 2MB) by the closing date via MedJobsWA |  |  |

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

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