



Government of **Western Australia**
Department of **Health**

WACPCN Cancer Fellowships 2023

Application Form

Closing Date: 1.00pm, Monday 23rd May 2022

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Application Instructions

Applications are invited in accordance with the conditions described in the WA Cancer and Palliative Care Network (WACPCN) Cancer Fellowships 2023 *Guidelines for Applicants*, available at the [WACPCN Cancer Fellowships](#) website.

- 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 seek their administering institution's Research Grants Office's approval prior to submitting their application. Note: Research grants office's 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 Department of Health's Cancer Network via email to: cancernetwork@health.wa.gov.au.
- An electronic copy of the completed Application Form is to be submitted by the closing date of 23 May 2022, via [MedJobsWA](#) (**Reference No. 11330**).



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	
Current position & discipline <i>Include qualification level e.g. medical/surgical registrar</i>	
Current place/organisation of employment	
Current employment level for 2021 <i>(as per AMA Award. Please include increment and Arrangement A or B)</i>	
Telephone number(s)	
Email address	
Citizenship status <i>Australian Citizen or Permanent Resident (note if pending)</i>	
Total FTE currently employed by hospital <i>Include existing clinical & research time</i>	

FTE requested for 2022 Fellowship <i>Must be between 0.5 and 1.0 FTE</i>	
Administering Institution	
Name of administering institution <i>Institution where the fellowship will be based and which will receive funds. Note: This must be either a public or private hospital or a WA Health entity (i.e PathWest).</i>	
Postal address of administering institution	
Physical address of administering institution <i>Not a PO Box</i>	
ABN/ACN	
Research Office contact	
Research Office email address <i>For notifications</i>	

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	
<p>Submissions to other funding sources for this project</p> <p><i>List the name of the funding agency(s) and amount(s) requested. Include applications already submitted and those planned to be submitted.</i></p>	
<p>For research applications</p> <p><i>If relevant, outline if this research project is a component of a larger long-term research project or is a standalone project.</i></p>	
<p>For training applications</p> <p><i>If relevant, list the name of the training/education organisation that will be providing training and the qualification/course titles that will be achieved.</i></p>	

2 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 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 (need, predicted benefits, efficiencies, savings etc. for WA).

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

(Maximum HALF page)

3 Aims and significance

What is the program of training/research setting out to achieve?

- (i) Describe what cancer issue the training/research will address and its significance in the WA context;
- (ii) Outline how the training outcome/research findings may assist in addressing the identified issue(s). Describe how changes to practice may be embedded into usual business. This may be through policy, operational, workforce, advocacy or other transformational changes. Include both the short-term and longer-term benefits of the work.

(Maximum TWO pages)

4 Career Development

How will this Fellowship assist your career?

- (iii) Describe your goals for your clinical and/or research career and how this Fellowship would assist in achieving these.
- (iv) Outline the hospital duties that you intend to retain (if any) during the Fellowship year
(*Note: Please consider Clause 1.2 of the WACPCN Cancer Fellowships 2023 Guidelines*)
 - a. Trainee fellowships please also include the duties that are to be replaced by the proposed training
- (v) Research Fellowships, describe your role and contribution to the proposed research.
- (vi) Training Fellowships, describe how the training will benefit the WA health system and how likely it is for the role and benefits to be ongoing.

(Maximum ONE page)

5 Innovation and implementation

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

Research Stream, include here:

- (i) The research questions/objectives;
- (ii) Methodology, including techniques, target group(s), a realistic sample size and measures to be used;
- (iii) All approvals that will be required before the research project can proceed e.g. ethics and governance approvals and intellectual property agreements etc.;
- (iv) 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 September, it begins in January of the following year for a duration of 12-months.

Training Stream, include here:

- (i) The plan to achieve the new skills, including attendance at registered educational courses, mentorship arrangements, assessments;
- (ii) A clear link between the training activities and how they will lead to achieving the desired skills (e.g., Activity to undertake case series/clinical audit is anticipated to lead to increased understanding of a specific condition);
- (iii) All key approvals/acceptances that will be required before the training can proceed e.g. registrations and acceptance into training courses;
- (iv) 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.
- (v) Role of the supervisor in the training plan and the time allocated to training/mentoring duties.

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	August 2022
2. Institutional/HREC/Governance approvals	
3. Fellowship/Research start date	6 February 2023
4.	
5. Progress Report submitted to the Department of Health's Cancer Network	9 June 2023
6.	
7. Training/Research end date	4 February 2024

7 Engagement and Collaboration

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

- a) Nature of these collaborations and how these partnerships will assist the acquisition of new skills and/or have assisted with framing the research questions;
- b) 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
- c) Other programs, areas of work etc. that are interdependent with this project.
- d) Research Stream:
 - a) how have consumers been engaged and how have their views shaped the Fellowship application?

b) how will consumer engagement continue to shape the research?

(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:

- (a) I meet the eligibility criteria specified in the *WACPCN Cancer Fellowships 2022 Guidelines for Applicants*.
- (b) The information supplied by me on this form is complete, true and correct in every particular.
- (c) I agree to abide by the *WACPCN Cancer Fellowships 2022 Guidelines for Applicants*.
- (d) I have discussed the likely impact of the work on other relevant departments and support services and this project is acceptable to them.
- (e) 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.
- (f) 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:

- (a) I have reviewed the application and provided feedback to the applicant.

- (b) 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.

- (c) I, along with the Fellow will comply with reporting requirements for the WACPN Cancer Fellowship as outlined in the *WACPCN Cancer Fellowships 2022 Guidelines for Applicants*

Supervisor

Full Name	
Signature	Date

11 Certification by Finance Officer/ Business Manager or equivalent

I certify that:

- (a) The employment award rate claimed in this application form for _____ (Fellowship applicant) in 2022 is _____ (Relevant full time annual base salary rate) and I certify that this is true and correct and reflects the latest Award rates available.
- (b) A claim will not be made of the Department of Health for any over-expenditure of budget. Clinical work such as after hour's rosters and 'on call' work will not be funded by the Fellowship.
- (c) 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 receiving payment of funds and financial acquittal reporting for this project.

Title, First Name, SURNAME	
Position	
Institution	
Telephone number(s)	

Email address	
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12 Certification by Head of Department or equivalent

I certify that:

- a) The above application 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.
- b) This area is capable of providing the facilities, resources and services necessary for the efficient conduct of the proposed training and/or research.
- c) Practice change will be implemented in the School/Centre/Department or Service Unit based on the results of this training/research.
- d) The applicant will be employed by the nominated administering institution for the duration of the Fellowship.
- e) If the applicant is successful in obtaining a Fellowship they will be released from their current post and other clinical duties for the period of the Fellowship and that their vacated post will be adequately back-filled (if applicable).
- f) 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:

- a) 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 Department of Health Cancer Network 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 level is correct
5. Obtained certification from the Head of Department for each institution involved in the training/research activities
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. Submit 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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