

WA Cancer Fellowships 2025

Application form – training stream

**Closing date: 1.00pm AWST, Monday 27 May 2024**

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# Application instructions

The WA Cancer Fellowships 2025 is a program of the WA Department of Health’s Cancer Network.

Applications are invited in accordance with the conditions described in the *WA Cancer Fellowships 2025 Guidelines for Applicants,* available at the [WA Cancer Fellowships website](https://ww2.health.wa.gov.au/Articles/U_Z/WACPCN-Cancer-Fellowships).

The following conditions are also required:

* the correct application form for the stream must be used
* the nominated Supervisor(s) must review and provide feedback on the application form
* 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
* 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](mailto:cancernetwork@health.wa.gov.au)
* an electronic copy of the completed Application Form is to be submitted by the closing date of **1:00PM AWST, 27 May 2024** via MedJobsWA **(Reference No. 12106)**.

# Application form – training stream

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

# Application details

|  |  |
| --- | --- |
| **I confirm that I intend to undertake a Training Project in Western Australia:**  **Yes  No**  I confirm that I have not previously received and commenced a WA Cancer Fellowship (formerly WACPCN Cancer Fellowship) | |
|  | |
| **Applicant eligibility** | |
| Title, first name, SURNAME |  |
| Proposed training project title |  |
| Eligibility to work in Australia | For the duration of the Fellowship, I am (please tick):  an Australian citizen  a permanent resident  a permanent resident – application pending  Other (please state): Click or tap here to enter text.  If your application for permanent residency is pending, please indicate when it will approximately be finalised: Click or tap here to enter text. |
| Current place/organisation of employment  *This must be either a public hospital or a WA Health entity (i.e. PathWest).* | I am employed in a Western Australian (please tick):  Public hospital (please state): Click or tap here to enter text.  WA Health entity (please state): Click or tap here to enter text. |

|  |  |
| --- | --- |
| Current position and discipline  *Include qualification level e.g. medical/surgical registrar* | My current position is (please state): Click or tap here to enter text.  Cancer-related speciality areas I practice are (please state): Click or tap here to enter text.  I have recently (within past 12-months) or will be completing a specialist qualification (within 12-months) (please state): Click or tap here to enter text. |
| Total FTE currently employed by hospital or WA Health entity  *Include existing clinical and research time* |  |
| Employment level for 2025  *As per AMA Award. Please include increment and Arrangement A or B* | My employment level in 2025 will be: Choose an item. |
| FTE requested for 2025 Fellowship  *Must be between 0.5 and 1.0 FTE. Please note that no Fellowship variations below 0.5 FTE can be granted.* | **Click or tap here to enter text.**  I confirm that I can undertake the Fellowship at a minimum of 0.5 FTE.  I confirm that I will be able to be released from clinical duties for the duration of the Fellowship with the post adequately backfilled (if applicable). |
| **Contact information** | |
| Telephone number(s) |  |
| Email address |  |
| **Administering institution** | |
| Name of administering institution  *Institution where the fellowship will be based, which will receive the funds. This must be either a public hospital or a WA Health entity (i.e. PathWest).* |  |
| Postal address of administering institution |  |
| Physical address of administering institution  *Not a PO Box* |  |
| ABN/ACN |  |

|  |  |
| --- | --- |
| **Principal supervisor** | |
| Title, first name, SURNAME |  |
| Position and discipline |  |
| Institution |  |
| Telephone number(s) |  |
| Email address |  |
| Time contribution to mentoring the Applicant and their training project (hours/week) |  |

|  |  |
| --- | --- |
| **Supervisor**  *Please delete if there is only one Supervisor. If there are 3 or more Supervisors, please add more tables.* | |
| Title, first name, SURNAME |  |
| Position and discipline |  |
| Institution |  |
| Telephone number(s) |  |
| Email address |  |
| Time contribution to mentoring the Applicant and their training project (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.* |  |
| Training/education organisations  *If relevant, list the name of the training/education organisation that will be providing training and the qualification/course titles that will be achieved.* |  |

# Lay summary

In **plain English**, provide an outline of your training proposal. This should include what you will achieve (i.e., the clinical skills learnt), how you will undertake acquisition of the new skills, and why the training is necessary (e.g., need, predicted benefits, efficiencies, savings etc.) for WA.

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

**(Maximum half page)** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

# Aims and significance

What is the training project setting out to achieve?

1. Describe what cancer issue the training will address and its significance in the WA context
2. Outline how the skills acquired from the training may assist in addressing the identified issue(s) and 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 training.

**(Maximum two pages)**

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

# Training plan

Please outline the training plan and include information on the following:

1. The plan to achieve the new skills, including attendance at registered educational courses, mentorship arrangements and assessments
2. 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)
3. All key approvals/acceptances that will be required before the training can proceed (e.g., registrations and acceptance into training courses)
4. Key milestones against the Fellowship timeline (please see the table below). Noting that the timeline must include an allocation of time for registrations, acceptances, relevant approvals, and report writing, and that although the Fellowship is awarded in August, it begins in February of the following year for a duration of 12 months
5. Role of the Supervisor(s) in the training plan and the time allocated to training/mentoring duties.

|  |  |
| --- | --- |
| **Milestones** | **Timeline** |
| 1. Fellowship award date | October 2024 |
| 2. Institutional/HREC/Governance approvals | 2 February 2025 |
| 3. Fellowship start date | 3 February 2025 |
| 4. Progress Report submitted to the Department of Health’s Cancer Network | 1 August 2025 |
| 5. Fellowship end date | 1 February 2026 |
| 6. Final report, financial acquittal and WACOG presentation | 27 March 2026 |

**(Maximum four pages)**

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

# Innovation and implementation

1. Describe how the proposed training is innovative and novel. Please discuss how the expertise will be utilised beyond the life of the Fellowship.
2. If the proposal includes establishment of new clinical services, outline how the service intends to be self-sufficient beyond the life of the Fellowship.

**(Maximum one page)**

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

# 6. Experience and career development

How will this Fellowship assist your career?

1. Describe your expertise and experience and how this will support the proposed training plan.
2. Describe your goals for your clinical career and how this Fellowship would assist in achieving these.
3. Outline the hospital duties that you intend to retain (if any) during the Fellowship year
4. Note: Hospital duties that are not required to undertake the training project will not be covered by the fellowship funding, instead funding for these duties should be covered by the administering institution (see clause 1.1 of the *WA Cancer Fellowships 2025 Guidelines for Applicants*).

**(Maximum one page)**

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

# 7. Capacity

To demonstrate the capacity of the Applicant to undertake the training and the Supervisor(s) to mentor and guide the Applicant in the proposed training plan, please insert the Curriculum Vitae of the ***Fellowship applicant*** and the ***Supervisor(s).***

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)**

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

# 8. Certification by applicant

I certify that:

1. I have read and understand the *WA Cancer Fellowships 2025 guidelines for applicants*
2. I meet the eligibility criteria specified in the *WA Cancer Fellowships 2025 guidelines for applicants*
3. I commit to taking part in the activities proposed on this application for the duration of the Fellowship if successful
4. the information supplied by me on this form is complete, true and correct in every particular
5. I agree to abide by the *WA Cancer Fellowships 2025 guidelines for applicants,* including reporting requirements
6. I have discussed the likely impact of the work on other relevant departments and support services and this project is acceptable to them
7. I understand and agree that if the application is successful, no further claim will be made on the Department of Health to cover any over-expenditure of budget or any other costs
8. the Department of Health’s Cancer Network will be notified immediately of any changes to the information provided in this application.

**Fellowship applicant**

|  |  |
| --- | --- |
| **Full name** | |
| **Signature** | **Date** |

# 9. Certification by supervisor

I certify that:

1. I have read and understand the *WA Cancer Fellowships 2025 guidelines for applicants*
2. I have reviewed the application and provided feedback to the applicant
3. if successful, I commit to undertaking the supervisor role as proposed in this application and the Applicant shall receive guidance and support from me in relation to the proposed training and career development during the term of the Fellowship
4. the information supplied by me on this form is complete, true and correct in every particular
5. I, along with the Fellow, will abide by the *WA Cancer Fellowships 2025 guidelines for applicants,* including the reporting requirements*.*

**Supervisor**

|  |  |
| --- | --- |
| **Full name** | |
| **Signature** | **Date** |

If more than one supervisor is nominated, please include separate *Certification by Supervisor* pages for **each supervisor*.***

# 10. Certification by finance officer/business manager or equivalent

I certify that:

1. I am an authorised representative of the administering Institution
2. The employment award rate claimed in this application form for \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Fellowship applicant) in 2024 is \_\_\_\_\_\_\_\_\_\_\_\_\_(relevant full-time annual base salary rate), and I certify that this is true and correct and reflects the latest Award rates available
3. 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
4. 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
5. I have read and agree to abide by the *WA Cancer Fellowships 2025 guidelines for applicants*.

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

# 11. Certification by head of department or equivalent

I certify that:

1. 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
2. This area is capable of providing the facilities, resources and services necessary for the efficient conduct of the proposed training
3. Practice change will be implemented in the school/centre/department or service unit based on the results of this training project
4. The Applicant will be employed by the nominated administering institution for the duration of the Fellowship
5. 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 backfilled (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.

# 12. Cited references

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

# 13. Check list

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

|  |  |  |  |
| --- | --- | --- | --- |
| **1.** | Supervisor(s) have reviewed and provided feedback on the application form. |  |  |
|  |  |  |  |
| **2.** | Identified and provided all relevant approvals or agreements that are required. |  |  |
|  |  |  |  |
| **3.** | Attached abridged CVs of the applicant and the supervisor(s). |  |  |
|  |  |  |  |
| **4.** | Signed the application form and obtained the signature of the supervisor(s). |  |  |
|  |  |  |  |
| **5.** | Obtained certification by the business manager, finance officer or equivalent that the salary level is correct. |  |  |
|  |  |  |  |
| **6.** | Obtained certification from the Head of Department for each institution involved in the training activities. |  |  |
|  |  |  |  |
| **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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