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| **WA Early-Career Child Health Researcher (ECCHR) Fellowships Program**  **2023 Application Form (for Funding Commencing 1 January 2024)** |

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| **BrightSpark Office Use** | |
| **Date Received:** | **Code Descriptor:** |

**Closing Date for Applications**

**1pm (AWST) Tuesday 29 August 2023**

**Introduction**

Prior to completing this Application, please familiarise yourself with the **ECCHR Fellowships** **Guidelines and Conditions** (see the BrightSpark website).

This Application Form is in four parts:

**Part A:** **Details of Applicant, Research Supervisor, Research Entity and Project Overview**

**Part B:** **Project Detailed Description, Budget and Milestones**

**Part C: Assessment Criteria and Weightings**

**Part D: Letters of Support and** **Application and Certification Form**

**Privacy***The Program Administrator will ensure that any personal information received from an Applicant in connection with their application is used and disclosed only to the extent necessary for the purposes of assessment and selection and any required reporting requirements. The Program Administrator will take all reasonable steps to ensure that personal information managed by it in connection with this application is protected against misuse, interferences and loss, and from unauthorised access, modification and disclosure.*

**Part A: Details of Applicant, Research Supervisor and Research Entity**

**A.1 Details of Applicant**

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| **Title:**  **Given Name:** | **Surname:** | | |  |
| **University / Research Entity (at time of application):** |  | | | |
| **Email:** | | | | |
| **PhD Title:** | | **Date PhD conferred/to be conferred:** |  | |
| **Proposed Role/Position for period of Fellowship:** | |  | | |
| **Applicant identifies as Aboriginal: ☐ Yes ☐ No** | | | | |

**A.2 Eligibility of Applicant**

**The Applicant is an Early-Career Child Health Researcher who:**

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| has just completed or is nearing completion (within 6 months) of their PhD, most preferably (not mandatory) related to child health research;  **OR**  has the equivalent of no more than 5 years (0-5 years relative to opportunity[[1]](#footnote-1)) post-doctoral research experience.  has minimal (not more than 0.5 FTE) or no paid research time for the period of Fellowship[[2]](#footnote-2).  has not been awarded independent grant funding as a named investigator totalling more than $50,000 for a project they lead or have led since completing their PhD.  has nil or minimal ongoing committed funding support for their CHR proposal which is the subject of this application.  is an Australian or New Zealand citizen, a permanent resident of Australia, or will have an appropriate work visa in place for the period of the Fellowship.  has not previously been awarded an Early-Career Child Health Researcher Fellowship or Raine Priming Grant.  has informed the Research Entity about their required contributions, which is no less than 30% of the total funding and any appropriate additional in-kind and cash, to the Fellowship. |

**A.3 Interest in and Commitment to Child Health Research**

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| **Provide description of your interest in and commitment to child health research and how**  **that commitment will be maintained during the course of this Fellowship**  *(no greater than 100 words).* |
| *Insert description:*  **Curriculum Vitae:**  *A condensed 2-page CV must be submitted by the Applicant. The CV must clearly identify:*   * *all previous significant child health research grants, awards or prizes you have been awarded.* * *all publications during the last 5 years.* * *Career interruptions: Applicant’s track record and early-career researcher status will be evaluated in light of any career interruptions. Please include brief details (including duration) of any career interruptions.*   *Please note: CVs must be submitted with the Application Form.* |

**A.4 Details of WA Based Research Supervisor(s)**

*If more than one supervisor, please append details of those supervisors at the end of the Application Form.*

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| **Full Name:**  *(Title, Given Name, Surname)* |  | **School/Centre/Institution:** |
| **Email:** | | **Phone:** |
| **Position Title and Job Level (if applicable):** | | |
| *Describe experience in child health research relevant to this application:* | | |
|  | | |
| **Provide a short description of supervision and mentoring support that will be provided by the**  **Research Supervisor(s).** | | |
| *Insert description:* | | |
| *A condensed 2 page CV must be provided for each Research Supervisor which clearly identifies the following:*   * *Lists top 5 or most relevant publications from the last 5 years* * *Provides details of past CHR mentorship*   ***Please note: CVs must be inserted into this document either HERE or appended to the end of the Application Form.*** | | |

**A.5 Details of Research Entity**

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| **Name:** | **Address:** | **Principal Contact:** |
| *Describe experience in child health research or the research environment that is relevant to this application:* | | | |
| *The Research Entity is required to contribute 30% cash to the overall total Fellowship. Provide a short summary of in-kind and cash support that will be offered and provided in addition to this amount (if applicable).* | | |

**A.6 Project Title**

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| *Insert response here:* |

**Project Executive Summary**

*Provide a plain language summary of the aims, child health research significance and expected outcomes of the project (no greater than 250 words). This may be used for media/publicity purposes.*

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| *Insert response here:* |

**The proposed research is in the area of Aboriginal child health research:**  **☐ Yes ☐ No**

**A.7 Requested Budget**

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| **Total ECCHR Fellowship funds requested:** | **$** |
| **Year 1** |  |
| **Year 2** |  |
| **Year 3** |  |

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| **Has this application been funded by other sources?** | **Yes** | **No** | |
| **If yes, provide details, amounts already committed and justification why ECCHR Fellowship funds are sought.** |  | | |
| **Have other grants been applied for the research in this application?** | **Yes** | | **No** |

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**Part B: Project Detailed Description, Milestones and Budget**

**B. 1. A Proposal** -Describe the background and aims of the proposal. Describe how the proposal is significant, novel or innovative and whether the proposal addresses an important child health research issue - 1 page max excluding references – include references in section B.1.B

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| *Guidance Notes/ Suggestions:*   * *Challenge(s) and context - describe the challenge(s) to be addressed by the research and the surrounding context.* * *Research response - explain how the research will address the challenge(s)* * *Unique value proposition - a single, clear, compelling message that states why you/your team is/are different and are worth paying attention to.* * *Research goals - describe in bullet point format key goals of the research and how success will be measured.* * *References can be included separately in section B.1.B below.* |

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| *Insert response here:* |

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| **B.1.B References** – *1 page max* |

**B.2. Milestones Timeline -** Provide a timeline of planned objectives or milestones of the proposed Project. The purpose and expected outcomes of each activity should be clear - 1 page max

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| *Insert response here:* |

**B.3. Detailed Budget** - Provide details of costs associated with the proposal. List all items individually and briefly indicate how the funds will be spent. Indicate support provided from other sources/collaborator. Refer to the **ECCHR Fellowship Guidelines and Conditions** (see BrightSpark website) for allowable budget items.

All amounts should be listed **GST exclusive** - 1 page max

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| **Item and brief description** | **$ requested from ECCHR F**  **(ex GST)** | **Other Sources** | |
| **Cash**  **(ex GST)** | **In-Kind** |
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| **Sub Totals (ex GST)** | **$** | **$** | **$** |
| **Total Cost of project (ex GST)** | **$** | | |

**B.4. Budget Justification** - Provide a full justification in terms of need and cost for each budget item listed. Include details of cash and in-kind contributions from Host Institution, collaborators and/or funding from other sources that may be supporting the application. - 1 page max

**Part C: Assessment Criteria and Weightings**

**Please provide information in respect of each of the following 5 assessment criteria below. Refer to the ECCHR Fellowship Guidelines and Conditions ((see BrightSpark website) at Annexure 2 for further details of the Assessment Criteria and Weightings. Each Application will be assessed using the 5 criteria and the score weightings noted below.**

**C.1. Track Record of the applicant relative to opportunity** - **25% of Assessment Criteria**

*Max 1 page*

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| *Insert response/details here:* |

**C.2. Quality of the proposed CHR and feasibility - 20 % of Assessment Criteria**

*Max 1 page*

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| *Insert response/details here:* |

**C.3. Significance and novelty of research and potential benefits** **- 20 % of Assessment Criteria**

*Max 1 page*

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| *Insert response/details here:* |

**C.4. Capacity, capability, and resources (of the team, including role and contribution of the applicant, the Supervisor and the Research Entity) to deliver on the project-** **25% of Assessment Criteria**

*Max 1 page*

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| *Insert response/details here:* |

**C.5. Consumer, carer and community participation- 10% of Assessment Criteria**

*Max 1 page*

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| *Insert response/ details here:* |

**Part D: Letters of Support and** **Application and Certification Form**

**D.1 Letters of Support**

A letter of support is required from each applicant’s Research Supervisor(s) setting out their willingness and capacity to provide supervision and mentoring support to the applicant and from the Research Entity outlining their willingness and capacity to support and contribute to the Fellowship proposal, as well as any cash or in-kind contributions. These may be written by the Research Supervisor, Head of School (or equivalent).

Please ensure letters of support are appended to the PDF application document. Do NOT submit letters of support as separate documents.

**D.2 Application and Certification Form**

The attached application and Certification form (3 pages) must be completed and submitted with the Application.

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| **WA Early-Career Child Health Researcher (ECCHR) Fellowships Program**  **2023 Application and Certification Form** |

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(Please ensure all 3 pages of this Application and Certification Form are completed and submitted)

**1. Applicant**

1. I have read and understand the ECCHR Fellowship 2023 Guidelines and Conditions and the ECCHR Fellowship 2023 Grant Agreement General Terms & Conditions.
2. I confirm that I meet the eligibility criteria specified in Section 3 of the ECCHR Fellowship 2023 Guidelines and Conditions and have completed and submit the attached Application for funding to undertake the child health research project described in the Application.
3. I agree that the Project Executive Summary may be used by the Program Administrator for any media or publication purposes relating to the promotion of the Fellowship.
4. I agree that if awarded a Fellowship, that during the period of the Fellowship that my research duties at the Research Entity will be maintained at a minimum of 0.5 FTE.
5. I agree to abide by the ECCHR Fellowship 2023 Guidelines and Conditions and the ECCHR Fellowship 2023 Grant Agreement General Terms & Conditions.
6. I declare information supplied by me on this application is complete and correct.
7. I understand that the information that I have provided in this application may be used by the Program Administrator for the purposes of assessment and selection. I understand that the Program Administrator may share my information with other persons for the purposes of assessment, selection and management of this application. If my application is successful, I understand that the Program Administrator may use my personal information in connection with the awarded Fellowship.

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| **Full Name** |  |
| **Position Title** |  |
| **Institution** |  |
| **Signature** |  |
| **Date** |  |

**2. Research Entity Senior Representative**

1. I have read and understand the ECCHR Fellowship 2023 Guidelines and Conditions and the ECCHR Fellowship 2023 Grant Agreement General Terms & Conditions.
2. I confirm that the Applicant’s Application, which names our institution as the proposed Research Entity, has been reviewed and is endorsed and supported by our institution as the proposed Research Entity.
3. I confirm that if the Applicant is successful, then as the named proposed Research Entity, our institution will:
   1. co – partner with the Program Sponsors by contributing at least the minimum gap share[[3]](#footnote-3) of the overall total Fellowship funding package amounts;
   2. support the Applicant throughout the Fellowship by funding pre-approved research costs over and above the annual and total Fellowship funding amounts; and
   3. provide opportunities for the Applicant to progress and develop their child health research skills and research project management capabilities, including by making available research facilities, conference attendance grants and publishing opportunities and support.
4. I confirm that as the proposed Research Entity, our institution agrees to abide by the ECCHR Fellowship 2023 Guidelines and Conditions and for Fellowship recipients by the ECCHR Fellowship 2023 Grant Agreement General Terms & Conditions.
5. I am an authorised signatory for the proposed Research Entity.

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| **Full Name** |  |
| **Position Title** |  |
| **Institution** |  |
| **Signature** |  |
| **Date** |  |

**3. Research Supervisor**

1. I have read and understand the ECCHR Fellowship 2023 Guidelines and Conditions and the ECCHR Fellowship 2023 Grant Agreement General Terms & Conditions.
2. I confirm that I am a WA based senior/established researcher and I certify that I have reviewed the Application Form and the proposal description is accurate.
3. I confirm that I have provided a letter of support and that the Applicant will receive guidance and ongoing support from me and my team in relation to the proposal during the term of the Fellowship including, as requested, reporting on progress directly to the Program Sponsors.

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| **Full Name** |  |
| **Position Title** |  |
| **Institution** |  |
| **Signature** |  |
| **Date** |  |

**4. Research Entity HR Manager (**or equivalent**)**

1. I confirm that the Applicant is or will be employed by our institution by the time of the commencement of the Fellowship (1 January), at a level not less than 0.5 FTE, and that this will continue for the duration of the Fellowship.
2. I confirm that if the Applicant is already employed by our institution, the Applicant can and will be released from their existing post or other duties for the period of the Fellowship to the extent necessary for undertaking the child health research project at a level not less than 0.5 FTE.
3. The Program Administrator will be notified immediately of any changes to the information provided in this Application, such as the Applicant leaving our institution’s employment, if these changes occur prior to the Fellowship being concluded.
4. I am an authorised signatory for the proposed Research Entity.

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| **Full Name** |  |
| **Position Title** |  |
| **Institution** |  |
| **Signature** |  |
| **Date** |  |

**5. Research Entity Finance Manager** (or equivalent)

1. I confirm that the Budget Information and Budget Justification details contained in the Application are complete and correct.
2. I understand and agree that a claim will not be made on the FHRI Fund, the WA Department of Health, the BrightSpark Foundation or the Program Administrator to cover any over-expenditure of budget.
3. The Research Entity will administer the Fellowship and will abide by the ECCHR Fellowship 2023 Guidelines and Conditions and ECCHR Fellowship 2023 Grant Agreement General Terms & Conditions.
4. I am an authorised signatory for the proposed Research Entity.

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| **Full Name** |  |
| **Position Title** |  |
| **Institution** |  |
| **Signature** |  |
| **Date** |  |

1. Meaning excluding “Career Interrupting Events”, such as major illness, and/or carer responsibilities including parental leave. [↑](#footnote-ref-1)
2. Currently, and during the period of the Fellowship, are not in receipt of more than 0.5 FTE paid research time (including paid research time which is a component of an academic/clinical/administration/ part- time role). [↑](#footnote-ref-2)
3. The Research Entity’s total research cash and in -kind support for the project will need be discussed between the candidate and relevant Research Entity as part of the project budget, but indicatively the minimum gap contribution will need to be no less than 30% of the overall total Fellowship funding amount. [↑](#footnote-ref-3)