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| **WA Early-Career Child Health Researcher (ECCHR) Fellowships Program**  **2025 Application Form (for Funding Commencing 1 January 2026)** |

**Closing Date for Applications**

**1pm (AWST) Thursday 2 October 2025**

Introduction

Prior to completing this Application, please familiarise yourself with the **ECCHR Fellowships** **2025 Guidelines and Conditions** (on 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 Forms**

Application Review, Submission and Assistance

Please review your application before clicking submit and confirm you have:

* Confirmed your eligibility?
* Uploaded all the required CVs (one each for the applicant, the primary Research Supervisor and any

additional supervisors)?

* Upload the letters of support?
* Obtained all certifications?

Applications must be submitted complete by **1pm AWST on Thursday 2 October 2025**.

Applicants are responsible for complying with any internal deadlines their Research Entity may have.

For assistance completing your application, please contact your Research Entity's research office, or

equivalent, in the first instance.

**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:** |
| **Applicant identifies as Aboriginal:** ☐ Yes ☐ No | | | |
| **What is your gender?** | Female  Male  Non-binary / gender diverse  Prefer not to say | | |
| **University / Research Entity:** |  | | |
| **Email:** | | | |
| **Phone:** | | | |
| **PhD Title:** | |  | |
| **Date PhD conferred/to be conferred:** | |  | |
| **Relationship to Responsible Entity:**  employee of the Responsible Entity or  honorary or adjunct title at the Responsible Entity  not currently involved with the Research Entity | | | |
| **Proposed role/position during the Fellowship:** | |  | |
| **Early-career stage justification:**  *Taking into consideration any career disruptions (as defined by the* [*NHMRC Relative to Opportunity Policy*](https://www.nhmrc.gov.au/about-us/nhmrc-policies-and-priorities)*).* | | | |

**A.2 Eligibility of Applicant**

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

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| has just completed, or will complete in early 2026, a PhD in an area related to child health research (in an area related to child health research is preferable but not mandatory).  **OR**  has the equivalent of no more than 5 years (0-5 years relative to opportunity[[1]](#footnote-1)) post-doctoral research experience.  has not been awarded independent grant funding as a named investigator totalling more than $150,000 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.  does not have overdue reporting obligations for any grant funding program administered by the Office of Medical Research and Innovation (including FHRI Fund programs) from any year. Note authorised extension are excluded from this requirement.  has informed the Research Entity about their required financial commitment, which is no less than 30% of the total funding and any appropriate additional in-kind and cash contributions, to the Fellowship. |

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

Describe your interest in and commitment to child health research and how that commitment

will be maintained during the course of the Fellowship.

If the applicant has previously been awarded grants over $50,000, provide details of the grants i.e. for salary support and role on the grant/s. Provide justification for how the Fellowship would contribute to the further development of the applicant’s early-career journey.

1 page maximum

**Applicant CV must be submitted with the application.**

*Submit a condensed two-page CV that clearly identifies:*

* *all previous significant child health research grants, awards or prizes you have been awarded,*
* *all publications during the last five years (short form referencing to save space), and*
* *career interruptions: Applicants 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.*

**A.4 Details of WA Based Research Supervisor**

Applicants can have only one primary Research Supervisor and they must be WA-based. Each Primary Supervisor may only be a Primary Supervisor for one Fellow at any time.

Please duplicate this page and complete for each additional supervisor you are proposing. Note CVs are required for each supervisor.

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| --- | --- | --- |
| **Full Name:**  *(Title, Given Name, Surname)* |  | **School/Centre/Institution:** |
| **Email:** | | **Phone:** |
| **Position Title and Job Level (if applicable):** | | |
| *Description of their 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.** | | |
| *Insert description:* | | |
| **All Research Supervisors listed must submit a CV with the application.**    *Submit a condensed two-page CV that clearly identifies:*   * *top five or most relevant publications from the last five years and* * *details of past child health research mentorship.* | | |

**A.5 Details of Research Entity**

|  |  |
| --- | --- |
| **Name of Research Entity:** |  |
| **Address:** |  |
| **Contact Name:** |  |
| **Contact Email:** |  |
| *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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**The proposed research is in the area of Aboriginal child health research:**  **☐ Yes ☐ No**

**Project Executive Summary**

Provide a plain language summary of the aims, child health research significance and expected outcomes of the project. This may be used for media/publicity purposes.

250 words maximum

**A.7 Requested Budget**

When calculating the budget for this section and B.3 (Detailed Budget), allowable expenses are detailed in section 4 of the **ECCHR Fellowships** **2025 Guidelines and Conditions** (on the BrightSpark website).

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| --- | --- |
| **Fellowship funds requested:** | **$** |

|  |  |  |
| --- | --- | --- |
| **Has this application been funded by other sources?** | **Yes** | **No** |
| **Have other grants been applied or awarded for the research in this application?** | **Yes** | **No** |

If yes to either question above, provide details, amounts already committed and justification why ECCHR Fellowship funds are being sought.

**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 maximum excluding references – include references in section B.1.B

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.

**B.1.B References**

1 page maximum

**B.2. Milestones Timeline**

Provide a timeline of planned objectives or milestones of the proposed Project (the table below is an example and can be used or replaced). The purpose and expected outcomes of each activity should be clear.

1 page maximum

| **No.** | **Milestone and expected outcome**  *(insert additional rows as required in order of completion)* | **Milestone date**  *(in months from start date)* |
| --- | --- | --- |
| 0. | Execution of Grant Funding Agreement | 0 months |
| 1. |  |  |
| 2. |  |  |
| 3. |  |  |
| 4. |  |  |
| 5. |  |  |
| 6. |  |  |
| 7. |  |  |

**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 2025 Guidelines and Conditions** (see BrightSpark website) for allowable budget items.

All amounts should be listed **GST exclusive**

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| --- | --- | --- | --- | --- | --- |
| **Item and brief description** | **Cost** | **Fellowship contribution** | **Other Sources** | | **Total excl. GST** |
| **Cash** | **In-Kind** |
| YEAR 1 | | | | | |
| *i.e Year 1 salary at X FTE* | $ | $ | $ | $ | $ |
| *Add rows as needed* |  |  |  |  |  |
| *Year 1 Total* | $ | $ | $ | $ | $ |
| YEAR 2 | | | | | |
| *i.e Year 1 salary at X FTE* | $ | $ | $ | $ | $ |
|  |  |  |  |  |  |
| *Year 2 Total* | $ | $ | $ | $ | $ |
| YEAR 3 | | | | | |
| *i.e Year 1 salary at X FTE* | $ | $ | $ | $ | $ |
|  |  |  |  |  |  |
| *Year 3 Total* | $ | $ | $ | $ | $ |
|  |  |  |  |  |  |
| **Total (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 Research Entity, collaborators and/or funding from other sources that may be supporting the application.

1 page maximum

**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 2025 Guidelines and Conditions (see BrightSpark website) at Annexure 3 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**

*2 pages maximum*

**C.2. Quality and feasibility of the proposed child health research project - 20% of Assessment Criteria**

*1 page maximum*

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

*1 page maximum*

**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**

*2 pages maximum*

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

*1 page maximum*

**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 forms (3 pages) must be completed and submitted with the application.

**1. Applicant**

1. I have read and understand the ECCHR Fellowship 2025 Guidelines and Conditions and the ECCHR Fellowship 2025 Grant Agreement General Terms & Conditions.
2. I confirm that I meet the eligibility criteria specified in Section 3 of the ECCHR Fellowship 2025 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 2025 Guidelines and Conditions and the ECCHR Fellowship 2025 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.
8. I understand that the Program Administrator may share my information with other persons for the purposes of assessment, selection and management of this application.
9. 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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| **Applicant Name** |  |
| **Signature** |  |
| **Date** |  |

**2. Research Entity Senior Research Director or equivalent**

1. I have read and understand the ECCHR Fellowship 2025 Guidelines and Conditions and the ECCHR Fellowship 2025 Grant Agreement General Terms & Conditions.
2. I can confirm that the Research Entity meets all eligibility requirements in the ECCHR Fellowship 2025 Guidelines and Conditions.
3. 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.
4. 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[[2]](#footnote-2) 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.
5. I confirm that as the proposed Research Entity, our institution agrees to abide by the ECCHR Fellowship 2025 Guidelines and Conditions and for Fellowship recipients by the ECCHR Fellowship 2025 Grant Agreement General Terms & Conditions.
6. I am an authorised signatory for the proposed Research Entity and approve the use of the Research Entity’s facilities, resources and funds to meet the requirements named above.
7. the Research Entity is willing to administer the grant if successful under the conditions specified in the ECCHR Fellowship 2025 Guidelines and Conditions, including the requirement to ensure that appropriate agreements are in place with the Activity Lead, team members and participating entities
8. the grant will not constitute the entire financial base of the Responsible Entity, i.e. the Responsible Entity has other external sources of income
9. the Responsible Entity is not part of an industry that produces products or services that may contribute to poor physical health or mental wellbeing of the community
10. the Program Administrator will be notified immediately of any changes to eligibility or changes to the information originally provided in this application.

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| --- | --- |
| **Name** |  |
| **Position** |  |
| **Signature** |  |
| **Date** |  |

**3. Primary Research Supervisor**

1. I have read and understand the ECCHR Fellowship 2025 Guidelines and Conditions and the ECCHR Fellowship 2025 Grant Agreement General Terms & Conditions.
2. I confirm that I meet all eligibility requirements to be the applicants’ Research Supervisor under the ECCHR Fellowship 2025 Guidelines and Conditions.
3. I confirm that I am a WA based senior/established researcher, I have reviewed the Application Form and the proposal description is accurate.
4. I confirm that I have provided my CV and 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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| **Name** |  |
| **Position** |  |
| **Signature** |  |
| **Date** |  |

1. Meaning excluding “Career Interrupting Events”, such as major illness, and/or carer responsibilities including parental leave. [↑](#footnote-ref-1)
2. The Research Entity’s total research cash and in -kind support for the project will need be discussed between the applicant and 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-2)