**Western Alliance Emerging Researcher Translation Grant Application Form**

**Please complete all fields in the following section and submit your application electronically to** [info@westernalliance.org.au](mailto:info@westernalliance.org.au) **by 5pm on Friday 7th July**

All STaRR Emerging Researcher Translation Grant applications will be assessed against the following selection criteria and weightings:

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| **Significance of the problem (20%)** | * Significance of the problem being addressed by the proposed translation/change * Extent to which this is a priority for the participating health service/PHN and/or their communities |
| **Use of evidence (20%)** | * Use of evidence/data to justify the how the proposed translation/change will address the identified problem * Use of local data to justify the need for change * Strength of the evidence to support the translation/change being successful in the proposed settings |
| **Translation approach (20%)** | * Identification of appropriate, evidence-based translation/implementation approaches and strategies that will enable the aims and objectives to be met * Collaboration between disciplines/professions (as appropriate) * Consumer engagement or consumer collaboration (as appropriate) * Planned evaluation of the translation outcomes |
| **Feasibility (20%)** | * Clear aims and objectives for the translation which indicate what success will look like for the translation project * The proposed timeline appears realistic and achievable * The budget is justified and appropriate to the project |
| **Impact (20%)** | * Translational impact (potential to influence policy or practice) * Potential for future scaling/dissemination |

**Before you proceed**

Please ensure you are applying for the appropriate STaRR Emerging Researcher Grant. Emerging Researcher Translation grants are available for those who have conducted a research project and generated evidence to translate into practice or policy, *or* have identified existing evidence to be translated into practice or policy in your setting. If you have received an Emerging Researcher Grant as a principal investigator previously, **you are eligible and encouraged** to apply for one of these grants.

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| **Project title** | Enter text |

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| **Expected start date of project** | Select date |

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| **Expected completion date of project** | Select date |

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| **Lead organisation (must be a Western Alliance member health service or PHN)** | Enter text |

**STaRR Emerging Researcher - Principal Investigator (must be from a Western Alliance member Health Service or PHN)**

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| **Title and Name** | Enter text |

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| **Appointment / s** | Enter text |

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| **Employing organisation** | Enter text |

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| **Department** | Enter text |

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| --- | --- | --- | --- |
| **Phone** | Enter text | **Mobile / pager** | Enter text |

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| **Email** | Enter text |

**Health Service or PHN Executive Sponsor – mandatory. This person must be in a position to facilitate and endorse the implementation of any outcomes arising from the project within the target organisation, and should be involved throughout the stages of the translation:**

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| **Title and Name** | Enter text |

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| **Appointment / s** | Enter text |

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| **Employing organisation** | Enter text |

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| **Department** | Enter text |

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| **Phone** | Enter text | **Mobile / pager** | Enter text |

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| **Email** | Enter text |

**Mentor**

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| **Title and Name** | Enter text |

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| **Appointment / s** | Enter text |

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| **Employing organisation** | Enter text |

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| **Qualifications, experience (including research/translation)** | Enter text |

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| **Department / faculty** | Enter text |

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| **Phone** | Enter text | **Mobile / pager** | Enter text |

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| **Email** | Enter text |

**Associate Investigators**

| **Title and Name of Associate investigators** | **Organisation, position, qualifications, experience (including research/translation)** |
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**Collaborating Organisations (if identified)**

| **Name of collaborating organisation** | **Representative/s from collaborating organisation (include position and qualifications)** |
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| Enter text | Enter text |
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| Enter text | Enter text |

**Translation Project overview**

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| **Please provide a brief lay summary of the proposed translation project.**  **Please ensure that it is easily read and understood by the general public.**  *Maximum 250 words* | Enter text |

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| **Overview of identified problem.**  **Please include local data where applicable and indicate why addressing this problem is a priority for the participating health service/s or PHN.**  *Maximum 400 words* | Enter text |

**Translation Project Proposal**

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| **Aims and objectives** | Enter text |

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| **Brief summary of the proposed translation/change**  **(Max 100 words)** | Enter text |

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| **What evidence is there to justify that your proposed translation/change will be able to address your identified problem/meet your aims and objectives?**  **Include a literature review and local data as appropriate.**  *Maximum 500 words not including references* | Enter text |

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| **Bibliography/ references (no specific referencing style, however consistency of style is required)** | Enter text |

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| **Describe the process you will follow for achieving and/or evaluating this translation/change.**  **Please include any implementation or evaluation frameworks and/or implementation strategies that you intend to use.**  *Maximum 500 words not including references* | Enter text |

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| **Indicate how consumers have or will be involved in the design and delivery of this translation/ change.**  *Maximum 200 words* | Enter text |

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| **Please outline any potential for further scaling and dissemination arising from this project**  *Maximum 200 words not including references* | Enter text |

**Project Plan**

| **Milestones** | **Expected date** |
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**Detailed Budget**

**Please note:** The maximum amount awarded will not exceed $10,000. Please be as specific as possible. We require details of any staffing requirements, equipment (include quote where possible), consumables, travel, etc. Please include ethics and governance fees in the budget if required. Please also provide information about in-kind or cash support from partnering organisations or external sources. In-kind supports are any costs that will not be covered by the grant funding. Some examples include administration support, additional research team member time, librarian support, or your mentor’s time.

Please note that Western Alliance provides limited funds for access to biostatistics and health economics support, please speak to your local Research Translation Coordinator if these have been identified for your proposed project. Where applicable, these can then be included as in-kind costs.

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| **Item and justification** | **Cost $** |
| Enter text | Enter text |
| Enter text | Enter text |
| Enter text | Enter text |
| Enter text | Enter text |
| Enter text | Enter text |
| **Total funds requested** | **Total $** Enter text |

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| **IN-KIND SUPPORT**  (Include estimation of staff time, administration costs etc.) | **Cost $** |
| Enter text | Enter text |
| Enter text | Enter text |
| Enter text | Enter text |
| Enter text | Enter text |
| **Total in-kind support** | **Total $** Enter text |

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| **Has funding for this project been sought elsewhere?** | Select an option |

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| **If funding has been sought elsewhere, please provide information about source, amount and status of application** | Enter text |

**Certification by Investigators**

In submitting this application, I / we accept and agree to comply with the National Statement on Ethical Conduct in Human Research (2007) - updated 2018. Ethical and local governance approval will be obtained prior to the commencement of this project.

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| **Name and Signature of STaRR Emerging Researcher Lead** |  | **Date** | Select date |

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| **Name and Signature of Health Service/PHN Executive Sponsor** |  | **Date** | Select date |

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| **Name and Signature of Associate Investigator** |  | **Date** | Select date |

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| **Name and Signature of Associate Investigator** |  | **Date** | Select date |

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| **Name and Signature of Associate Investigator** |  | **Date** | Select date |

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| **Name and Signature of Associate Investigator** |  | **Date** | Select date |

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| **Name and Signature of Associate Investigator** |  | **Date** | Select date |

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| **Name and Signature of Associate Investigator** |  | **Date** | Select date |

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| **Name and Signature of Mentor )** |  | **Date** | Select date |

**Certification by Heads of Department of partnering organisations (please complete for all organisations that will participate in the research)**

*Note: if the department head is an investigator on this project, please seek sign off from the person above the department head*

I certify that:

* The project is appropriate to the work conducted in my department and I am prepared to have the project carried out in my department
* The investigators will seek ethics approval and will conform to the general principles set out in the NHMRC guidelines

**Lead Organisation (note that this may be signed by the Executive Sponsor if they are also the Head of Department)**

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| **Name, organisation & position** | Enter text |

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| **Signature of Department Head** |  | **Date** | Select date |

**Collaborating Organisations (if identified)**

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| **Name, organisation & position** | Enter text |

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| **Signature of Department Head** |  | **Date** | Select date |

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| **Name, organisation & position** | Enter text |

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| **Signature of Department Head** |  | **Date** | Select date |

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| **Name, organisation & position** | Enter text |

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| --- | --- | --- | --- |
| **Signature of Department Head** |  | **Date** | Select date |

**All complete and signed applications must be submitted electronically to** [info@westernalliance.org.au](about:blank) **by 5pm on Friday 7th July 2023**