**STaRR Emerging Researcher Seed Grant Application Form**

**Please complete and submit your application electronically to** **info@westernalliance.org.au** **by 5pm on Friday 5th July**

All STaRR Emerging Researcher Seed Grant applications will be assessed against the following selection criteria:

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| --- | --- |
| **Problem identification (25%)** | * Addresses an important knowledge or evidence-based practice gap (e.g., service delivery, workforce, etc.)
* Demonstrated review and understanding of the literature, and/or local data to justify the problem/gap
 |
| **Scientific merit (25%)** | * Clearly articulated aim
* Appropriate study or implementation design that addresses the aim
* Clearly defined data collection
* Clearly defined outcome measures
 |
| **Feasibility (25%)** | * The proposed timeline appears realistic and achievable
* The budget is justified and appropriate
 |
| **Impact (25%)** | * Translational impact (potential to influence policy or practice)
* Collaboration between disciplines/professions (as appropriate)
* Consumer engagement or consumer collaboration (as appropriate)
 |

**Before you proceed**

Please read the STaRR Emerging Researcher Seed Grant Guidelines carefully and ensure that you are applying for the appropriate funding opportunity.

STaRR Emerging Researcher Seed Grants are available for those who are embarking on a research project to generate evidence which can then be translated into practice. To be eligible you **must not** **have received a Western Alliance or STaRR Emerging Researcher Seed Grant as a principal investigator** previously.

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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 |

 **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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| **Department**  | Enter text |

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| **Organisation**  | Enter text |

|  |  |  |  |
| --- | --- | --- | --- |
| **Phone** | Enter text |  **Fax** | Enter text |

|  |  |  |  |
| --- | --- | --- | --- |
| **Mobile / Pager** | Enter text |  **Email** | Enter text |

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| **Qualifications** | Enter text |

**Health Service or PHN Executive Sponsor – mandatory. This person must be in a position to facilitate and endorse the research activity (e.g., Executive Director Community Health, Manager of Speech Pathology, Director Allied Health, etc.) and should be involved throughout the stages of the research:**

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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**

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

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

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| **Employing organisation**  | Click here to 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 |

|  |  |
| --- | --- |
| **Email** | Enter text |

**Associate Investigators**

| **Title and Name of Associate investigators** | **Organisation, position, qualifications, experience (including research/translation)** |
| --- | --- |
| Enter text | Enter text |
| Enter text | Enter text |
| Enter text | Enter text |
| Enter text | Enter text |
| Enter text | Enter text |

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

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| Enter text |

**Project Proposal**

*Maximum 2 pages (covering aim and research question, background/rationale and methodology)*

**Aim and research question**

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| Enter text |

**Background and rationale including literature review and local data to justify the problem/gap in your setting (e.g., waitlists, length of stay, frequency of risks/incidents, etc.)**

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| Enter text |

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

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| Enter text |

**Methodology**

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| Enter text |

**What is the intended future impact of this project? Please explain how your project will help to shape the future impact (e.g., how it will impact practice or policy, collaboration between disciplines or services, consumer collaboration, etc.).** *Maximum 250 words*

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| Enter text |

| **Milestones / Project Plan**(Example only, change as required) | **Expected date** |
| --- | --- |
| **Ethics approval date**  | Enter a date |
| **Governance approval date**  | Enter a date |
| **HREC reference number / Local reference number (if you already have ethical and / or governance approval)** | Enter text |
| **Project commencement** | Enter a date |
| **Recruitment commencement** | Enter a date |
| **Recruitment completed / target reached** | Enter a date |
| **Commence data analysis** | Enter a date |
| **Project completion** | Enter a date |
| **Presentations / Conferences / Publications** | Enter a date |
| **Other milestone/s as appropriate**  | Enter a date |

**Detailed Budget**

**Please note:** The maximum amount awarded will not exceed $5000. Please be as specific as possible. We require details of any staffing requirements, research 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 support from your organisation 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.

|  |  |
| --- | --- |
| **Item** | **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 |

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

|  |  |
| --- | --- |
| **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 2023. Ethical and local governance approval will be obtained prior to the commencement of this project.

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| **Name and Signature of Principal 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  |

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

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

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

**Certification by Head of Department**

*Note: if the department head is an investigator on this project, please seek sign off from the person above the department head (e.g., Executive Director of Community Health, Director of Allied Health)*

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 National Statement

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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 by 5pm on Friday 5th July 2024**