## STaRRship (STaRR Translation Grant) Application Form 2025

All STaRR Emerging Researchers from the 2021, 2022, 2023, and 2024 cohorts who have *not previously received* a Western Alliance Translation Grant or STaRR Emerging Researcher Translation Grant as principal investigator (PI) are eligible to apply.

To be considered, you must complete and submit your application via email to [starrsupport@deakin.edu.au](mailto:starrsupport@deakin.edu.au) by **Friday 27th June at 5pm.**

All STaRRship applications will be reviewed by a panel comprising researchers, health service, and consumer representative(s), and will be assessed against the following selection criteria:

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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 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 read the [**STaRRship Guidelines**](https://www.westernalliance.org.au/wp-content/uploads/pdf/STaRRship-Guidelines-2025.pdf) carefully and ensure that you are applying for the appropriate funding opportunity.

You are strongly encouraged to view the [**STaRR Grant Funding Resource**](https://www.westernalliance.org.au/starr/starr-resources/grants-funding) to help you complete your grant application. The online resource provides guidance on each of the grant proposal sections, and tips from Western Alliance’s Chief Operating Officer, Drew Aras.

STaRRships are available for STaRR Emerging Researchers who have conducted a research project and generated evidence to translate into practice or policy, *or* who have identified existing evidence or guidelines to be translated into practice or policy in their setting.

If you have received a STaRR Emerging Researcher *Seed* Grant as a PI previously, **you are eligible and encouraged** to apply for one of these grants. If you have previously received Western Alliance Translation Grant or STaRR Emerging Researcher Translation Grant as a PI, you are **not eligible** to apply.

## Application form

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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 |

### STaRRship Applicant / Principal Investigator

The PI must be currently working at one of the Western Alliance member health services or Western Victoria Primary Health Network, and must have participated in the STaRR Program in either 2021, 2022, 2023, or 2024.

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| **Title and Name of PI** | Enter text |

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

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| **Department** | Enter text |

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| **Organisation** | Enter text |

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| **Phone** | Enter text |

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| **Email** | Enter text |

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| **Qualifications** | Enter text |

### Health Service or Primary Health Network Executive Sponsor

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 |

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| **Email** | Enter text |

### Research Mentor

This could be your STaRR Mentor if they would like to continue to be involved in your research through the translation phase. Or your mentor may be another experienced researcher or research translator who can provide guidance and support while you lead the translation phase.

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| **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 |

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| **Email** | Enter text |

### Associate Investigators

This includes all members of your research team and will ideally include your manager and at least one consumer.

| **Title and Name of Associate investigators** | **Organisation, position, qualifications, experience (including research/translation or lived experience)** |
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| Enter text | Enter text |
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## Research Translation Proposal

### Brief lay summary of the proposed translation project

*Maximum 250 words*

Ensure that it is easily read and understood by the general public.

**Hint:** complete this section last as it should summarise the whole project in plain language.

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| Enter text |

### Summary of identified problem

*Maximum 400 words*

Describe the problem that has been identified in the local setting. Include local data where applicable and indicate why addressing this problem is a priority for the participating health service/s or PHN.

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| Enter text |

### Aim and objectives

*Maximum 100 words*

This section must include:

* the overarching aim of the project
* the specific objectives of the project

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| Enter text |

### Evidence or research to be translated into practice

*Maximum 500 words*

What evidence is there to justify that the proposed translation or practice change can address the identified problem and meet the aim and objectives?

This section should include:

* **a brief summary of the proposed translation/practice change** including a description of the current situation/practice, and the evidence-based best practice (or guideline)
* a literature review, with reference to evidence-based guidelines, and local data as appropriate (for more guidance, click on these links:
  + [searching and reviewing the literature](https://www.westernalliance.org.au/starr/starr-resources/literature-review-searching) and
  + [critically appraising the literature](https://www.westernalliance.org.au/starr/starr-resources/critical-appraisal-skills))
* **local data** is needed to justify the problem/gap in your setting (e.g., waitlists, length of stay, frequency of risks/incidents, etc.)
* **benchmarking data** (if available) will help to justify the need for the research translation project

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| Enter text |

### Methodology

*Maximum 400 words*

Describe the process you will follow for achieving and/or evaluating this translation or practice change.

Include any implementation or evaluation frameworks and/or implementation strategies that you intend to use.

Click on this link for a refresher on [research design](https://www.westernalliance.org.au/starr/starr-resources/research-design) and this link for guidance around the use of [implementation science](https://www.westernalliance.org.au/starr/starr-resources/implementation-science) to support practice change.

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### Bibliography

*Not included in word count*

### Include references for the *Summary of identified problem, Evidence or research to be translated into practice* and *Methodology* sections here.

There is no specific referencing style required; however, consistency of style is required.

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| Enter text |

### Consumer engagement and involvement

*Maximum 100 words*

Describe how consumers have and/or will be involved in the design and delivery of the research translation/practice change. If there is no consumer involvement in the project, please explain why.

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| Enter text |

### Scaling and dissemination

*Maximum 200 words*

Outline any potential for further:

* scaling: that is, addressing the system-level challenges or infrastructure needs to enable further translation across more settings, within and/or beyond your health service or PHN
* dissemination: that is, sharing the outcomes and learnings arising from the project (e.g., through conference or network presentations, reports, peer-reviewed publications, local newspaper, consumer-led working group, etc.)

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| Enter text |

### Timeline and milestones

| **Milestones**  (Example only, change as required) | **Expected date** |
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| **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 |
| **Commence project** | Enter a date |
| **Commence data collection** | 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

**Note:** The maximum amount awarded to an applicant will not exceed $15000.

Please be as specific as possible when writing your budget, and include costs related to:

* researcher backfill or funding of staff, with reference to the appropriate Enterprise Bargaining Agreement (e.g., PI salary for 40 hours, at $52/hour plus 20% on-costs\* = $2496)
* participant or co-design partner reimbursements (if appropriate), which include amount per participant/partner and approximate number of participants/partners (e.g., $30 gift voucher for approx. 14 participants = $420)
* research equipment (include quote where possible)
* consumables
* travel costs (must include reason for travel)
* other direct research costs

\*On-costs vary across each organisation and should be clarified with the health organisation human resources department.

**Note:** 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 (see below).

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| **Item to be funded by the STaRRship** | **Cost $** |
| Enter text | Enter text |
| Enter text | Enter text |
| Enter text | Enter text |
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| Enter text | Enter text |
| **Total funds requested** | **Total $** Enter text |

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.

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| **In-kind support**  (Include estimation of staff time, administration costs etc.) | **Cost $** |
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| Enter text | Enter text |
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| **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 (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 Mentor** |  | **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 |

### 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 via email to** [**starrsupport@deakin.edu.au**](mailto:starrsupport@deakin.edu.au) **by Friday 27th June at 5pm.**