

Queensland Health

Health Practitioner Research Scheme

Application Guidelines 2027 Funding Round

Health Practitioner Research Scheme Application Guidelines (2027 Funding Round)

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For more information contact:

Office of the Chief Allied Health Officer, Department of Health, GPO Box 48, Brisbane QLD 4001, email HP-Research@health.qld.gov.au, phone (07) 3328 9298.

An electronic version of this document is available at

<https://www.health.qld.gov.au/hpresearch/html/grants>

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1 Introduction

The Office of the Chief Allied Health Officer (OCAHO) welcomes all Health Practitioners to the 2027 funding round of the Health Practitioner Research Scheme.

The Health Practitioner Research Scheme (HPRS or the Scheme) is administered and managed by the Office of the Chief Allied Health Officer (OCAHO), Health Workforce Division, with the Health Practitioner Research Advisory Group (HPRAG) as the Scheme's governing body.

The [Health Practitioners and Dental Officers \(Queensland Health\) Certified Agreement \(No.4\) 2022 \(HPDO4\)](#) provides for up to \$400,000 in funding for eligible Health Practitioner (HP) professions listed in schedule 3 of the HPDO4 and employed by Queensland Health and Mater Health Service to build research capacity in the health practitioner workforce and facilitate the implementation of evidence based clinical services in Queensland Health.

2 Key information

Applications will be open to researchers in the 2027 funding round to:

- New researchers with one-year projects (maximum amount awarded - \$40,000 per project).
- Mid-career researchers with two-year projects (maximum amount awarded - \$75,000 per project over two years)
- Experienced researchers with two-year projects (maximum amount awarded - \$150,000 per project over two years)

Key dates of the HPRS 2027 funding round are outlined below:

| Application due date | Applicants notified of results by | Funding made available | Ethics & SSA due date |
|----------------------|-----------------------------------|------------------------|-----------------------|
| 2 October 2026 | 31 December 2026 | July 2027 | 31 August 2027 |

3 Aims of the Scheme

The aims of the Scheme are to:

- Support research that adds to the evidence for health practitioner services in enhancing patient, consumer, and community outcomes and demonstrates the value of the health practitioner workforce.
- Build the research capacity and capability of the health practitioner workforce in Queensland Health.
- Build and contribute to multidisciplinary research and health delivery partnerships and collaboration.
- Provide opportunities for health practitioner researchers across the state.
- Enhance the dissemination of research findings.
- Enhance the translation of research into practice.

4 Target areas and priorities

4.1 Target areas

This funding round is to support research initiatives that improve patient access to care and/or improves health outcomes in the following target areas:

- **Evaluations of innovative models of care and service delivery models led by the health practitioner workforce.**
- **Digital transformation led by and/or primarily impacting the health practitioner workforce, services, processes, or models of care.**
- **Clinical education and training initiatives led by and/or primarily impacting the health practitioner workforce.**

If the application does not clearly demonstrate that the research proposal meets a target area, it will be deemed ineligible for funding in this round of the Scheme (see [Eligible research projects and uses of funding](#)).

4.2 Strategic alignment

The research must align to **one or more** of the following Queensland Health Strategies:

- [Optimising the allied health workforce for best care and best value 2019-2029](#) (the 10-year Strategy).
- [Department of Health Strategic Plan 2025-2029](#)
- [Rural and Remote Health and Wellbeing Strategy 2022 - 2027](#)

4.3 HP Research Scheme priorities

In addition, research projects must align to **one or more** of the following statewide priorities (see [Assessment process](#)):

- Consumer involvement in the design and delivery of the research initiative (see [Consumers in research](#)).
- Rural and remote, and regional partnerships or Chief Investigators (CI). A list of rural and remote facilities is available [here](#).
- Research projects led by CI from non-tertiary* Queensland Health site.
- Collaboration across professions, services, sites and/or external agencies.

* *Non-tertiary facilities include those who provide <5 services rated at Clinical Services Capability Framework Level 6 as described at [CSCF public hospitals | Queensland Health](#).*

4.4 Research capacity building

As one of the primary aims of the HPRS is to build the research capacity and capability of the HP workforce in Queensland Health, there is a requirement for **experienced researchers** to provide a clear plan for how the proposed program of work will support capacity building in others. Activities included in the research capacity building plan may include:

- Including new researchers in the project team with clear responsibilities in relation to the undertaking of the project, publication and dissemination activities.
- Developing the capacity of services and departments to engage in research and/or translation of research into practice (TRIP) for example through evidence briefs, TRIP plans at completion of the project, decision making tools.
- Leveraging partnerships to embed research capacity building initiatives in the organisation.
- Meaningful engagement of low research infrastructure sites in the conceptualisation, development and undertaking of the research project.

5 Eligible research projects and uses of funding

The OCAHO HP Research Team is happy to provide advice to applicants during the open submission period of the HPRS 2027 round regarding any queries regarding eligibility of research activities and funding use and can be contacted via phone 3328 9298 or email at HP-Research@health.qld.gov.au.

5.1 Examples of eligible research activities that will be considered for funding

Each research project should include research activities and procedures that directly relate to the stated aims of the project. The below list describes potential research activities that would be considered appropriate; however, it is not exhaustive and provided as a guide only.

Each project team should carefully consider the aims of the project and the target areas and priorities of this funding scheme in selecting the research focus, methods, and activities.

Examples of eligible research activities under each of the Target Areas include:

- **Evaluation of health practitioner service delivery models or models of care.**
 - Delegated models of care, expanded scope of practice, virtual care or telehealth, transdisciplinary practice, integrated care models, student-led models of care.
- **Research activities related to health practitioner-led digital transformation.**
 - Utilisation of data insights to inform service planning, performance and patient outcomes, digitally enabled care (use of digital technologies to enable high-quality care delivery), digitally enabled processes to support service efficiency and/or outcomes, application of data insights from data linkage or Big Data analysis to inform service delivery.
- **Research activities related to health practitioner-led clinical education or training.**
 - Learning approaches and methods that support workforce capability development, community of practice, or other knowledge development and management approaches.

The focus of project outcomes should relate to health practitioner service delivery and/or outcomes that demonstrate the value of the health practitioner workforce.

Examples of successful projects are available [here](#).

5.2 Examples of ineligible research activities that will not be considered

- Projects that do not meet a [target area](#) of the Scheme.
- Projects where the primary aim is not research e.g. resourcing of new services, development of training packages, education modules, or resources.*
- Research where the HP workforce or HP-led service delivery is not the primary focus.
- Research where the outcome is primarily related to specific clinical assessment or interventions rather than HP-led service delivery or models of care, such as:
 - comparing the efficacy of different clinical interventions
 - investigating the clinical appropriateness of an intervention.
- Research that primarily focuses on reviewing existing literature e.g. meta-analyses, systematic reviews.
- Activities that would typically be considered quality improvement activities, such as:
 - clinical audits
 - development of best practice clinical guidelines
 - quality improvement cycles where the evidence is well established.

*** Consistently the highest cause of applications assessed as ineligible**

5.3 Uses of HPRS funding

A major aim of the Scheme is to build HP research skills and capacity, it is therefore expected that most of the requested funding would be allocated to provide backfill for the Chief Investigator (CI), enabling them to undertake the majority of the research activities without outsourcing wherever possible.

Additionally, HPRS funding may also be used for:

- Research assistant time to gather data and support other administrative or clerical research duties.
 - It is strongly encouraged for research assistants to be employed as Queensland Health HPs.
 - The HP level for research assistant time must be aligned to the level of expected duties.
- Contracting fees (as a minor allocation of total funds) for relevant experts needed for the research (e.g. statistician or health economist) where one is not easily available within the Health and Hospital Service (HHS) or via existing collaborative arrangements with a university or other HHS.
- Administrative costs where this activity is necessary for the delivery of the research project (e.g. photocopying, printing, postage, etc).
- Travel costs including accommodation, taxis, flights, and meal allowances where this is the most appropriate method of collaboration and/or data collection.
- The dissemination or communication of research results. This must be clearly indicated in the budget as a separate line item.
- Remuneration for consumers.

Funds may not be used for:

- Hiring additional FTE to implement the service being researched and evaluated.
- The purchase of capital expenditure of any kind including computer hardware, health technology, office furniture, or clinical machinery.

- The use of office space or other location-related expenditure.
- University partner overheads or expenditure.

6 Project team

The researcher category and associated amount of available funding is determined by the CI's research experience. The CI's time as a clinician does not influence this categorisation. For example, someone who has been practicing for 15 years and is undertaking their first research project would be considered a 'new' researcher in this Scheme.

Associate Investigators in the project team may be 'new', 'mid-career' or 'experienced' researchers; mentors should have significantly more research experience than the CI.

| Category | Research experience criteria | Previous research funding criteria | Additional information |
|-------------------------------|--|---|---|
| New Researcher | Has not attained any higher degree by research (including MPhil, PhD or research masters etc.). Applicant may be in the process of completing a higher degree by research. | AND Has not received significant competitive funding (over \$50,000) through any scheme as the Principal/Chief Investigator of a research project. | Generally, a new researcher has no or minimal experience: <ul style="list-style-type: none"> • Undertaking research tasks such as developing a study protocol, obtaining ethical approval, data collection, data analysis, or interpretation of findings. • Publishing the outcomes of previous research in peer reviewed journals, either as the primary author or a co-author. |
| Mid-Career Researcher | Has not attained any higher degree by research (including MPhil, PhD or research masters etc.). Applicant may be in the process of completing a higher degree by research. OR Is less than 6 years out after completing any relevant higher degree by research (including MPhil, PhD or research masters etc.). | AND May have obtained some competitive research funding (less than \$150,000 funding in total) as a Principal/Chief Investigator. | Generally, a mid-career researcher has some experience: <ul style="list-style-type: none"> • Conducting research including applying for ethical approval, developing and following protocols, and managing small research teams. • Publishing the outcomes of previous research in peer reviewed journals, either as the primary author or a co-author. • Presenting research results to a local, state, or national audience. |
| Experienced Researcher | Is 6 years out or more after completing any relevant post-graduate research qualification by research (including MPhil, PhD or research masters etc.). AND Demonstrates a commitment to research capacity building in the health practitioner workforce. | OR Has obtained significant competitive funding (over \$150,000 in total) as the Principal/Chief Investigator of a research project. | Generally, an experienced researcher has significant experience: <ul style="list-style-type: none"> • Conducting research, including obtaining ethical approval, developing and managing research protocols, budgets, and research staff. • Presenting research results to a local, state, or national audience. • Publishing with a substantial publishing history, including as first author. |

6.1 Chief Investigators

As the project lead, the Chief Investigator (CI) must be:

- A Queensland Health (HHS or Department of Health) or Mater Health Service employee for the duration of the project **and**
- Employed against a Health Practitioner position (HP1 – HP8) in a profession listed in the [Health Practitioners and Dental Officers \(Queensland Health\) Certified Agreement \(No.4\) 2022](#) - Schedule 3 (see [appendix A](#)).

The CI must notify OCAHO immediately of any changes to employment or periods of extended leave (greater than 4 weeks). If the CI ceases to work for Queensland Health or the Mater, or is unable to continue with the research activity, the relevant Head of Department and Director of Allied Health (or equivalent) will be contacted to see if the project can continue with a new CI that meets the eligibility requirements of the Scheme. If the CI plans to take extended leave during the research project, OCAHO must be notified in writing and details provided on implications for the project impacts, including how the timelines and outcomes will be met.

6.2 Associate Investigators

An Associate Investigator (AI) is any individual who provides some intellectual and/or practical input into the research and whose participation warrants inclusion of their name on publications (see the [NHMRC Authorship Guide](#) for details). The CI must obtain written agreement from all AIs to be named on the application, with all team members signing the final copy of the application uploaded to the OCAHO HPRS Application Portal.

AIs may be from a non-Health Practitioner profession (e.g., dental, medical, or nursing) and may also work externally to Queensland Health.

6.3 Mentors

Mentors are required for all new and mid-career researcher funding applications.

A mentor is any individual with appropriate experience in designing and implementing research that will be responsible for:

- Sharing knowledge and skills with the research team regarding methods, directions, creative thinking, scientific communication, ethical requirements, etc.
- Providing advice and assistance to the CI as required to successfully complete the research activity.
- Ensuring the CI meets all the terms and conditions of receiving the funds, including the provision of all required reports.
- Overseeing the CI's work.

The mentor will form part of the project team as an AI. While it is preferred that the mentor be a Queensland Health employee due to their active role in the project, this is not a requirement.

7 Consumers in research

Consumers contribute unique expertise, perspectives, and insight into research. Effective, safe, and diverse consumer engagement and involvement will improve the quality, relevance, success, and impact of the research conducted.

Examples of relevant consumer engagement stakeholders may include:

- Health consumers including past, present, or future users of health services such as patients, consumers, carers, and the broader community.
- Organisations representing consumers' interests.
- Health professionals, health providers, and/or health networks.
- Other end-users or beneficiaries as relevant.

Consumer engagement and/or involvement should be considered (as relevant and applicable) by every CI and research team when planning, developing, and undertaking a HPRS project as well as in interpreting, reporting, disseminating, and translating the findings. Methods of consumer engagement can include, but is not limited to:

- Involving consumers as part of defining the rationale or 'need' for the project.
- Involving consumers in the project design and/or the delivery of the project.
- Gaining consumer input to confirm validity of findings.
- Engaging with consumers to increase community awareness and promote the translation of the research into practice.
- Engaging consumers as members of the research team (e.g. as Associate Investigators).

It is strongly recommended and highly encouraged to engage and involve consumers in an effective and meaningful way across the research process.

8 Application process

Applicants must complete the HPRS Application (2027 Funding Round) via the [OCAHO HPRS Application Portal](#) hosted via Queensland Health REDCap. Late submissions cannot be accepted under any circumstances. Please submit a 2027 Funding Round Application by:

5pm Friday 2 October 2026

The [HPRS Application Submission Guide](#) has been developed to support applicants in the application process.

It is the responsibility of the applicant to ensure that a true, full copy of the signed application is submitted. A copy of the Application Summary and Certification page of the Application Portal must be downloaded for signing by the research team and indicated delegates. The signed copy must not differ from the application information completed in the Application Portal. Submitted applications are not reviewed prior to the Scheme's closing date and you will not be advised prior to the Scheme closing if your application is incomplete in any way. Late applications will not be considered under any circumstances.

The Scheme is competitive, and applications will be judged by a peer review panel according to pre-determined criteria and ranked accordingly, with a high standard of application required for funding to be awarded. The following tips may be useful, particularly for new applicants:

- Carefully read this document, paying particular attention to CI and Mentor eligibility rules and endorsement requirements.
- Ensure your application meets the word and page limit requirements according to the OCAHO HPRS Application Portal.
- Ensure all documents are uploaded in PDF format.

- Ensure the project meets one of the target areas and is an eligible activity for this Scheme.
- Seek the input of the Mentor to complete the application where required, particularly the research outline.
- Confirm prospective AI eligibility and participation prior to commencing your application.
- Contact your Head of Department, Director of Allied Health (or equivalent), and line manager well in advance of the application due date to advise them of your intention to apply, ensuring you also allow enough time for sign-off by the Head of Department and Executive/Director of Allied Health (or equivalent).

A member of the Peer Review Panel may contact the CI and/or Mentor to clarify any queries or request additional information regarding the application.

9 Assessment process

The applications will be assessed by the OCAHO for completeness and eligibility in the first instance. The OCAHO has the right to remove applications that are incomplete, ineligible, or do not meet the 2027 Funding Round Guidelines, and to provide preliminary advice to the independent review panel.

Exclusion of applications may take place at any time during the selection process, including under the following circumstances:

- The application contravenes or is inconsistent with the HPRS Funding Round 2027 Scheme Guidelines and associated documentation.
- The application was not submitted using the [OCAHO HPRS Application Portal](#).
- The application includes any false or misleading information.
- The application is incomplete or late.
- The application does not meet the word or page limit requirements as per the [OCAHO HPRS Application Portal](#).
- The signed copy differs from the application information completed in the [Application Portal](#).
- Uploaded documents are not in PDF format.
- The applicant attempts to give or offer any inducement, gift, or reward, which could in any way influence the Department's actions in relation to an application.
- The applicant, or a person on their behalf, attempts to contact members of the independent review panel in relation to the assessment of their application or the peer review process.

The applications will be assessed under a competitive, merit-based process against the following selection criteria by an expert peer review panel, which will provide recommendations to the Department and the HPRAG.

| Selection Criteria | New and Mid-Career | Experienced |
|--|---------------------|---------------------|
| 1. Aligns with Target Areas | | |
| Research initiatives that improve patient access to care and health outcomes in: <ul style="list-style-type: none"> • Evaluations of innovative models of care and service delivery models led by the health practitioner workforce. • Digital transformation led by and/or primarily impacting the health practitioner workforce, services, processes, or models of care. | Eligible/Ineligible | Eligible/Ineligible |

| | | |
|---|-----|-----|
| <ul style="list-style-type: none"> Clinical education and training initiatives. | | |
| 2. Supports Queensland Health's strategic direction and health practitioner research priorities | | |
| Aligns with relevant Queensland Health Strategies and supports HPRS priorities: <ul style="list-style-type: none"> Consumer involvement in the design and delivery of the research initiative. Rural and remote, and regional partnerships or chief investigators. Research projects led by CI from non-tertiary Queensland Health site. Collaboration across professions, services, sites, and/or external agencies. | 15% | 15% |
| 3. Strength of Research Project and Plan | | |
| The quality and feasibility of the proposed project including utilisation of appropriate research methodology. | 50% | 40% |
| Potential for the research to impact policy and practice that leads to improved patient access to care and/or improves health outcomes. | 25% | 20% |
| The budget is appropriate, justified, and represents good value. | 10% | 10% |
| 4. Research Capacity Building (Experienced Researchers only) | | |
| A clear plan to support research capacity building in the health practitioner workforce is provided and is impactful. | N/a | 15% |

10 Outcomes

The outcomes of the application review and funding allocation processes are final and cannot be negotiated.

The results from the Peer Review Panel process will be sent to HPRAG for endorsement. HPRAG has discretion in determining the final amounts awarded to successful applicants based on the merit of applications. A transparent procedure will be used to award funding, and HPRAG's decision will be final.

All applicants will be notified of the result of their application via email, with individual feedback provided to applicants with eligible applications upon request.

11 Conditions of the Scheme

Before applying, the Applicant should ensure they are able to meet the following conditions:

- The project is suitably focused, supervised, and will enhance the applicant's research capabilities.
- The nominated mentor (where required) must play an active and supporting role in all stages of the project.
- The research activity benefits and adds to the body of knowledge for at least one HP profession.

- 3.1. Partnerships with other professions (such as nursing or medicine) are desirable, however the primary beneficiary of the research must be a HP profession.
4. The research activity must be conducted within Queensland Health.
 - 4.1. However, as per the [Uses of HPRS funding](#) section, funding may be used to employ research assistants, statisticians, or other relevant experts external to Queensland Health as required.
5. There is agreement and approval from the relevant line manager/supervisor in the HHS to progress this work and the project must be supported by the line managers whose services may be impacted by the project.
6. Research funded by the Scheme must comply with the established ethical guidelines of the relevant Queensland Health unit, government department, non-government organisation, and/or university associated with the project. It is the responsibility of the applicant to ensure that the appropriate ethical and research governance approvals are obtained. Human Research Ethics Committee and Research Governance approvals must be provided prior to commencement of the research project (as applicable). A copy of all approvals must be forwarded to the OCAHO by August 2027.
7. Proposed changes to project expenditure must be approved by the appropriate Director of Allied Health. The OCAHO is to be consulted and notified of any decision to reallocate funding.
8. CIs who are awarded funding must continue to work within Queensland Health or Mater Health Services for the duration of the research activity. The OCAHO must be notified immediately of any planned change of employment of the CI and may revise allocated funding accordingly.
9. The OCAHO must be notified of any significant changes to the proposed research activity, including study design, research team, funding allocation, as soon as practicable through the submission of a Project Amendment Form.

12 Certification

A full and complete signed copy of the application form must be submitted via the [OCAHO HPRS Application Portal](#) for the application to be eligible for consideration. If all the required signatures are not provided or the signed copy varies from information submitted in the [Application Portal](#), the application will be deemed ineligible and will not be processed further.

It is understood that the project team may be located in a variety of facilities and as such, signatures across multiple pages will be accepted. Emails advising of endorsement of the application will only be accepted in extenuating circumstances and will only be accepted for members of the project team. You must obtain prior permission from a member of the OCAHO HP Research Team before providing an email of endorsement.

Please note: The Director of Allied Health is a position title and does not refer to your local Director of the relevant allied health profession. If you are unsure of the Director of Allied Health within your Hospital and Health Service, please contact a member of the OCAHO HP Research Team.

The list of successful applicants will be published on the HP Research QHEPS page.

13 Funding

OCAHO has no capacity to roll funds over across financial years. Funding will be transferred from OCAHO via Inter-Entity Journal to the HHS. Funding provided for a given financial year will become available at the start of the financial year (1 July) and must be expended in that financial year (by 30 June).

14 Reporting

It is a condition of funding that progress reports are submitted to OCAHO every 6 months and on time, with the first 6-month report due in February 2028 (for the period 1 July to 31 December 2027).

| Project length | Ethics and SSA | 6-month progress report (1 July – 21 Dec 2027) | 12-month progress report (1 Jan – 30 Jun 2028) | 18-month progress report (1 Jul – 31 Dec 2028) | Final report |
|---|----------------|--|--|--|-------------------------------------|
| 1 year (new researcher) | August 2027 | February 2028 | N/a | N/A | On project completion (August 2028) |
| 2 year (mid-career and experienced researchers) | August 2027 | February 2028 | August 2028 | February 2029 | On project completion (August 2029) |

The OCAHO will distribute reminders when these reports are due. Reports must be endorsed by the CI, Mentor, Head of Department (or equivalent), and Executive/Director of Allied Health.

The OCAHO may offer to support successful candidates to develop a research impact report following the completion of the project once the project has been finalised. This process will allow for showcasing of further outcomes or deliverables from the research project following project completion, the translation of research into practice, and any other further research impacts achieved (e.g. 2 years post project completion). This will be optional for projects successful in the HPRS 2027 funding round.

NOTE: The CI and Mentor will be ineligible for funding in future HPRS rounds until all outstanding reports have been submitted.

15 Ethics and SSA approvals

Successful applicants will be notified prior to the commencement of the financial year, with the understanding that they will begin their ethics and SSA applications as soon as possible to allow time for the project to run as per the proposed timeline and funds to be expended by the financial year end.

If ethics and SSA approval has not been obtained prior to the submission of the HPRS funding application, the CI must notify OCAHO of the submission of their ethics and SSA applications and provide a copy of the approvals. **If ethics and SSA approval have not been received by August 2027, OCAHO in consultation with the appropriate Director of Allied Health may request that the funds are used for another research purpose.**

16 Confidentiality

All information provided during the application process is received and accepted by the Department of Health in confidence, subject to any applicable statutory exception.

OCAHO, the Peer Review Panel, HPRAG, and other persons involved in the selection process will not disclose any personal confidential information to which they become privy as a result of exercising their responsibilities in the administration of the HPRS.

Information including the names of successful applicants, their administering health facility, the title and summary of the research project, and the funding amount will be made available publicly and for regular reporting and evaluation purposes. Details of unsuccessful applicants will remain confidential.

Documents held by the Queensland Government are subject to the *Right to Information Act 2009* and will be retained as required under the *Public Records Act 2002*.

17 Further information

Further information regarding the HPRS may be obtained by contacting the OCAHO Research Team.

Email: HP-Research@health.qld.gov.au

Phone: 3328 9298

Appendix A - Health Practitioner/Dental Officer professions

SCHEDULE 3 – LIST OF ELIGIBLE HEALTH PRACTITIONER DISCIPLINES/PROFESSIONS

The list of eligible health practitioner disciplines and professions are:

- (a) Anaesthetic Technicians;
- (b) Art Therapists;
- (c) Audiologists;
- (d) Biomedical Engineers, including Clinical Engineers;
- (e) Biomedical Technicians;
- (f) Breast Imaging Radiographers;
- (g) Cardiac Perfusionists;
- (h) Chemists and/or Radio-Chemists;
- (i) Clinical Measurement Scientists and Technicians;
- (j) Clinical Physiologist, including Cardiac, Sleep and Respiratory;
- (k) Dental Prosthetists;
- (l) Dental Technicians;
- (m) Dental Therapists;
- (n) Dietitians/Nutritionists;
- (o) Environmental Health Officers;
- (p) Epidemiologists;
- (q) Exercise Physiologists;
- (r) Forensic Scientists and Technicians;
- (s) Genetic Counsellors;
- (t) Health Promotion Officers;
- (u) Leisure Therapists;
- (v) Mammographers;
- (w) Medical Entomologists;
- (x) Medical Illustrators;
- (y) Medical Laboratory Scientists and Technicians;
- (z) Music Therapists;
- (aa) Neurophysiologists;
- (bb) Nuclear Medicine Technologists;
- (cc) Nutritionists;
- (dd) Occupational Therapists;
- (ee) Optometrists;
- (ff) Oral Health Therapists;
- (gg) Orthoptists;
- (hh) Orthotists, Prosthetists and Technicians;
- (ii) Patient Safety Officers;
- (jj) Pharmacists and Technicians;
- (kk) Physicists, including Radiation Oncology Medical Physicists, Nuclear Medical Physicists, Radiology Medical Physicists, and Health Physicists;
- (ll) Physiotherapists;

- (mm) Podiatrists;
- (nn) Psychologists including Clinical and Neuropsychologists;
- (oo) Public Health Officers;
- (pp) Radiation Therapists;
- (qq) Radiographers/Medical Imaging Technologists;
- (rr) Rehabilitation Engineers and Technicians;
- (ss) Researchers, Clinical Trial Coordinators and Data Collection Officers;
- (tt) Scientists – Environmental Health;
- (uu) Social Work Associates;
- (vv) Social Workers;
- (ww) Sonographers, including General Sonographer, Cardiac Sonographer, Vascular Sonographer, Breast Sonographer and Obstetric (Fetomaternal) Sonographer;
- (xx) Speech Pathologists; and
- (yy) Welfare Officers.

Appendix B – Application checklist

Project team

- The Chief Investigator, Mentor, and research team are all eligible to apply (see [Project Team](#)).
- All investigators are aware of the project and have consented to be included.

Project proposal

- Your project is eligible for funding under this Scheme, and you can clearly demonstrate that it meets a [Target Area](#) and a [Scheme Priority](#), and addresses the [selection criteria](#).
- Each section of the application is completed.

Formatting

- The application is completed using the [REDCap OCAHO HPRS Application Portal](#).
- All uploaded documents are in PDF format.
- A complete application form, including all signatures and with no variation from the information entered into the [OCAHO HPRS Application Portal](#), must be submitted as a PDF.
- Each section meets the stated word and page limits, as per the [OCAHO HPRS Application Portal](#).

Approvals & signatures

- I have advised the relevant members of my team and department.
- All members of the research team and specified HHS delegates have signed the application downloaded from the [OCAHO HPRS Application Portal](#). Electronic signatures are accepted; however, these must be visible as a signature on the final copy of the application. Applications cannot be signed on behalf of another team member.
- The Head of Department has approved and signed the application.
- The appropriate delegate (e.g. Executive/Director of Allied Health) has approved and signed the application.