| Health Practitioner Research Scheme  2024 Funding Round Application Form |  |
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# What’s new

* The *Health Practitioner Research Scheme 2024 Funding Round Application Guidelines and 2024 Funding Round Application Form* have both been updated. Please ensure you read these documents carefully and contact the Health Practitioner (HP) Research Team from the Office of the Chief Allied Health Officer (OCAHO) with any additional questions.

This round is open to

**New researchers with one-year projects (up to $30,000 per project)**

## Application checklist

A complete application, including all signatures, attachments must be included as a PDF for your application to be considered. Before you submit your application, please check:

1. The **eligibility** of the Chief Investigator (CI), Mentor and Associate Investigators (AI; Section 6 of the *Application Guidelines*).
2. The project is **an eligible activity** for funding under this scheme and clearly demonstrates that it meets the target area and aligns with the strategic priorities and aims of the Scheme (Sections 3 & 4).
3. Each section is completed and complies with the formatting and word limit length requirements.
4. The application is **signed / endorsed by ALL appropriate persons**. Electronic signatures may be obtained where required, 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.

## Timeline

Key dates of the Health Practitioner Research Scheme (HPRS) 2024 funding round are outlined below:

|  |  |  |  |
| --- | --- | --- | --- |
| Submission closing date | Applicants notified of results | Funding made available | Ethics & SSA due |
| 20 October 2023 | December 2023 | July 2024 | August 2024 |

## Submitting your application

Please submit both a **PDF** and a **word document** copy of your application via email to:

[HP-Research@health.qld.gov.au](mailto:HP-Research@health.qld.gov.au) by

**5pm, Friday 20th October 2023**

It is the responsibility of the applicant to ensure that it is a true, full copy of the signed application. Submitted applications are not reviewed prior to the scheme closing date and you will not be advised prior to the scheme closing if your application is incomplete in any way. Late applications cannot be considered under any circumstances.

If you cannot find the answer to your question on the *Application Guidelines*, please direct enquiries to the OCAHO HP Research Team (phone 3328 9322 or email [HP-Research@health.qld.gov.au](mailto:HP-Research@health.qld.gov.au)).

# Section 1: Project team

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **CHIEF INVESTIGATOR** | | | | | | | | |
| Full name and Title |  | | | | | | | |
| HP Profession |  | | | | | | | |
| Position title |  | | | | | | | |
| Department & Facility |  | | | | | | | |
| Hospital and Health Service |  | | | | | | | |
| Office number |  | | Mobile number | | | | |  |
| Email |  | | | | | | | |
| Researcher type  *(as defined by Section 6.1 of the* Application guidelines*)* | New researcher | | | | | | | |
| **MENTOR (delete rows if not applicable)** | | | | | | | | |
| Full name and Title |  | | | | | | | |
| HP Profession |  | | | | | | | |
| Position title |  | | | | | | | |
| Organisation |  | | |  | | | | |
| Department & Facility |  | | | | | | | |
| Office number |  | | Mobile number | | | | |  |
| Email |  | | | | | | | |
| Researcher type | Mid-career researcher | | | | | Established researcher | | |
| **ASSOCIATE INVESTIGATOR 1** (delete rows if not applicable) | | | | | | | | |
| Full name and title |  | | | | | | | |
| Profession |  | | | | | | | |
| Position title |  | | | | | | | |
| Organisation |  | | | |  | | | |
| Department & Facility |  | | | | | | | |
| Contact number |  | | Email | |  | | | |
| Researcher type | New | Mid-career | | | | | Established | |
| **ASSOCIATE INVESTIGATOR 2** (delete rows if not applicable) | | | | | | | | |
| Full name and title |  | | | | | | | |
| Profession |  | | | | | | | |
| Position title |  | | | | | | | |
| Organisation |  | | | |  | | | |
| Department & Facility |  | | | | | | | |
| Contact number |  | | Email | |  | | | |
| Researcher type | New | Mid-career | | | | | Established | |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **ASSOCIATE INVESTIGATOR 3** (delete rows if not applicable) | | | | | |
| Full name and title |  | | | | |
| Profession |  | | | | |
| Position title |  | | | | |
| Organisation |  | | |  | |
| Department & Facility |  | | | | |
| Contact number |  | | Email |  | |
| Researcher type | New | Mid-career | | | Established |
| **ASSOCIATE INVESTIGATOR 4** (delete rows if not applicable) | | | | | |
| Full name and title |  | | | | |
| Profession |  | | | | |
| Position title |  | | | | |
| Organisation |  | | |  | |
| Department & Facility |  | | | | |
| Contact number |  | | Email |  | |
| Researcher type | New | Mid-career | | | Established |
| **ASSOCIATE INVESTIGATOR 5** (delete rows if not applicable) | | | | | |
| Full name and title |  | | | | |
| Profession |  | | | | |
| Position title |  | | | | |
| Organisation |  | | |  | |
| Department & Facility |  | | | | |
| Contact number |  | | Email |  | |
| Researcher type | New | Mid-career | | | Established |
| **ASSOCIATE INVESTIGATOR 6** (delete rows if not applicable) | | | | | |
| Full name and title |  | | | | |
| Profession |  | | | | |
| Position title |  | | | | |
| Organisation |  | | |  | |
| Department & Facility |  | | | | |
| Contact number |  | | Email |  | |
| Researcher type | New | Mid-career | | | Established |

# Section 2: Project details

|  |  |
| --- | --- |
| Project title (no more than 20 words) |  |
| Project Summary suitable for media release or similar (no more than 200 words) | *Provide brief synopsis of project aims and methodology, significance, and impact.* |
|  |
| Please indicate which target area your project meets (mandatory HPRS eligibility requirement) | Evaluation of innovative Health Practitioner workforce model of care and/or service delivery that improves patient access to care and/or health outcomes  Digital transformation that improves patient access to care and/or health outcomes  Health Practitioner clinical education and training that improves patient access to care and/or health outcomes |
| Please indicate the strategic alignment your project meets (select at least one or more) | [Optimising the allied health workforce for best care and best value 2019-2029](https://www.health.qld.gov.au/__data/assets/pdf_file/0027/840744/ten-year-strategy.pdf)  [HEALTHQ32: A vision for Queensland's health system](https://www.health.qld.gov.au/system-governance/strategic-direction/plans/healthq32)  [Safe and applicable health care for rural and remote communities](https://www.health.qld.gov.au/__data/assets/pdf_file/0016/432610/srrcn-samoh.pdf) |
| Relevance to both the HPRS Target Areas and Strategic Alignment | *Describe how your project will contribute to meaningful advances for the indicated Target Areas and Strategic Alignment considering the anticipated research outputs, outcomes, and potential for the translation of findings into practice* |
|  |
|  |
| Does your project team meet any of the following HPRS priorities? |  |
| Consumer involvement in the design and delivery of the research initiative  regional, rural and remote partnerships or Chief Investigators (CI) [see here for rural and remote facilities](https://www.health.qld.gov.au/clinical-practice/engagement/networks/rural-remote/rural-facilities).  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*](https://www.health.qld.gov.au/clinical-practice/guidelines-procedures/service-delivery/cscf/hospitals/public) |
| Has the project been allocated other funds (including for human resources)? | Yes (please specify):  No |
| Is this project directly part of a research qualification? | Yes (please specify):  No |
| Are other funding applications planned or pending for this project? | Yes (please specify)  No |
| Is ethical clearance required for this project? | Yes – approval already granted (*attach a copy of the approval letter*)  Yes – ethics application has been submitted  Yes - not submitted  Not required  *Successful applicants must provide a copy of the approval by August 2024* |
| Are there any training or credentialing requirements to conduct this project? | Yes (please specify)  Not required |

# Section 3: Research Plan

Provide an outline of the proposed research below.

*(10pt font, single line spacing, modification to the table column width is not permitted,* ***maximum of four pages. Applications that exceed this will be deemed ineligible.****)*

|  |  |
| --- | --- |
| **Background and Rationale** | *Describe the* ***need*** *for this project including background of the issue, current gap in knowledge, the problem the project is addressing, and justification for the project including the expected meaningful impact (as a result of the project) on knowledge generation, the health service and/or patient, consumer and community outcomes.* |
|  |
| **Primary aims and hypotheses** | *Detail the project aims and hypotheses that describe what the research hopes to achieve and expected outcomes linked to the target area/s of the scheme.* |
|  |
| **Methodology including sample size justification** | *Describe the project methods including where applicable:*   * *Research design and setting* * *Participants and recruitment methods and/or clinical data sets / sources (as relevant)* * *Sample size justification* * *Procedures, interventions, equipment and materials, (as applicable).* * *Outcome measures, data management and proposed analysis approach* * *Project milestones with timeline* * *Expected contributions of each project team member* |
|  |
| **Project outputs** | *Describe the expected outputs from undertaking this research project and associated dissemination strategy. These outputs may occur at any stage of the research process and should be related to the research activities e.g. intervention manual, program logic model, local work instructions, policies or procedures, privacy impact assessment, clinical protocols or guidelines, educational resources, research publications, simple language summary, business case, future grant proposals.* |
|  |
| **Project outcomes and impact** | *Describe the expected outcomes of the project including how the project findings address the ‘need’ described in ‘Background’ above, how the findings will be implemented in Queensland Health, and any other outcomes or impacts as a result of conducting the research activities or outcomes generated e.g. research capacity building practice or policy change, future research or grants, patient/community impacts* |
|  |
| **Consumer / end-user engagement** | *Describe the consumers, intended end-users and/or beneficiaries of the research outputs or impacts generated. Include how the research has or will engage with these individuals or groups in determining the project need, the research design and/or the research delivery (as applicable) and how their specific needs, priorities and perspectives will or have influence/d the research plan and outcomes.* |
|  |
| **Ethical and data management considerations** | *Detail any anticipated or relevant ethical or data management issues and how these will be addressed (e.g. meaningful engagement with First Nations people, managing informed consent and confidentiality of patient information) and any considerations that support inclusivity (e.g. culturally and linguistically diverse populations, remoteness, poor ICT access).* |
|  |

# Section 4: Reference List

Please provide a numbered reference list to support the content of your research outline (no word limit).

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|  |

# Section 5: Budget

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| --- | --- | --- | --- |
| **Budget item** | **Funding requested ($)** | | **Justification** (please provide a short comment to justify each item) |
| 1. **Staffing including backfill, research assistant, expert consultants. Must include FTE, level and duration where appropriate.** | | | |
| *e.g. 0.6FTE HP5.1 x 6 months* |  | | *e.g. Backfill for Chief Investigator to undertake research activity* |
|  |  | |  |
|  |  | |  |
|  |  | |  |
| **Subtotal staffing costs:** |  | | |
| 1. **Administrative costs including telecommunication and travel costs.** | | | |
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|  |  | |  |
|  |  | |  |
| **Subtotal administrative costs:** |  | | |
| 1. **Consumables.** | | | |
|  |  | |  |
|  |  | |  |
| **Subtotal consumables:** |  | | |
| 1. **Consumer Engagement or Involvement.** | | | |
| *e.g. Consumer remuneration* | |  |  |
|  | |  |  |
| **Subtotal consumer costs:** | |  | |
| 1. **Other, please note funds for capital expenditure including computer hardware, office furniture, clinical machinery will not be accepted.**   Please refer to Section 5.3 of HPRS Application Guideline 2024 Funding Round | | | |
|  |  | |  |
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| **Subtotal other costs:** |  | | |
| **Total funds requested** |  | | |
| Cost centre for transfer of funds |  | | |
| Finance officer name |  | | |
| Finance officer email |  | | |

\*Please provide the details of the appropriate finance officer for contact by OCAHO in transferring of the project funds

# Section 6: Suitability of project team and other support

Please provide a detailed list of your project team’s clinical and research experience **relevant to your proposed research topic**.

|  |  |
| --- | --- |
| Relevant clinical experience |  |
| Relevant research experience |  |
| Unit or facility support (confirmed or anticipated) |  |
| Other engagement to support project as applicable (confirmed or anticipated) | *Identify any other engagement of stakeholders, services or support required to successfully deliver the project (not covered within the existing project team) and a brief description of how this will be accessed or managed e.g. Statistical Services, Health Economist, First Nations Elders, community advisory groups, other relevant stakeholder within or external to Queensland Health* |
|  |

# Section 7: Chief Investigator CV

Please use the following template to provide a one-page CV. Fields may be left blank where appropriate.

|  |  |
| --- | --- |
| **Educational qualifications**  (including current enrolment status for PhD candidates) |  |
| **Awards & achievements** |  |
| **Successful grant / scholarship applications**  (past ten years only) |  |
| **Publication history**  (past ten years only) |  |
| **Relevant recent employment and professional memberships** |  |

# Section 8: Mentor CV

Please use the following template to provide a one-page CV. Fields may be left blank where appropriate.

|  |  |
| --- | --- |
| **Educational qualifications**  (including current enrolment status for PhD candidates) |  |
| **Awards & achievements** |  |
| **Successful grant / scholarship applications**  (past ten years only) |  |
| **Publication history**  (past ten years only) |  |
| **Relevant recent employment and professional memberships** |  |

# Section 9: Certification

|  |  |  |  |
| --- | --- | --- | --- |
| **CHIEF INVESTIGATOR** | | | |
| I certify that I have read the *Health Practitioner Research Scheme 2024 Funding Round Application Guidelines* and that I meet the eligibility criteria for this round. I certify that all details of this application are correct and that I am the Chief Investigator of this project. I understand and agree that if successful, I will be required to meet the terms and conditions of receiving the research funding, including the timely provision of all required reports. | | | |
| **Print name** |  | | |
| **Signature** |  | **Date** |  |
| **MENTOR** | | | |
| I agree to carry out my responsibilities as a mentor as per the *Health Practitioner Research Scheme 2024 Funding Round Application Guidelines*. I certify that all details of this application are correct. I understand and agree that if successful, I will be required to support the Chief Investigator to meet terms and conditions of receiving the research funds, including the provision of all required reports. | | | |
| **Print name** |  | | |
| **Signature** |  | **Date** |  |
| **ASSOCIATE INVESTIGATORS** (delete rows as appropriate) | | | |
| I certify that I have read the *Health Practitioner Research Scheme 2024 Funding Round Application Guidelines* and that all details of this application are correct. I certify that I support and will participate in this research project. | | | |
| **AI1 name** |  | | |
| **Signature** |  | **Date** |  |
| **AI2 name** |  | | |
| **Signature** |  | **Date** |  |
| **AI3 name** |  | | |
| **Signature** |  | **Date** |  |
| **AI4 name** |  | | |
| **Signature** |  | **Date** |  |
| **AI5 name** |  | | |
| **Signature** |  | **Date** |  |
|  |  |  |  |
| **HEAD OF DEPARTMENT** | | | |
| I support this application and the intent of the project to undertake an evaluation of a service or workforce model within my department.  I certify that the project can be accommodated within the general facilities in the department/unit, and that work, and office space is available for any proposed additional staff. I am prepared to have the research project which is the focus of this application carried out in the department under the circumstances set out by the applicant.  I have noted the amount of time which the investigator/s will be devoting to the project and certify this is appropriate to existing arrangements for service delivery.  I note that any recurrent and/or capital funding that has been requested in the budget template will be supported by the Hospital and Health Service. | | | |
| **Print name** |  | | |
| **Position title** |  | | |
| **Signature** |  | **Date** |  |
| **EXECUTIVE / DIRECTOR OF ALLIED HEALTH (OR EQUIVALENT)** | | | |
| I certify that this research area will contribute to the Hospital and Health Service goals and that I support the application for research funding by the applicant. I will facilitate the receipt of the funds into the appropriate cost centre and will support accurate documentation of details of expenditure.  In addition, I agree to be point of contact for this research if the Chief Investigator is not able to meet milestones as agreed. | | | |
| **Print name** |  | | |
| **Position title** |  | | |
| **Signature** |  | **Date** |  |