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| Applicant name: |  |
| Administering organisation name: |  |
| Stream  (Select one or more applicable streams) | First Nations  Rural & Remote  Women’s Research  Genomics |

Targeted Clinical Research Fellowships – Round 1

Application Form Applications close 11:59pm AEST 19 February 2024

**Queensland Health Targeted Clinical Research Fellowships – Round 1 - Application Form**

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by

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For more information contact:  
Office of Research and Innovation, Department of Health, GPO Box 48, Brisbane QLD 4001, email ORI\_Fellowships@health.qld.gov.au, phone 7 3708 5088.

An electronic version of this document is available at: <https://www.health.qld.gov.au/research-reports/research/researchers/grants-support/clinical-research-fellowships>

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# Application instructions

Before completing this form, please ensure that you have read all relevant documentation for this Round available at:

<https://www.health.qld.gov.au/research-reports/research/researchers/grants-support/clinical-research-fellowships>

1. 1 Submission of Application

Applications are to be submitted to [ORI\_Fellowships@health.qld.gov.au](mailto:OPMR_Fellowships@health.qld.gov.au) **by 11:59pm AEST 19 February 2024**. The application should be submitted in a single, consolidated PDF file using the naming convention “**Targeted CRF R1 application\_Firstname\_Surname.pdf”** and include the following documents in this order:

* Application Form
* A reference list (if required)
* Letters of support
* Funding Agreement Declaration page

**Late applications will not be accepted**.

1. 2 Formatting requirements

A reference list may be included at the end of the application form.

Word limits must be adhered to.

Where there is no response to a question, please indicate ‘not applicable’.

The application form must be submitted in its original form by the applicant organisation. **Applicant organisations are not permitted to edit the underlying template of the application form (unless where indicated).**

# Applicant details

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| **The proposed Fellow** | | |
| Title | (Prof, Dr, Mr, Mrs, Ms etc) | |
| Surname |  | |
| First name(s) |  | |
| Gender |  | |
| Work phone number |  | |
| Mobile phone number |  | |
| Email address *(contact is via email in the first instance)* |  | |
| Citizenship |  | |
| Primary place of residence |  | |
| If not an Australian citizen, please indicate if you are a permanent resident, or hold a Special Category Visa (please provide copies of relevant documentation). |  | |
| If not a holder of the above, has a residency permit or a Special Category Visa been sought? Please provide details. |  | |
| **Equal employment/diversity information –** please indicate if the applicant identifies with any of the following groups. | | |
| People with a disability | | Yes  No |
| People from a non-English speaking background | | Yes  No |
| Aboriginal and Torres Strait Islander | | Yes  No |
| Australian South Sea Islander | | Yes  No |

# Administering and partner organisation details

For the administering organisation and each partner organisation listed below, a letter of support ***must*** be included *(maximum 2 pages)* providing:

* Details of the clinical and/or research strengths of the organisation and the alignment of the proposed fellowship and fellowship research activities with these strengths.
* Support for the fellowship including cash and in-kind commitments.
* Letters from Hospital and Health Services (HHS) or other publicly funded healthcare facilities (whether acting as administering organisation or partner organisation) must also confirm the Fellow’s current employment arrangements and the Fellow’s proposed employment arrangements for the duration of the Fellowship, having considered any service delivery implications. Applicants who hold formal conjoint appointments between a Queensland HHS and a Queensland research institution or university, including those where the academic partner is the employer, must provide confirmation of support confirming the HHS’s financial contribution to the conjoint appointment and the clinical elements of the role.
* Each letter must be formatted on organisational letterhead and signed by the relevant person with appropriate authority to support the application and any commitments. For a HHS, the letter should be signed by the Chief Executive or other appropriately authorised delegate. *Please note*: *The Department cannot provide advice on who the appropriate signatory is – please liaise directly with your administering and partner organisation/s for advice*.

Please include the letters of support at the end of this application form.

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| **Administering organisation details** | |
| Name |  |
| Organisation type | (e.g. HHS, university, research institute) |
| ABN |  |
| **Administering organisation contact details (for example, a contact at the research office or equivalent)** | |
| Title | Prof, Dr, Mr, Mrs, Ms etc |
| First name, surname |  |
| Position |  |
| Office phone number |  |
| Email address |  |

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| **Partner organisation details**  (Copy and paste rows below as many times as required) | |
| Name |  |
| Organisation type | (e.g. HHS, university, research institute, industry) |
| ABN |  |
| **Partner organisation contact details**  (Copy and paste rows below as many times as required) | |
| Title | Prof, Dr, Mr, Mrs, Ms etc |
| First name, surname |  |
| Position |  |
| Office phone number |  |
| Email address |  |

# Fellowship proposal

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| **Project summary** | |
| Proposed fellowship duration (Refer to Funding Rules section 2.1) |  |
| Project title  *(maximum 20 words)* |  |
| Funding required for the proposed project |  |
| Project description (in plain English)  *(maximum 100 words)* |  |
| Main project location |  |
| Other project locations |  |
| **Supervisor details (not required for researchers with >5 years of active research participation). A supervisor is a person who has significant experience and a track record in the conduct of research relevant to the Fellow’s proposed research project. The supervisor must be based in Queensland and provide an active management and guidance role through all stages of the Fellowship. More than one Supervisor can be included (copy and paste rows as necessary).** | |
| Supervisor name |  |
| Supervisor position and organisation/location |  |
| Supervisor statement of support for the proposed fellow (*maximum 200 words)* |  |
| Supervisor signature and date | Date: DD/MM/YYYY |

# Selection criteria

5.1 Applicant Track Record and Potential

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| **Academic/research qualifications**  (Copy and paste rows below as many times as required) | |
| Academic qualification (e.g. BSc, MSc, PhD) |  |
| Institution |  |
| Date awarded |  |

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| **Years of active research participation**  Research participation years refers to research participation on a continuous basis full time or greater than half time. Equivalency should be considered for those that have engaged in research halftime or less or not continuously.  (Copy and paste rows below as many times as required) | |
| Total number of years |  |
| Date awarded |  |

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| **Clinical registrations**  (Copy and paste rows below as many times as required) | |
| Clinical registration type  (e.g. general) |  |
| Professional body and jurisdiction |  |
| Registration number |  |
| Status (e.g. current) |  |

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| **Current appointments and research appointment/s**  (Copy and paste rows below as many times as required) | |
| Current job title |  |
| Organisation |  |
| Location |  |
| Status of current position (e.g. permanent full time/temporary full time or part time/contract FTE%) |  |

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| **Specific Eligibility Requirements**  Outline how you meet the 2.3 Specific Eligibility for Targeted streams as per Funding Rules.  (Duplicate this section if you apply for multiple streams) | |
| Stream |  |
| Mandatory criteria | |
|  | |
| Desirable criteria | |
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| **Publications list**  Please asterisk the publications relating to this proposal.  Only peer reviewed and/or in press publications should be included. |
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| **Top 5 most significant publications list including a statement highlighting the significance of each** *(maximum 400 words).* |
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| **Grants awarded**  (Copy and paste rows below as many times as required) | | | |
| Title |  |  |  |
| Funder (e.g. NHMRC) |  |  |  |
| Scheme (e.g. Project Grant) |  |  |  |
| Year awarded |  |  |  |
| Amount awarded |  |  |  |
| Your role (eg. CIA, CIB etc) |  |  |  |
| Project ID (if applicable) |  |  |  |

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| **Clinical Impact of Research**  Outline how your research activities to date have contributed to improved clinical practice, policy change and/or better health outcomes *(maximum 400 words)*. |
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| **Other Outputs and Achievements**  May include **selected** invited speakerships, awards and prizes, patents, research leadership (including supervision and mentoring), community engagement activities *(maximum 250 words).* |
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| **Relative to opportunity**  Outline any significant academic, clinical responsibilities or industry work placements that have impacted on your ability to conduct research over the last ten years. You can include details of relevant career or research opportunities which have not been described elsewhere in this application (e.g. any circumstances that may have limited research and/or publication output or affected the time spent in conducting research)**. Regional Rural and Remote applicants and applicants with limited pre-existing research support networks and infrastructure can use this section to detail how these factors have impacted resourcing and track record relative to opportunity** *(maximum 250 words).* |
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| **Career disruptions**  A career disruption can be a prolonged interruption in an applicant’s capacity to work due to pregnancy and childbirth, major illness and carer responsibilities (including parental leave). The period of career disruption may be used to determine eligibility and to allow for inclusion of additional track record information for assessment of an application by the review panel. Where relevant, applicants should nominate periods where their career has been disrupted over the last ten years (December 2013 – December 2023) for a period of 90 days or more and provide a brief explanation of the reason in their application *(maximum 200 words)*. | |
| Time period | Brief description of career disruption | |
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| **Research Career Vision**  Detail your clinical research career vision and how this Fellowship and research program align and support this. Your response should be relative to your current career stage, with a focus on the next four years and may include future research topics, plans to attract additional research funding and strategy for building a research leadership role *(maximum 500 words).* |
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1. 2 Research Project and Plan

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| **Background and Aims**  Outline relevant background, supported by literature review where relevant, and the specific research hypothesis *(maximum 400 words).* |
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| **Methodology and Approach**  Detail relevant technologies, data collection, statistical methods, justify participant numbers (e.g. power analysis) *(maximum 600 words).* |
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| **Outcomes and Impact**  Outline how the research will result in better healthcare outcomes for Queenslanders, including plans for translation into clinical practice and measurement *(maximum 500 words).* |
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| **Consumer involvement**  Describe consumer involvement in the research project design and any ongoing consumer involvement in the research activities including any specific roles of consumer representative/s in the research project *(maximum 200 words).* |
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| **Project research milestones**  List the key project research milestones and completion times. The successful Fellow will report to the Department during the duration of the Fellowship on the progress in completing the milestones.  (Copy and paste rows below as many times as required) | | |
| Milestone number | Description (e.g. what will be achieved). Focus on the research project progress such as:   * participant recruitment numbers (commencement, halfway point, final) * data collection * interim analysis * further data collection * final analysis   Please note the following are not considered as milestones:   * PhD Milestones, e.g. thesis submission * gaining ethics and governance approval * preparation of grant applications * advertising or recruitment of Fellowship staff * attendance at conferences * publication milestones   Please use Plain English. | Completion date (**e.g. Number of months from commencement**) |
| Milestone 1 | Description | Due date |
| Milestone 2 | Description | Due date |
| Milestone 3 | Description | Due date |
| Milestone 4 | Description | Due date |

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| **Duplication of funding**  If the project detailed in this Targeted CRF application duplicates an existing funded project, or if the project detailed in this Targeted CRF application is currently under consideration with – or will be submitted for consideration within the next 3 months to another grantor, please provide details with emphasis on any overlaps. |
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| **Expenditure Table**  Outline a budget for the requested funds for the proposed project. Please include a brief justification for the expenditure including how the funds will be used and why they are being requested. Only eligible project costs as outlined in the Funding Rules will be accepted. | | | |
| **Expenditure** | **Year 1** | **Year 2** | **Justification** |
| ***Salaries*** | | | |
|  |  |  |  |
|  |  |  |  |
| ***Equipment*** | | | |
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| ***Consumables*** | | | |
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| ***Travel*** | | | |
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|  |  |  |  |
| ***Other*** | | | |
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|  |  |  |  |
| **ANNUAL TOTAL** |  |  |  |
| **TOTAL REQUESTED FUNDS** |  | | |
| **Income from other funding sources and expenditure**  The funds provided by the Fellowship may not cover the total cost of the research. Outline any income from other funding sources and plans for expenditure, including cash and in-kind contributions (*maximum 300 words*). | | | |
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# Certification

6.1 Administering organisation certification

As the authorised delegate of the administering organisation, I certify that all details given in this application are correct.

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| **Administering organisation’s certification** | |
| Authorised delegate’s full name |  |
| Position |  |
| Signature |  |
| Date | DD/MM/YYYY |

6.2 Applicant certification

I, the Chief Investigator, certify that all details given in this application are correct.

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| **Chief Investigator’s certification** | |
| Title |  |
| Surname |  |
| First name(s) |  |
| Signature |  |
| Date | DD/MM/YYYY |