

Queensland Health

Genomics Research Grant 2026

Application form

Application submission instructions

This document listing all the questions you will need to complete for your Genomics Research Grant 2026 application. This is a reference document only.

Please submit your signed application to QH_Fellowships@health.qld.gov.au by 11:59pm AEST Monday 7 December 2026.

Late applications will not be accepted.

Before completing the application form, please ensure that you have read all relevant documentation for this Round, available at: [Research grants and support | Queensland Health](#)



**Queensland
Government**

1. Applicant eligibility criteria:

Before preparing your application, please confirm that you meet the following eligibility requirements:

- I am currently employed in Queensland Health and will continue to be employed and conduct research in Queensland for the duration of the Grant.
- I hold, and will maintain for the duration of the Grant, a salaried appointment¹ with Queensland Health or another publicly funded healthcare facility of at least 0.2 FTE.
- At the commencement of the Grant and for its duration, I will be an Australian citizen, permanent resident, holder of a Special Category Visa, or holder of a visa that permits me to reside and work full time in Australia.
- At the commencement of the Grant and for its duration, I will hold current registration with the relevant professional registration board(s), or current membership/accreditation with the relevant professional association(s), where applicable to my position.
- My employing Queensland Health Hospital and Health Service (HHS) or other publicly funded healthcare facility is named in the application as either the administering organisation or a partner organisation.
- I have an established collaboration with another Queensland Health HHS, a publicly funded healthcare facility, or a Queensland-based research organisation external to Queensland Health.
- My proposed research project is eligible for ethics approval and Queensland Health Research Governance authorisation.
- My proposed research project and time commitments meet the Grant funding amount and duration requirements outlined in Section 2.1 of the Funding Rules.
- The funding requested in this application does not duplicate other funding for my salary or any project costs associated with the proposed research.
- My proposed research project focuses on genomics, genomic medicine, precision health, genomic data and analytics, population health applications and/or microbial genomics.
- My proposed research project has a clear pathway to translation and the potential to inform or improve clinical care, public health, or health service delivery.
- My proposed research project demonstrates the potential to improve patient, population and/or health service outcomes.
- My proposed research project contributes to one or more of the eligible genomics research areas outlined in the Funding Rules.

Note:

¹A salaried appointment is defined as holding a payroll number with, and being paid directly by, Queensland Health or other publicly funded healthcare facility. 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, are eligible. Such applicants need to provide confirmation in the relevant HHS letter of support confirming the HHS's financial contribution to the conjoint appointment and the clinical elements of the role. This criteria must be met at the time of application and applies for the duration of the Grant.

²A research organisation could include a Queensland university or medical research institute, not-for-profit entity and/or industry. A research organisation can assume the role of administering organisation **or** partner organisation in the application.

2. Applicant / Chief Investigator details

Title	
Surname	
First name(s)	
Work phone number	
Email address Must be a Queensland Health or other publicly funded healthcare facility email address	
Are you an Australian Citizen?	
If you are 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.	
Are you of Aboriginal or Torres Strait Islander origin?	☐ No ☐ Yes, Aboriginal ☐ Yes, Torres Strait Islander ☐ Yes, both Aboriginal and Torres Strait Islander ☐ Prefer not to answer

3. Appointments

Queensland Health Appointment

Current job title	
HHS	
Location (service/health facility)	
Current status of position (e.g. permanent full time/temporary full time or part time/contract FTE%)	

Other Appointments and Research Appointment/s <i>(multiple entries permitted)</i>	
Current job title	
Organisation	
Location	
Current status of position (e.g. permanent full time/temporary full time or part time/contract FTE%)	

4. Professional accreditation

Professional Registration, Accreditation or Membership Details <i>(multiple entries permitted)</i>	
Registration / accreditation type	
Professional body / association and jurisdiction	
Registration / membership number	
Status	

5. Applicant track record

5.1 Qualifications and research experience

Academic/research qualifications <i>(multiple entries permitted)</i>	
Academic qualification (e.g. BSc, MSc, PhD)	
Institution	
Date awarded	

Years of active research participation	
Research participation years refer to continuous research undertaken full-time or greater than half-time. Full-time equivalency should be calculated where research has been undertaken half-time or less, or intermittently. Active research participation includes conducting or contributing meaningfully to research projects, data collection or analysis, research dissemination, translation into practice, and peer-reviewed publications. Research undertaken as part of a research higher degree is generally not included.	
Total years	
Details	

5.2 Research outputs and clinical/health impact

Publications list
Please list and asterisk the publications that have relevance to this proposal first. Only peer reviewed and/or in press publications should be included.

5 most significant publications, including a statement highlighting the significance of each <i>(maximum 400 words)</i> .

Grants awarded <i>(multiple entries permitted)</i>	
Title	
Funder (e.g. NHMRC)	
Scheme (e.g. Project Grant)	
Year awarded	
Amount awarded	
Your role (eg. CIA, CIB etc)	
Project ID (if applicable)	

Other outputs and achievements <i>(maximum 250 words).</i> May include selected invited speakerships, awards and prizes, patents, research leadership (including supervision and mentoring), community engagement activities.

Clinical/health impact of research <i>(maximum 400 words).</i> Outline how your research activities to date have contributed to improved clinical practice, policy change and/or better health outcomes.

Relative to opportunity (*maximum 250 words*).

Outline any significant academic or clinical responsibilities, industry work placements, limited research support or infrastructure, or other circumstances (including career disruptions) that have affected your opportunity to conduct research over the last five years.

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.

6. Project plan

Project summary	
Proposed Grant duration (1–2 years; refer to Funding Rules section 2.1)	
Project title (<i>maximum 20 words</i>)	
Total Grant funding requested (maximum \$150,000 total across the Grant period)	
Broad research area	
Field of research	
Project description in plain English (<i>maximum 250 words</i>) Provide a concise summary of the research, including the problem or need being addressed, the project aim, overall approach, and anticipated outcomes or impact.	
Main project location	
Other project locations	

Background and aims (*maximum 400 words*).

Provide details about the identified clinical, public health or health service need, knowledge gap or significant problem the research will address, supported by evidence, and the specific research question/hypothesis.

Methodology and approach (*maximum 600 words*).

Describe the proposed methods, including relevant technologies, data collection and analysis, participant numbers where applicable, feasibility, and the contribution of key partnerships or collaborations.

Where the research involves Aboriginal and Torres Strait Islander peoples and communities, describe how appropriate ethical principles and engagement will be addressed. [Indigenous Ethical Guidelines NHMRC](#)

Potential to improve health outcomes and impact (*maximum 300 words*).

Outline how the research will result in better healthcare, health service and/or health outcomes for Queenslanders. Include the anticipated benefits for target populations and, where relevant, how the research may reduce inequities in access to care or health outcomes

Translation and implementation pathway (*maximum 400 words*).

Describe how the research can be translated into clinical practice, public health, policy or health service delivery, including its potential implementation across Queensland Health. Describe how the findings would be scaled across Queensland and could reach underrepresented populations.

7. Partnerships, collaboration and engagement

Partnerships and collaboration (*maximum 500 words*).

Describe the proposed partnerships and collaborations, and how they will contribute to the success of the research project. Be explicit about their involvement in the research project design, development and ongoing involvement and support of the research activities. Describe the anticipated benefits of the ongoing partnerships and collaboration, and how they will contribute to and strengthen research capacity for Queensland Health.

Consumer involvement (*maximum 400 words*).

Describe how consumers and community members have been or will be meaningfully involved in the design, conduct and/or translation of the research, including any specific roles. Meaningful involvement should reflect consumer and community perspectives and lived experience throughout relevant stages of the research. Applicants may refer to the Health Translation Queensland Consumer and Community Involvement in Health Research Framework for guidance.
[Health Translation Queensland | Health Translation Queensland](#)

8. Additional priority weighting

Do you wish to be considered for additional priority weighting? ☐ Yes ☐ No

If yes, indicate which criterion or criteria apply:

- ☐ The Applicant identifies as Aboriginal and/or Torres Strait Islander person.
- ☐ The proposed research will benefit First Nations peoples and communities and involve meaningful engagement, partnership or co-design with First Nations communities or organisations.
- ☐ The Applicant is based at or partnering with a regional, rural or remote

	Queensland health facility or service*. ☐ The proposed research addresses health needs, access to care or health inequities experienced by regional, rural or remote communities. <i>Note : * Regional facilities are generally considered to be Cairns and Hinterland HHS; Central Queensland HHS; Darling Downs HHS; Mackay HHS; Townsville HHS; West Moreton HHS; Wide Bay HHS. Rural and Remote facilities are generally considered to be Central West HHS; North West HHS; South West HHS and Torres and Cape HHS. Health facilities listed on the Rural and Remote Health Facilities map are considered rural and remote facilities: https://www.health.qld.gov.au/clinical-practice/engagement/networks/rural-remote/rural-facilities/map</i>
Provide information demonstrating how the relevant additional priority criterion or criteria are met. (maximum 400 words).	

9. Mentorship Supplement

Mentorship Supplement	
Available to eligible Aboriginal and Torres Strait Islander Applicants, regardless of location, and Applicants based at a regional, rural or remote Queensland health facility or service. See Section 2.7 of the Funding Rules.	
Amount requested (up to \$10,000)	
Mentor's name	
Mentor's position & organisation	
Mentor's email address	

Attach – Mentorship plan (with mentor's signature) (maximum 600 words)

The proposal may include, for example:

- the goals and anticipated outcomes for the mentorship, the roles, responsibilities and expectations between the mentor and mentee/s.
- time commitment from the mentor to engage with the applicant on the research project and the applicant's research capability development.
- the suitability of the chosen mentor to undertake the role, which may include information on their relevant area of expertise, their track record and past mentorship experience.
- proposed expenditure of the supplement fund.

10. Project milestones

Project research milestones

List the key project research milestones and completion times. The successful Grant awardee will report to the Department during the duration of the Grant on progress in completing the milestones.

Milestone number	Description in plain English. Key research milestones and what will be achieved, such as participant recruitment, data collection and interim or final analysis. The following are not considered milestones: PhD milestones, ethics or governance approvals, grant applications, staff recruitment, conference attendance or publication milestones.	Completion date (e.g. Number of months from commencement)

11. Project expenditures

Expenditure Table

Provide a budget and brief justification for the requested funds. Only eligible costs under the Funding Rules may be included.

The Mentorship Supplement is additional and must be excluded from this table.

Expenditure	Year 1	Year 2	Justification
Salaries			

Equipment (up to \$75,000; may be combined with other funding sources)			
Consumables/genomic testing/sequencing/bioinformatics			
Travel (Grant awardee only; refer to Funding Rules for limits)			
Other			
ANNUAL TOTAL			
TOTAL REQUESTED FUNDS (maximum \$150,000)			

12. Other funding and contributions

Income from other funding sources and expenditure (maximum 300 words).

Outline any other cash or in-kind contributions supporting the project and how they will be used. Where Grant funding will be combined with another funding source for the same purchase or activity, such as equipment, clearly identify the contribution from each source.

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Potential duplication of funding

If you have received, applied for, or plan to apply within the next three months for other funding for this research project, identify any overlapping costs and explain how duplication of Grant-funded salaries or project costs will be avoided.

13. 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 Grant and Grant research activities with these strengths.
- Support for the Grant, including any cash and in-kind commitments.
- Letters from Hospital and Health Services (HHSs) or other publicly funded healthcare facilities (whether acting as administering organisation or partner organisation) must also confirm the Grant awardee's current employment arrangements and proposed employment arrangements for the duration of the Grant, having considered any service delivery implications. Applicants who hold formal conjoint appointments between a Queensland HHS and a Queensland research institution or university, including 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.

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	
First name, surname	
Position	
Office phone number	
Email address	

Partner organisation details *(multiple entries permitted)*

Name	
Organisation type	(e.g. HHS, university, research institute, industry)
ABN	

Partner organisation contact details *(multiple entries permitted)*

Title	Prof, Dr, Mr, Mrs, Ms etc
First name, surname	
Position	
Office phone number	
Email address	

14. Certification

Administering organisation certification

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

Administering organisation's certification	
Authorised delegate's full name	

Position	
Email address	
Signature	
Date	

Applicant certification

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

Chief Investigator's certification	
Title	
Surname	
First name(s)	
Email address	
Signature	
Date	

Collection notice: The Department of Health ('Department') is collecting your information in order to process your grant application. Personal information collected by the Department is handled in accordance with the *Information Privacy Act 2009*. The personal information provided by you may be disclosed to the individuals and entities listed in your application for verification purposes. Your personal information will not be disclosed to other third parties without consent, unless the disclosure is authorised or required by or under law. If personal information is not provided, the Department will be unable to assess your application. For any questions regarding this collection notice, please contact the Fellowships team via email QH fellowships@health.qld.gov.au. For information about how the Department protects your personal information, how to access or correct your own personal information, or how to make a complaint about a breach of the privacy principles and learn how we deal with such a complaint, please refer to the Department's [Privacy Policy](#).