taahc.org.au

Clinician Researcher Fellowship Scheme 2020

Tropical Australian Academic Health Centre

Application Form

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| Applicant Name | Click here to enter text. |
| Lead Organisation name: | Click here to enter text. |
| Category (please choose one) | Choose an item. |



1. Application instructions

Before completing this form, please ensure that you have read the Funding Rules for this Round available at:

<https://www.taahc.org.au/research-funding/clinician-researcher-fellowship-scheme/>

* 1. Submission of Application

Applications must be submitted to [taahc@jcu.edu.a](mailto:taahc@jcu.edu.a) before **5pm AEST 20th August 2020.**

The application must be submitted in a single PDF file using the naming convention Surname\_Firstname\_CRFS application.

Late applications will not be accepted.

1. Applicant details

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| **Applicant details** | |
| Title |  |
| Surname |  |
| First name(s) |  |
| Work phone number |  |
| Mobile phone number |  |
| Email address |  |
| Primary place of residence (Town/city) |  |
| 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 |

1. Lead Organisation details

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| **Lead Organisation details** | |
| Name | Choose an item. |
| **Lead Organisation contact details** | |
| Title |  |
| First name, surname |  |
| Position |  |
| Office phone number |  |
| Email address |  |

1. Fellowship proposal

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| **Project summary** | |
| Proposed fellowship commencement date |  |
| Proposed fellowship duration (*between 3-12 months*) |  |
| Project title  *(maximum 20 words)* |  |
| Project description (in plain English)  *(maximum 100 words)* |  |
| Main project location |  |
| Other project locations |  |
| **Supervisor details (For Emerging Clinician Researcher Fellowship applicants ONLY)** | |
| Research Mentor name |  |
| Research Mentor position and organisation/location |  |
| Research Mentor statement of support for the proposed fellow (*maximum 200 words)* |  |
| Research Mentor signature and date | Date:\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ |

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| **Expenditure table**  **Outline the FTE commitment to the Fellowship and the associated funding that you are requesting from TAAHC for this time** | |
| FTE commitment to the Fellowship (maximum 20% FTE) |  |
| Salary request  This should correspond with the FTE indicated above. For example, if you are a Health Practitioner, classification Level HP5.2 @$126,105 p.a and are committing 0.2FTE to the Fellowship for 12 months, the salary amount indicated should be:  ($126,105 x 0.2) plus on-costs (see Funding Rules regarding allowable on-cost expenditure) |  |

1. Selection criteria

Applications are assessed by a review panel, which will provide recommendations on Fellowship award recipients to TAAHC.

* 1. Applicant track record and potential

### Research Qualification Candidature

Emerging Clinician Researcher Fellowship applicants only to complete.

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| **Current or anticipated research qualification enrolment** | |
| Are you currently enrolled in a formal research qualification? If yes, please complete Section 1 of this table. If no, please complete Section 2 of this table. | Yes No |
| **SECTION 1 – ONLY COMPLETE IF YOU ARE ENROLLED IN A FORMAL RESEARCH QUALIFICATION PROGRAM** | |
| Research qualification (e.g. PhD) |  |
| Institution |  |
| Start date |  |
| Anticipated completion date |  |
| Enrolment status | Full time Part time |
| Supervisor/s (first name, last name) |  |
| Do you intend to utilise your Fellowship FTE to complete a specific milestone (e.g. completion of a literature review, writing of thesis chapters) relating to your research qualification candidature? | Yes No |
| If yes, please provide details of the milestone you will complete as part of your Fellowship. |  |
| **SECTION 2 – ONLY COMPLETE IF YOU INTEND TO ENROL IN A FORMAL RESEARCH QUALIFICATION PROGRAM** | |
| Research qualification (e.g. PhD) in which you intend to enrol |  |
| Institution at which you intend to enrol |  |
| Anticipated start date |  |
| Anticipated completion date |  |
| Anticipated enrolment status | Full time Part time |
| Anticipated supervisor/s (first name, last name) |  |
| Do you intend to utilise your Fellowship FTE to complete a specific milestone (e.g. completion of a literature review) relating to your anticipated research qualification candidature? | Yes No |
| If yes, please provide details of the milestone you will complete as part of your Fellowship. |  |

### Track record and potential

All applicants to complete.

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

In line with the Fellowship scheme Selection Criteria, it is anticipated that Emerging Clinician Researcher Fellowship applicants may indicate ‘not applicable’ to one or more of the below questions.

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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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| **Clinical qualifications**  (Copy and paste rows below as many times as required) | |
| Professional Qualification  (e.g. certificate etc) |  |
| Institution |  |
| 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 |  |
| Current status of position (e.g. permanent full time/temporary full time or part time/contract FTE%) |  |

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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 |  |
| Year |  |
| Amount awarded |  |
| Your role (e.g. CIA, CIB etc.) |  |
| Project ID |  |

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| **Clinical Impact of Research**  Outline how your research activities (including audit and evaluation activities) to date have contributed to improved clinical practice, policy change and/or better health outcomes  *(Maximum 400 words)*. |
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| **Other Output and Achievements**  May include **selected** invited speaker, awards and prizes, patents, research leadership (including supervision and mentoring), community engagement activities  *(Maximum 250 words).* |
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| **Career disruptions**  A career disruption is considered to be a prolonged interruption to 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 purposes. Where relevant, applicants should nominate periods of career disruption of 3 months or more over the last five years 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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| **Relative to opportunity**  Outline any significant academic, clinical responsibilities or industry work placements that impacted on your ability to conduct research over the last five years  *(Maximum 250 words).* |
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| **Research Career Vision**  Detail your clinical research career vision for the next four years, relative to your current stage. This 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. Research Project and Plan

All applicants to complete

Note that for Emerging Clinician Researcher Fellowship applicants this section may relate to a project you are completing as part of your current or anticipated enrolment in a formal research qualification program.

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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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| **Alignment with TAAHC Research Themes**  **Describe how the project aligns with TAAHC Research Themes. The TAAHC Research Themes can be found on the TAAHC website:** [**https://www.taahc.org.au/research/**](https://www.taahc.org.au/research/) **(maximum 100 words).** |
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| **Methodology and Approach**  **Detail relevant technologies, data collection, statistical methods, justify participant numbers (e.g. power analysis) (maximum 400 words).** |
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| **Outcomes and Impact**  **Outline how the fellowship research will result in better healthcare outcomes for Queenslanders, including plans for translation of the fellowship research into clinical practice (maximum 400 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 100 words).** |
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| **Project research milestones**  **List the key project research milestones and completion times. The successful Fellow will report to TAAHC 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 for Emerging Clinician Research Fellowship applications only the following may be considered as milestones:**   * **gaining ethics and governance approval** * **drafting publications or theses** * **writing grant applications** * **writing a literature review**   **Please use Plain English.** | **Completion date (eg. Number of months from commencement)** |
| **Milestone 1** | **Description** | **Due date** |
| **Milestone 2** | **Description** | **Due date** |
| **Milestone 3** | **Description** | **Due date** |

1. Certification
   1. Lead 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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| **Lead organisation’s certification** | |
| Authorised delegate’s full name |  |
| Position |  |
| Signature |  |
| Date |  |

* 1. Applicant certification

I, the Fellowship Applicant, certify that all details given in this application are correct.

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| **Fellowship applicant’s certification** | |
| Title |  |
| Surname |  |
| First name(s) |  |
| Signature |  |
| Date |  |