Western Australian Future Health Research & Innovation Fund

The Hospital Research Foundation Group

Innovative Research in Precision Medicine

2025 Guidelines

Stage 1 Expressions of Interest Open: Friday 19 September 2025 at 12:00pm (AWST)

Stage 1 Expressions of Interest Close: Wednesday 29 October 2025 at 4:00pm (AWST)

Version 1.0 - last updated 19 September 2025

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1. Introduction

The Innovative Research in Precision Medicine program (the Program) is a Co-Funding Partnerships Program jointly funded by the Future Health Research and Innovation (FHRI) Fund and The Hospital Research Foundation (THRF) Group (jointly referred to as the Funding Partners). The Program is administered by THRF Group on behalf of the Funding Partners.

1.1 About the FHRI Fund

The FHRI Fund provides a secure source of funding to drive health and medical research, innovation and commercialisation and through these activities, improve the health and prosperity of all Western Australians. It also provides an opportunity to diversify the economy, create jobs, improve the sustainability of the health system and position WA as a leader in research and innovation.

This Program contributes to the following FHRI Fund Priorities:

- Provide targeted support to secure the future of WA's health and medical research and innovation workforce at a critical career stage. Fellowships, near-miss grants, and career pathways will help reduce attrition and keep top talent engaged.

1.2 About The Hospital Research Foundation Group

THRF Group exists to improve the health and wellbeing of our community. Our purpose is simple:

"Together, fight for better health and wellbeing for our community through life-changing medical research and improved healthcare."

THRF Group is a profit-for-purpose organisation which raises funds through community donations, corporate support and proceeds from lottery programs. These funds enable us to support and facilitate medical research and patient care services across more than 60 areas of disease and illness, from birth to end of life.

THRF Group consists of 12 charities which work together to maximise health and wellbeing and allow supporters to choose an area of healthcare that matters most to them. Through our Group structure, we are committed to delivering a progressive research and grants program that is sustainable, promotes collaboration and delivers impact for the community.

2. About the Program

2.1 Program Objectives & Desired Outcomes

The overall objective of the Program is to support innovative research projects for precision medicine approaches to advance treatments in leading disease groups causing the most burden in Western Australia (WA).

The desired outcomes of the Program are to:

- address high burden areas of disease that are amenable to precision health approaches.
- advance precision health approaches for treatments and interventions in leading disease areas.
- support early to mid-career researchers to gain experience as project leaders.
- identify early-stage research innovations that have the potential for translation support.

The precision medicine approaches and the disease focus areas considered "in scope" for this funding opportunity are further described below, along with expectations on engagement with consumers.

2.2 Precision Medicine

Most medical treatments are designed as a one-size-fits-all-approach for the "average patient", which may be successful for some patients but not for others. Precision medicine, sometimes known as "personalised medicine", leverages advances in technologies, computing power and data accessibility to tailor

treatments or interventions to an individual's (or group of individuals') biology, environment, and lifestyle. The goal of precision medicine is to optimise therapeutic benefit by targeting the right treatments to the right patients at the right time.

The Funding Partners seek applications for innovative research projects in precision medicine approaches that advance treatments or interventions for the identified disease focus areas (see section 2.3), leveraging current and continuing progress in areas such as (but not limited to):

- **'Omics capabilities** – where high-throughput technologies such as genomics, metabolomics, microbiomics, proteomics, transcriptomics, phenomics can be used to understand individual, multi-factorial disease profiles.
- **Data availability** – digitally-enabled datasets, across different health, medical and lifestyle domains, and over the life-course (e.g. electronic health records), are growing in size, coverage and number and are increasingly available for interrogation.
- **Analytical capabilities** – advances in computing power such as bioinformatics and statistical modelling, propelled by increasingly powerful artificial intelligence and machine learning capabilities, enhance the ability to integrate and interpret complex health data to guide and target person-specific treatments and interventions.

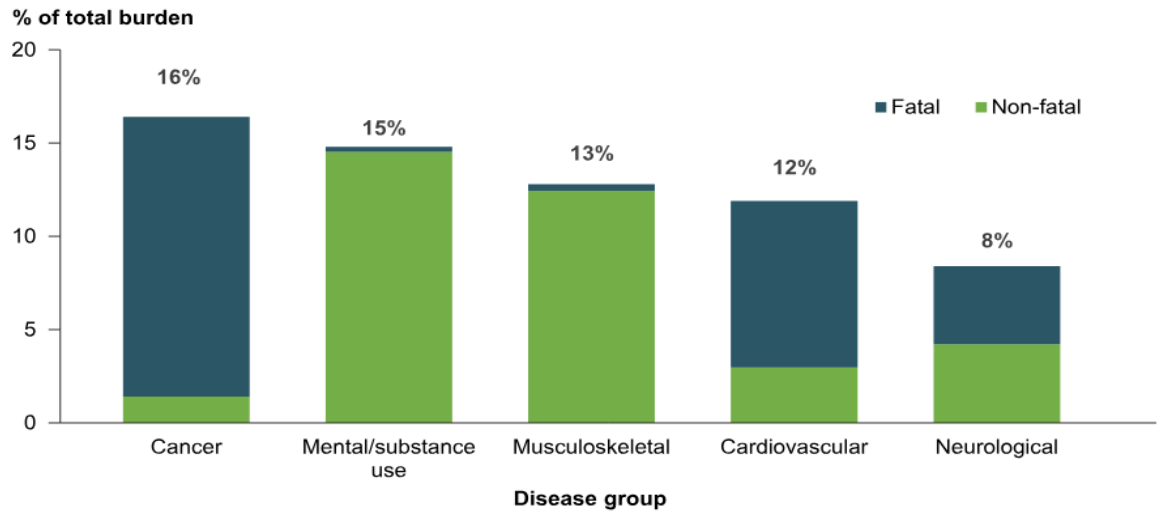
2.3 Disease Focus Areas

The disease focus areas in scope for the Program are:

- cancer.
- mental health conditions[1]
- musculoskeletal conditions (e.g. rheumatic/inflammatory).
- cardiovascular.
- neurodegenerative conditions (including dementia).

These areas are the five (5) leading disease groups causing the most burden in Australia, and together accounted for 64% of the total disease burden according to the Australian Institute of Health & Welfare (AIHW) *Australian Burden of Disease Study 2024*. They have been identified as having high potential to be addressed through precision medicine, digitally-enabled approaches.

Figure 2.3: Proportion (%) of total burden, and fatal and non-fatal composition of total burden, for the leading 5 disease groups in 2024



Source: AIHW Australian Burden of Disease Database - Australian Burden of Disease Study 2024

[1] *AIHW Australian Burden of Disease Study 2024* lists mental health conditions & substance use disorders as one. However, due to anxiety disorders being the 4th leading disease that caused burden in 2024, for the Program only mental health conditions is in scope.

2.4 Engagement with Consumers

The National Health and Medical Research Council (NHMRC) defines consumers as people who have lived experience of a health issue, including patients and potential patients, carers, and people who use health care services. Consumers can also be people who represent the views and interests of a community or wider constituency.

To optimise the potential for project success, consumers should be clearly and meaningfully engaged and involved in the proposed program of research. Such engagement and involvement should incorporate:

- Demonstrable consultation with and input from consumers in the formulation of the application.
- Clear mechanisms to meaningfully involve consumers throughout the project timeline, including defined feedback and advisory structures. This may include the involvement of consumers as part of the project team and/or as part of a formalised project advisory group.
- Budgetary allowance to support, implement and acknowledge consumer participation (e.g. honoraria and payments, additional time to support involvement activities, administration support, consultations, training and associated events).

Further guidance on consumer/community involvement in research can be found in the following resources:

- Consumer and Community Involvement Program website.
- NHMRC Statement on Consumer and Community Involvement in Health and Medical Research.

It is recommended that applicants complete the free 30-minute Consumer and Community Involvement and Grant Writing online course.

It is encouraged that all personnel associated with the application complete the free online 30-minute Consumer and Community Involvement in Health Research course (or equivalent).

3. Eligibility and Requirements

THRF Group has developed a set of general FAQs available on its website to assist applicants. In the event of inconsistency between these Guidelines and the FAQs, these Guidelines will prevail.

3.1 Program Exclusions

Noting the objective of the Program is to support projects that advance treatments or interventions for one of the identified disease areas using precision medicine approaches, applications must not solely or predominantly focus on:

- biomarker discovery.
- mechanistic aetiology of disease/ill-health.
- disease/ill health diagnosis or characterisation.
- monitoring of disease/ill health progression.

Applications must not duplicate or substantially overlap with existing projects or pending applications.

THRF Group reserves the right at its sole discretion to exclude from further consideration any applications breaching these exclusions.

3.2 Use of Data Collections

Research projects that require access to and use of WA Department of Health data collections will need review and approval for data release in accordance with the *Health Services Act 2016* and the *Health Services (Information) Regulations 2017*. This is in addition to any research ethics and governance approvals and will include a feasibility assessment to determine whether the data requested is appropriate for the purposes of the study and approval for use of the data, from the data custodian.

Preliminary cost and time estimates can be obtained from contacting DataServ@health.wa.gov.au. Cost

estimates should be included in the proposed budget and an estimate of time for release of the data should be incorporated into the milestones in the application. It is recommended that successful applicants immediately begin the data request and approval process. Further information on the use of WA Department of Health data collections can be obtained from the Data Linkage Services website.

For applications involving Aboriginal[2] peoples, applicants should also familiarise themselves with the CARE Principles for Indigenous Data Governance. These are people-oriented and purpose-oriented, reflecting the crucial role of data in advancing Indigenous innovation and self-determination. These principles encourage appropriate, respectful and ethical data use and are complementary to the FAIR data principles for data to be findable, accessible, interoperable and reusable. Applicants should also ensure the following are taken into account when formulating the project and its proposed approach:

- *NHMRC Ethical guidelines for research with Aboriginal and Torres Strait Islander peoples;*
- *The AIATSIS Code of Ethics for Aboriginal and Torres Strait Islander Research; and*
- *WA Aboriginal Health and Wellbeing Framework 2015–2030*

3.3 Research Ethics and Research Governance

Research must be carried out in accordance with *The Australian Code for the Responsible Conduct of Research*, NHMRC Approved Standards & Guidelines, and all relevant policies, codes and legislation.

As applicable, research ethics approvals must be obtained from the relevant ethics committees (human and/or animal), and research governance authorisations (also known as site specific assessment or access request review approvals) must be obtained from each relevant institution/site involved in the project or providing access to data, participants or tissue samples.

For information on research ethics and governance submission requirements for the WA public health system please refer to the following websites: Research Ethics; Research Governance; Multi-centre Research.

3.4 Eligible Administering Institutions

Applications to this Program must be submitted via an Eligible Administering Institution. For this Program, an Eligible Administering Institution must:

- be a legal entity with an active Australian Business Number (ABN).
- have a physical and operational presence in WA.
- be a WA NHMRC Approved Administering Institution, WA public health service provider[3] or a WA public-private partnership (PPP) provider[4].

Eligible Administering Institutions must not be part of an industry that produces products or services that may contribute to poor physical health or mental wellbeing of the community.

Funding provided through this Program must not constitute the entire financial base of the Eligible Administering Institution, i.e. the Eligible Administering Institution must have other external sources of income.

The Eligible Administering Institution will be accountable for the governance and financial management of any funding awarded and will be responsible for ensuring the provision of the general facilities and supporting resources necessary for the project's conduct.

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[2] Within Western Australia, the term Aboriginal is used in preference to Aboriginal and Torres Strait Islander, in recognition that Aboriginal people are the original inhabitants of Western Australia. No disrespect is intended to our Torres Strait Islander colleagues and community.

[3] WA public health service provider means a health service provider established by an order made under section 32(1)(b) of the *Health Services Act 2016*, such as the Child and Adolescent Health Service, East Metropolitan Health Service, North Metropolitan Health Service, South Metropolitan Health Service, WA Country Health Service and PathWest.

[4] Public-private partnership (PPP) provider refers to private hospitals with an agreement with the state government to provide public health services, for example, Joondalup Health Campus and St John of God Midland Public Hospital.

If an application is approved for funding, THRF Group will enter into a Funding Agreement with the nominated Eligible Administering Institution that details the appropriate management and administration requirements for the approved project.

The Eligible Administering Institution must be able to commit and manage the time contribution of the Chief Investigator A (CIA) to the project.

The Eligible Administering Institution must ensure the application meets all eligibility criteria as set out in these Guidelines.

3.5 Chief Investigators

The first-named investigator on an application – Chief Investigator A (CIA) – will be considered the Project Leader, who has the primary responsibility to run and report on the project (if approved). The CIA must be a salaried staff member of the nominated Administering Institution. A CIA with more than one formal, salaried appointment must only nominate one Eligible Administering Institution for the purposes of this Program.

At the time of submission, the CIA must also have the following:

(i) Qualifications: hold a Higher Degree by Research (HDR): either a Masters by Research or a PhD, in line with Australian Qualifications Framework Levels 9 or 10 from a recognised institution; and

(ii) Experience: have the cumulative equivalent of no more than fifteen (15) Full-Time Equivalent (FTE) years (0-15 years relative to opportunity) following HDR conferral.

CIAs without a HDR must be able to demonstrate an equivalent combination of relevant research skills, training, and/or experience to points (i) and (ii) above, including the maximum fifteen (15) FTE years of research-activity corroborated and justified by their Eligible Administering Institution.

The above CIA eligibility requirements will be considered in line with the NHMRC Relative to Opportunity Policy and Statements of Expectations. Evidence for any claims of equivalence and/or career disruption is to be provided in the application.

The CIA must also meet all the following eligibility requirements:

- Be a resident in WA and be an Australian/New Zealand citizen, permanent resident or have an appropriate work visa in place for the period of the grant.
- Physically reside in WA for a minimum of 80 per cent of the grant period.
- Be employed by the Eligible Administering Institution for the period of the grant.
- Not be an enrolled HDR candidate at time of application.
- Have no overdue reports for any Department of Health, Office of Medical Research and Innovation (OMRI), FHRI Fund, or THRF Group funding programs from any year (excludes authorised extensions).

For the Program:

- An applicant may only submit a maximum of one (1) application as the CIA.
- In addition to the CIA, up to a further three (3) Chief Investigators (CI) may be included on each application (i.e. CIB, CIC, & CID).
- CIs can be involved in no more than two (2) applications (including involvement as CIA).
- Mentoring arrangements to support the CIA as an early to mid-career researcher must be indicated in the submission, ideally with the identified mentor(s) being part of the project team.

THRF Group reserves the right at its sole discretion to exclude from further consideration any application(s) contravening the limits above.

All CIs must:

- be able to demonstrate professional career experience (and/or lived experience if involved in the project CI team as a consumer) relevant to the field of the application.

- provide a meaningful contribution and time commitment to the project over the full duration of the grant period.
- not be a currently enrolled HDR candidate.
- have met their obligations regarding previous THRF Group-funded projects, including submission of satisfactory reporting as per the relevant funding agreement/s.

Investigators (i) located outside Western Australia, and/or (ii) whose only appointment with an Eligible Administering Institution is by a non-salaried honorary, visiting or affiliate appointment, cannot be CIA, but may be listed as an additional Chief Investigator (CIB – CID), or included as a member of the broader project team.

Any application(s) contravening the above requirements will not be progressed.

3.6 Collaborating Personnel / Organisations

Applications incorporating collaboration within and across organisations, including with industry and other sectors are encouraged, and such collaboration may include:

- research teams combining suitably experienced research and clinical personnel.
- transdisciplinary research approaches combining ideas and techniques from different fields and organisations. This could be via the involvement of personnel or technologies from engineering, computer science, or other suitable "non-medical" disciplines, and/or suitable industry organisations.
- early career researchers, supported by meaningful mentorship arrangements.

In addition to the maximum of one (1) CIA and three (3) CIs, other contributors to the project can be indicated as Collaborators/Associate Investigators. These collaborating personnel may include consumers, mentors, as well as personnel contributing 'as needed' (e.g. analytical/technical expertise), or those providing an intermittent/low time commitment. Currently enrolled HDR candidates contributing to the project can only be listed as Collaborators/Associate Investigators.

Apart from the CIA, who must be a salaried employee of the Eligible Administering Institution, there is no specific employment restrictions on other project team members such as CIs B, C and D, or Collaborators/Associate Investigators. Such personnel may be self-employed or employed by the Eligible Administering Institution or other collaborating organisations such as:

- public and/or community health service organisations.
- community groups.
- non-government organisations and charities.
- federal, state, or local government agencies.
- professional organisations.
- other research organisations.

Projects must not involve any organisation that is part of an industry producing products or services that may contribute to poor physical health or mental wellbeing of the community.

Letters of support from collaborating organisations are not required as part of the application, but the Eligible Administering Institution must obtain (and retain) sufficient written agreement of all relevant personnel and organisations before application submission. Cash co-contributions from the Eligible Administering Institution or collaborating organisations are encouraged but not mandatory.

If an application is successful, in accordance with the Funding Agreement for the project and *The Australian Code for the Responsible Conduct of Research*, arrangements for the management of the project must be agreed in writing between the Eligible Administering Institution and all collaborating organisations before the project can commence.

4. Funding

4.1 Funds Available

Funds will be awarded to successful applications in the following two tiers:

Tier 1: The highest ranked applications will be awarded up to a total of $125,000 (ex GST) over (up to) two years.

Tier 2: Highly ranked “near miss” applications will receive seed funding of $25,000 (ex GST) to progress their concept over the next 12 months, with a view to enhancing its competitiveness for further funding.

It is anticipated that four (4) applications will be awarded Tier 1 funding and a further ten (10) applications will be awarded Tier 2 funding. Depending on assessment and funding recommendations, the total funding approved and its distribution across the Tiers may vary.

A detailed budget will only be required if an EOI is successful in being invited to submit a Stage 2: Full Application.

All budget items should be adequately described and justified as consideration is given to budgets during the Full Application assessment process. Budgets must be calculated accurately, as requests for additional funding will not be considered.

The Funding Partners will not underwrite any costs beyond the funding awarded through the Program.

The intention is that funding will be spent within WA unless goods and services expenditure items are not available in WA and/or it is beneficial to WA if goods or services are procured from outside WA.

No funding from the Program can be used to support organisational overheads or the indirect costs of research, infrastructure levies, or administrative costs. Further information on the use of funding support is provided below.

4.2 Funding Use

4.2.1 Salary Support

Salary support may be requested for CIs and/or other personnel necessary for the project. The need for any such salary support must be well-justified. For the avoidance of doubt, salary support may be requested for Collaborators/Associate Investigators, but such requests must be very well-justified.

Salary support requests should include the base salary and direct on-costs, such as leave accruals and the superannuation guarantee contribution. Such on-costs are limited to a maximum 30% of the base salary request. Applicants must verify their Eligible Administering Institution’s base salary scales and rate of on-costs before finalising budgets in the Full Application form. Project staff are to be appointed at standard award conditions, commensurate with experience, as determined by the Eligible Administering Institution.

Due to the limited term of the funding, stipends for HDR students are not to be included in budget requests.

4.2.2 Direct Research Costs

Direct research costs are those non-salary costs directly related to the conduct of the project. Funds may be used for costs relating to effective consumer engagement (in line with NHMRC consumer engagement principles) and travel for the purposes of conducting the research project. Direct research costs may also include consumables, services, software, and minor equipment (<$10,000-unit cost) required to undertake the project. Applicants will need to justify their proposed use.

Student stipends, conference participation/travel, publication costs, open access fees, patenting and/or intellectual property (IP) protection costs are not eligible to be included as part of the requested direct research costs.

5. Application Stages and Assessment

Applications must be submitted via THRF Group's online platform (SmartyGrants) – the application form will be available for preview via SmartyGrants (see section 9 *How to Apply* below). Funding for projects will be awarded on merit, based on a process of assessment and selection against the assessment criteria and available funding. All assessment criteria will be considered in the context of the Program's Objectives. This Program will follow a three-stage assessment process:

Stage 1. Expression of Interest (EOI)
Stage 2. Full Application (by invitation based on EOI assessment)
Stage 3. Further Information and/or Interview

The assessment process will be conducted by a Grant Selection Advisory Committee (the Committee). All members of the Committee will be required to declare any Conflict of Interest (COI) prior to assessing the EOI and Full Applications.

COIs will be treated in accordance with THRF Groups conflict of interest management framework.

These stages are described in further detail below.

5.1 Stage 1: Expression of Interest (EOI)

Using THRF Group's online platform (SmartyGrants), applicants must submit their EOI incorporating a two-page CIA biosketch (using the provided template) and Eligible Administering Institution endorsement on the prescribed form.

Applications will be reviewed for eligibility and compliance by the THRF Group. Applicants and their relevant Eligible Administering Institution/s may be contacted with follow-up queries to assist this review.

Eligible applications will be assessed by the Committee against the assessment criteria. The Committee will comprise of experienced health and medical research experts and consumer representative(s).

The Committee will provide recommendations on the top-ranked shortlisted applications to be invited through to the next Stage to submit a Full Application.

If two (2) or more submitted applications are, in THRF Group's opinion, substantially similar in scope or project team composition, THRF Group reserves the right to progress the assessment of only one (1), some, all or none of such applications. In the case that no eligible EOIs are considered competitive to progress to Stage 2, THRF Group may close the Program and not award funding.

Further details on the assessment scoring system are provided in Appendix A. The assessment criteria will be considered in the context of the Program objectives, and THRF Group's purpose more broadly.

It is the CIA's responsibility to ensure that their Eligible Administering Institution certifies the EOI in the specified format as part of the submission.

5.2 Stage 2: Full Application (by invitation)

Shortlisted EOI applicants will be invited to submit a Full Application via THRF Group's SmartyGrants platform and formally certified on the prescribed form by the Deputy Vice-Chancellor, Research (DVCR), Chief Executive Officer (CEO) or authorised delegate of the nominated Eligible Administering Institution.

Full Applications must provide further detail on scientific merit, feasibility, how project outcomes can deliver beneficial impacts, and include a detailed budget. Full Applications must also include biosketches for CIB–CID (as applicable) in the project team.

Unless otherwise specified, all files uploaded as part of the Full Application must be in PDF format. File names should include a short description of the item followed by the CIA's family name, for example "Research Proposal_Smith.pdf".

Please note: Changes to the composition of the CI team between Stage 1 and Stage 2 will not normally

be accepted, unless exceptional circumstances apply, or if otherwise advised by THRF Group. It is strongly advised that the team composition be confirmed prior to application. Requests for changes to the CI team composition must be requested in writing by the Eligible Administering Institution, providing the reasons for the change and must be received by THRF Group for approval at least ten (10) business days before the Stage 2 closing date.

Applicants are required to nominate at least two impartial, non-conflicted external reviewers to assess their Full Application and will be able to advise the names of assessors not to be approached. While reasonable efforts will be made, THRF Group are unable to guarantee that assessments will be provided by the nominated external reviewers.

Information surplus to that requested in the Full Application form will not be considered in the assessment of the application.

Eligible Full Applications will be reviewed and assessed by the Committee, with input from specialist reviewers against the assessment criteria listed in Appendix A.

In the case the Committee deems no Full Applications are competitive for funding, THRF Group may close the Program without awarding funding, or return to the EOI application pool and issue further Full Application invitations.

Lay language components of the EOI and Full Application may be used to engage consumers in aspects of the assessment process.

It is the CIA's responsibility to ensure that their nominated Eligible Administering Institution certifies the Full Application in the specified format as part of the submission.

5.3 Stage 3: Further Information and/or Interview

Following assessment and provisional ranking of Stage 2 Full Applications, THRF Group may request further information from applicants and/or their Eligible Administering Institution. It is intended that the applicants shortlisted at the Full Application stage will be interviewed by a panel convened by THRF Group, comprising of members from the THRF Group and the Committee, before funding decisions are finalised.

5.4 Funding Decision

Recommendation of funding recipients for the Program, and any special conditions, will be made to THRF Group by the Committee. The final funding decision will be made by THRF Group and endorsed by the Department of Health and determined by funding availability.

Final outcomes will be advised to applicants and their respective Eligible Administering Institutions by THRF Group and will remain under embargo until an announcement is made by the Minister for Medical Research and/or Department of Health, in conjunction with THRF Group.

The Funding Partners reserve the right not to fund any application where the relevant personnel and/or Eligible Administering Institution have not fulfilled their obligations under any Department of Health, FHRI Fund, or THRF Group funding programs from any year (excludes authorised extensions).

All funding decisions are final and no further negotiations will be entered into.

5.5 Announcement of Awardees

The Minister for Medical Research and/or the Department of Health WA, in conjunction with THRF Group will publicly announce the recipients of the Program. Applicants and all related parties must withhold announcements, public statements, social media posts or issue of media releases before the announcement by the Funding Partners.

5.6 Timeline

Stage 1 EOI Opens	Friday 19 September 2025 at 12:00pm (AWST)
Stage 1 EOI Closes	Wednesday 29 October 2025 at 4:00pm (AWST)
Stage 2: Invitation to Full Application for shortlisted EOIs	Indicatively 4-6 weeks after Stage 1 closes *EOIs not shortlisted will be notified at this stage*
Stage 2: Full Applications Close	Approximately 4-6 weeks after Invitation to Full Application
Stage 3 Interview	Indicatively 4-6 weeks after Full Applications close
Final Outcomes	Indicatively 6-8 weeks after Stage 2 closes

Please note this timeline is subject to change without notice.

6. Funding Terms and Conditions

If an application is approved for funding, THRF Group[5] and the Eligible Administering Institution will enter into a formal Funding Agreement detailing the funding terms and conditions (provisional funding agreement available here). Unless otherwise agreed, the project must commence within six (6) months of receiving notification of the award, but not before the Funding Agreement has been fully executed. The Eligible Administering Institution will be responsible for ensuring all relevant ethics approvals and collaborative agreements are in place to enable the project to proceed.

The Funding Agreement between THRF Group and the Eligible Administering Institution will include (but not be limited to) provisions that recipients must:

- provide 6-monthly progress reports (via SmartyGrants) on the project and achievement against agreed milestones and at any other point as reasonably requested.
- provide a 6-monthly financial statement of project expenditure and at any other point as reasonably requested.
- report any unexpected delays or changes to the project plan to THRF Group in a timely manner.
- provide a Completion Report and final financial acquittal upon conclusion of the project period, and a Follow-up Report 12 months after completion.
- appropriately acknowledge the Funding Partners in all presentations and publications of the work.
- comply with the *Australian Code for the Responsible Conduct of Research* including the NHMRC *'Publication and dissemination of research: a guide supporting the Australian Code for the Responsible Conduct of Research'* and the *NHMRC Open Access Policy* in order to maximise knowledge exchange.
- provide updates upon request to one or both of the Funding Partners.
- participate in media opportunities coordinated by one or both of the Funding Partners where necessary, including local radio and local and national media announcements.
- seek in advance THRF Group's approval for content, timing and release of public announcements, media releases, and/or online information relating to the project.
- assist in future grant reviews if requested by THRF Group (where reasonably practicable).
- if a first-time awardee of THRF Group funding and where reasonably practicable, attend one of THRF Group's regular grantee information meetings within the first year of funding.

[5] via *The Hospital Research Foundation Group – WA Pty Ltd as trustee for The Hospital Research Foundation Group – WA Trust (ABN: 91 912 794 277)*

6.1 Insurances

The Funding Agreement will also include provisions that the Eligible Administering Institution must confirm they have, and upon reasonable request provide evidence of, the insurances listed below:

- Public Liability (mandatory)
- Professional Indemnity (mandatory if conducting a clinical trial, provides any form of medical treatment or advice, training, or will provide any tailored design, advice or specification services)
- Property for the Eligible Administering Institution's replacement value of assets (mandatory for building, plant, machinery, equipment)
- Workers Compensation (mandatory if the Eligible Administering Institution has employees or is paying salaries, noting this includes payments to working Directors)
- Product Liability (mandatory if the Eligible Administering Institution manufactures, supplies, sells, services or repairs a product)
- Motor Vehicle if the Eligible Administering Institution owns vehicles
- Cyber Liability if the project involves confidential data, e.g. identifiable patient information.

It is recommended that the Eligible Administering Institution seeks advice from their insurance advisors to confirm what level and type of insurance is required.

The Eligible Administering Institution must ensure any collaborating organisations have the appropriate insurances.

6.2 Intellectual Property

The Funding Agreement will include provisions indicating that the ownership of any Intellectual Property (IP) generated by undertaking the research shall vest in the relevant Eligible Administering Institution, as well as provisions relating to rights, access, use and beneficial interests in the IP by the Funding Partners and other relevant items.

6.3 Incomplete, False or Misleading Information

All information submitted to THRF Group must be complete, current and accurate at the time of submission, and free of false or misleading information.

Examples of false or misleading information include, but are not limited to, providing:

- dishonest statements regarding employment arrangements or time commitments to the research project for which support is being sought.
- incomplete or inaccurate facts regarding other sources of funding.
- inaccurate claims in publication records.
- incomplete or misleading information of ethics and governance requirements or other factors that may impact the researcher's ability to commence the research project in a timely manner.

If THRF Group becomes aware of omissions or inclusion of misleading information in an application, it may choose to exclude an application from assessment, withdraw funding, and/or refer the matter to the relevant Eligible Administering Institution.

6.4 Termination of Funding

THRF Group's Funding Agreement will include provisions for termination of funding, and THRF Group reserves the right to terminate the Funding Agreement and recover funds at any time by written notice, in instances such as:

- eligibility requirements are no longer met.
- the Awardee withdraws from the project during the funding period.
- the funds have not been expended in line with the terms of the Award.

- funds are not fully expended at the conclusion of the project period (including any approved extensions).
- it is determined that misleading or fraudulent information has been provided.
- the Eligible Administering Institution does not enter into formal agreements with respect to the project, which includes Intellectual Property ownership, where appropriate.
- other entities that fund or are involved in the project are part of an industry that produces products or services that may contribute to poor physical health or mental wellbeing of the community.

6.5 Publications and Acknowledgements

Acknowledgements of the Funding Partners must be made in publications, conference presentations, press releases with the following citation:

"This work is/was supported by the Innovative Research in Precision Medicine 2025 Program co-funded by the Future Health Research and Innovation (FHRI) Fund and The Hospital Research Foundation Group."

A copy of any published papers, abstracts, articles or presentations should also be forwarded to grants@hospitalresearch.org.au as soon as practicable after the published date and/or included as part of the project reporting.

7. Confidentiality

The application title, applicant's name, funding amount, Eligible Administering Institution, and plain language summaries may be used for publicity purposes by the Funding Partners.

Unless otherwise agreed or indicated, all other information provided in applications and reports will be maintained confidentially. If requests are received from other parties to make public any aspect of the application, other than the aspects listed above, the authorisation of the relevant Eligible Administering Institution will be sought, notwithstanding information requested under the *Freedom of Information Act 1992 (WA)* or information pertaining to the receipt of State Government financial assistance tabled in the Parliament of Western Australia.

8. Complaints

Eligible Administering Institutions or applicants who feel that their interests have been adversely affected by an administrative action or process taken by THRF Group in administering the Program may lodge a complaint. Complaints can only be considered when they refer to the administrative process and not to the funding decision.

Complaints must be submitted via email (marked Confidential) to: feedback@hospitalresearch.org.au

9. How to Apply

Applications must be completed and submitted online through THRF Group's SmartyGrants platform. Please note:

- Only electronic submissions through the SmartyGrants system will be accepted.
- Applicants must click on the "Submit" button when the application is finalised to lodge the application. Applicants are advised to check their registered email for confirmation of submission, and if the confirmation email is not received (after checking junk/spam folders), applicants should assume that the submission has not occurred and re-attempt submission.
- The downloadable preview of application forms available from the SmartyGrants portal may not display all required content as some sections of the form are conditional. It is strongly recommended that applicants work through the online form within the SmartyGrants system well in advance of the deadline, to ensure all information required to complete the application is understood.

- A complete application must be submitted via the SmartyGrants portal prior to the closing date and time, after which the portal closes and no further submissions will be accepted. Applicants are advised to submit well ahead of the round closure as problems encountered because of last-minute submission will not be considered grounds for extension/exemption.

Apply at:

https://hospitalresearch.smartygrants.com.au/2025-WA-PrecisionMed

Stage 1: Close Wednesday 29 October 2025 at 4:00pm (AWST)

All queries should be directed to **grants@hospitalresearch.org.au**

Incomplete, late or incorrectly submitted applications will not be considered

APPENDIX A – Assessment Criteria

All Assessment Criteria will be considered in the context of the Program's objectives, and the overall purpose of the Funding Partners.

Unmet Need/Opportunity (30%)
The extent to which the application articulates the importance of the unmet need/opportunity and: • its demonstrated significance to consumers. • its alignment with the Program objectives. • describes how if addressed and resolved, its significance for improving clinical care and health outcomes.
Approach, Innovation and Feasibility (25%)
The extent to which the proposed project's approach: • addresses the defined unmet need/opportunity. • applies innovative ideas, methodologies and technologies. • meaningfully engages consumers across project elements. • is cost-effective and value for money. • will achieve its stated aims.
Significance & Impact (25%)
The extent to which the project: • will advance the field (e.g. shift current practice or significant breakthrough). • will deliver outstanding, critically relevant outcomes. • has a credible future translation pathway to sustainably deliver positive patient/healthcare impacts.
Project Team (20%)
Relative to opportunity, the extent to which the CIA and team have the combined capacity and capabilities to undertake the project and deliver outcomes, with: • clearly demonstrated access to all necessary resources, infrastructure and technologies. • the expertise and experience to execute the project and deliver the stated outcomes.

Applicant responses against the assessment criteria above will be rated using the scoring rubric indicated in the following table.

Score	Band	Description
5	Top 5%	**Outstanding:** Of the highest quality - no issues, queries, or concerns.
4	Next 10%	**Excellent:** high quality – a limited number of minor issues, queries, or concerns
3	Next 15%	**Good:** solid - with some issues, queries, or concerns
2	Next 20%	**Reasonable:** acceptable but with several issues, queries, or concerns
1	Bottom 50%	**Uncompetitive:** Poor with many significant issues, queries, or concerns