



Western Australian
Future Health Research
& Innovation Fund



The Hospital Research
Foundation Group

2025 Early-Mid Career Research Fellowships: Preventive Health for Priority Populations

Guidelines

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1. Introduction

The 2025 Early-Mid Career Research (EMCR) Fellowships: Preventive Health for Priority Populations 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.

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 Priority Goals:

- Support the development of early- and mid-career researchers, helping them to achieve an independent and self-sustaining career.
- Establish co-funding partnerships that will secure genuinely new non-government funding for research and innovation aligned with Priorities for the FHRI Fund.
- Target high-performing researchers in WA to maintain and/or advance the State's position as a leader in health and medical research.

1.2 About The Hospital Research Foundation Group

[The Hospital Research Foundation \(THRF\) 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 50 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 Objective & Desired Outcomes

The overall objective of the Program is to support emerging WA researchers to undertake 3-year research Fellowships in areas that seek to improve health outcomes for priority population(s) through co-design, trialling and evaluation of innovative preventive health interventions.

The desired outcomes of this scheme are to:

- Support emerging, high-quality early- and mid-career WA researchers on their pathway to independence.
- Address health disadvantage and inequity experienced by WA priority populations.
- Advance innovative and scalable preventive health approaches to maintain and improve health and wellbeing and avoid and/or reduce the burden of disease in WA priority populations.

The preventative health approaches and priority populations considered “in scope” for this funding opportunity are defined further below, along with expectations on engagement with priority populations and other collaborative partners.

2.2 Preventive Health Approaches

Preventive health aims to maintain and improve individual and community health and wellbeing and reduce health disparities between priority population groups and the general population. The benefits of a preventive health approach extend beyond reducing disease conditions and enabling longer, healthier lives. Prevention can also generate benefits by reducing pressure on the healthcare system, increasing workforce participation and productivity, and enhancing the potential for positive intergenerational health outcomes.

There are several types of prevention, which are categorised based on the stage of health (or ill health) at which they are implemented. Considering the definitions outlined in the [National Preventive Health Strategy 2021-2030](#), the preventive health approaches “in scope” for the purposes of this program are listed below.

- **Primary prevention** approaches that focus on reducing risk factors to prevent diseases or ill-health before they arise. These may include addressing modifiable factors such as physical activity, diet; overweight and high blood pressure; or specific protective factors such as immunisation.
- **Secondary prevention** approaches that focus on early detection and intervention for potential, latent or undiagnosed diseases or disorders to reduce or ideally avoid progression and long-term effects. This includes identifying people at risk of ill-health through screening programs, general health examinations, as well as the identification of complications and co-morbidities.
- **Tertiary prevention** approaches will be considered where they focus on reducing the development of, and harms arising from, co-morbidities associated with an existing disease or disorder.

Proposals that seek to develop preventive health approaches addressing mental health and wellbeing are encouraged. Applicants may also combine two or more of the above “in scope” approaches in their proposal. Further, proposals that seek to incorporate primordial prevention approaches addressing wider determinants of health such as social, environmental, cultural, structural, and/or economic factors *in addition* to the above “in scope” preventive health approaches are also encouraged.

2.3 Priority Populations

Priority populations are those groups within society who experience a disproportionate burden of disease and ill-health, leading to differences in health outcomes and life expectancy. These inequities have the potential to be avoided or reduced by preventive health approaches that are closely aligned to the communities they seek to serve through considered co-design, consultation and informed implementation.

This Program targets priority population groups that have disproportionate unmet needs that can benefit from preventive health approaches, *and* which align with WA government policies and strategies including the Department of Health’s [2019 Sustainable Health Review \(SHR\)](#), and the [2023 WA Health & Medical Research \(HMR\) Strategy](#).

This Program specifies four (4) Priority Population focus areas as described below with accompanying rationale. Although it is noted that the boundaries of these populations can overlap, proposals must identify and select one of the following Priority Populations for the purposes of the Fellowship.

Aboriginal ¹ populations	Culturally and Linguistically Diverse (CALD) populations
<p>The SHR and WA Aboriginal Health and Wellbeing Framework 2015–2030 notes that burden of disease among Aboriginal people is more than 2 times that of non-Indigenous Australians. The causes are multi-factorial, but, by working in partnership in line with the WA HMR Strategy, preventive health approaches can help address health inequalities experienced by Aboriginal people.</p> <p>As noted in the Aboriginal Health & Wellbeing Framework, Aboriginal health encompasses not just the physical wellbeing of an individual but incorporates the social, emotional and cultural wellbeing of the whole Community.</p>	<p>As noted in the SHR, 17% of Western Australians were born in non-English speaking countries, and 32% of Western Australians were born outside Australia, but there is a dearth of culturally appropriate knowledge and understanding of healthcare needs, access and outcomes.</p> <p>As defined by the WA Government's Multicultural Policy Framework, the term Culturally and Linguistically Diverse (CALD) applies to groups and individuals who differ according to religion, language, and ethnicity, and whose ancestry is other than Aboriginal or Torres Strait Islander, Anglo-Saxon or Anglo-Celtic.</p>
Rural, regional and remote populations	Socio-economically disadvantaged groups
<p>As noted in the Sustainable Health Review and the WA Health & Medical Research Strategy, one-third of Western Australians live in rural, regional and remote (RRR) areas. People in these communities have worse health outcomes and shorter life expectancies than those living in metropolitan areas.</p> <p>For the purposes of this round, these are populations living within Modified Monash Model area categories MM2 – MM7.</p>	<p>As noted in the SHR, people in lower socioeconomic groups are at greater risk of poor health, with higher rates of illness, disability and premature death than people from higher socioeconomic groups. However, disadvantage exists primarily at the level of individuals and households, meaning that the definition of what constitutes a disadvantaged group can be variable.</p> <p>For the purposes of this round, it is suggested that areas corresponding with Quartiles 1 & 2 of the ABS 2021 Socio-Economic Index for Areas (SEIFA) be used as a starting point.</p>

2.3.1 Sub-Groups within the Priority Populations

Within the specified set of four identified Priority Populations above, proposals seeking to develop preventive health approaches for one of the following two sub-groups are also encouraged. By way of *example only*, a proposal might choose to focus on preventive health approaches for older Western Australians (as the sub-group) who are socio-economically disadvantaged (as the identified Priority Population).

¹ 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.

Sub-Group 1: Men and Boys	Sub-Group 2: Older (Western) Australians
<p>It is broadly recognised that men tend to engage in risky behaviours, avoid seeking health care, and don't readily engage with available supports. The WA Government's 2019 Men's Health and Wellbeing Policy identified a key need to preventively enhance health and well-being outcomes for men and boys via increased support for translational research addressing their unique needs. Preventive health programs that intersect the complex relationship between mental and physical health and provide evidence-based approaches to health seeking behaviour, have the potential to impact the health and wellbeing outcomes of individuals, families and our broader society.</p>	<p>As the WA population shifts towards a higher proportion of older people (approx. one in four Western Australians will be aged over 65 years by 2060 referenced in SHR) there is a critical need to sustainably enhance health and wellbeing, promote people living well, and being active in the community for longer. As noted in the WA Government's State Seniors Strategy 2023-2033, preventive approaches have a key role to play in ensuring older Western Australians are thriving physically, mentally, and spiritually.</p>

2.3.2 Engagement with Priority Population 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. Of particular relevance to this Program, consumers can also be people who represent the views and interests of a community or constituency.

To optimise the potential for successful implementation of innovative preventive health approaches resulting from this Program consumers from the identified Priority Population must be clearly and meaningfully engaged and involved in the Fellow's proposed program of research. Such engagement and involvement should incorporate:

- Demonstrable consultation with and input from priority population consumers in the formulation of the proposal.
- Clear mechanisms to meaningfully involve priority population consumers in the project throughout the delivery timeline, including defined feedback and advisory structures.
- Involvement of people from the selected priority population as part of the project team, either as Collaborators(s), and/or as part of a formalised project advisory group.
- Clearly articulated connections (actual or planned) with priority population consumer groups, organisations, and/or peak bodies who can aid design, development, evaluation and uptake of innovative healthcare models (and noting the requirements for letters of support from Partner Organisations indicated in section 5.1.2 below).
- Budgetary allowance to support, implement and acknowledge priority population consumer involvement (e.g. honoraria and payments, additional time to support involvement activities, administration support, consultations, training and associated events).

Applications involving Aboriginal peoples must particularly 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](#)

In all cases, the scope of priority population consumers and groups involved in a proposal must be informed by, and with the consent of, the relevant community/communities.

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](#).

The Fellowship applicant should also complete the free 30-minute [Consumer and Community Involvement and Grant Writing](#) online course.

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

2.4 Collaboration with Partner Organisations

While this Program provides Fellowships for early and mid-career researchers based in WA, collaboration with organisations able to assist in the design, development, evaluation and/or uptake of innovative preventive healthcare models resulting from the Fellow's program of research is strongly encouraged. Such organisations (Partner Organisations) may include (but are not limited to):

- 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.

Where collaboration with Partner Organisation/s forms part of the applicant's proposed research program, details of the collaboration must be provided in the application form, accompanied by a letter of support from each Partner Organisation. The letter of support must indicate the role of the collaborating Partner Organisation in relation to the preventive healthcare models to be developed by the research, as well as indicating any cash and/or in-kind contributions (e.g. staff time) being made and must comply with the requirements set out in Section 5.1.2. Cash co-contributions from Partner Organisations are not mandatory.

Given the objectives of this co-funded Program, Fellowship applicants will need to provide sufficient rationale if they do not intend to involve collaborating Partner Organisations in their program of research.

Partner Organisations 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.

3. 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 preventive health objective of the round, proposals must not solely or predominantly focus on:

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

In addition, proposals must not duplicate or substantially overlap with existing projects or pending proposals.

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 programs 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 proposals involving Aboriginal 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.

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 health service provider involved in the activity 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 Eligibility Requirements for the Fellowship Applicant

3.4.1 Qualifications & Experience

At the time of submission, the Fellowship applicant (“Chief Investigator A”) must 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 seven (7) Full-Time Equivalent (FTE) years (0-7 years relative to opportunity) following HDR conferral.

If they do not hold a HDR, the Fellowship applicant 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 seven (7) FTE years of research-activity (and aligning with the [NHMRC Statements of Expectations](#) for typical research experience), corroborated and justified by their Eligible Administering Institution.

The above Fellowship applicant 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 Fellowship applicant must also:

- Not currently hold a Fellowship that extends beyond 2025; or be employed in an ongoing research-focused position.
- 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 Fellowship.
- Physically reside in WA for a minimum of 80 per cent of the period of the Fellowship.
- Be employed by the Eligible Administering Institution for the period of the Fellowship, in accordance with section 3.4.2 below.
- 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).

Applicants may submit only one (1) Fellowship application.

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

3.4.2 Time Commitment to the Fellowship

Fellowships are intended to support researchers at 1.0 FTE for three (3) years, to conduct their research program “full time” as an employee of the Eligible Administering Institution. A full-time Fellow may undertake some other professional duties (e.g. teaching, supervision, clinical work) provided that the Fellow spends $\geq 80\%$ of their time on their research program.

Requests to vary the FTE of Fellows may be considered post-award, with salary support adjusted pro-rata in such cases, but the minimum time commitment by the Fellow to their research program must be no less than 0.5 FTE, unless exceptional circumstances are deemed by THRF Group to apply (e.g. carer responsibilities, serious illness, etc).

Noting the potential for FTE variation, the maximum effective term of a Fellowship will be no more than six (6) years (within the available funding awarded).

3.5 Eligible Administering Institution

Fellowship candidates must submit their application to this Program 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 provider² or a WA public-private partnership (PPP) provider³.

Further, Eligible Administering Institutions will be expected to ensure that the research can 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.

² 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.

³ 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.

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.

The grant funding 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.

Cash co-contributions from an Eligible Administering Institution are not mandatory. However, Institutions are encouraged to consider providing an appropriate stipend for the engagement of a HDR student at the Commonwealth Research Training Program rate (or, if the Institution is unable to enrol/engage HDRs, an equivalent level of research personnel salary support) to augment the Fellow's research program and build their research supervisory experience.

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

As outlined in section 5.1.1 below, the Eligible Administering Institution will be required to provide a letter of support confirming its endorsement and support for the Fellowship Applicant.

The Eligible Administering Institution must ensure applications meet all eligibility criteria as set out in these guidelines.

3.6 Collaborating Personnel

Personnel contributing to the applicant's proposed program of research may be indicated as Collaborators. Personnel providing a contribution under the auspices of a Partner Organisation must be named as Collaborators in the application and associated Partner Organisation letter of support. Further information on these requirements is provided in the table below. Collaborators may be involved on more than one application and will not be counted when considering application limits.

Collaborators that are involved in the proposed program 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.

Type of Collaborator	Requirements for application
Person contributing as individual (e.g. consumer representative, applicant mentor, etc)	<ul style="list-style-type: none"> • List as Collaborator • Describe role and contribution
Person contributing under auspices of the Eligible Administering Institution (e.g. applicant supervisor, research officer, etc)	<ul style="list-style-type: none"> • List as Collaborator • Describe role and contribution • Include in Eligible Administering Institution letter of support
Person contributing under auspices of a collaborating Partner Organisation (e.g. health worker, community program coordinator etc)	<ul style="list-style-type: none"> • List as Collaborator • Describe role and contribution • Include in Partner Organisation letter of support

4. Funding

4.1 Funds Available

The funding support from the Funding Partners is set at the level below over the three years of each awarded EMCR Fellowship (at 1.0 FTE).

1.0 FTE Fellow Salary Support	Direct Research Costs Support	Dissemination / Translation Support	Total THRF Group funding over 3 years
\$105,000 p.a.	(up to) \$25,000 p.a.	\$10,000 total <i>(for use in 2nd and/or 3rd year)</i>	(up to) \$400,000 total

Any additional salary, on-costs and direct research costs are to be borne solely by the Eligible Administering Institution, including increases in salary if the Fellow is promoted during the term of the Fellowship.

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

The salary support of \$105,000 per annum is for the Fellow's base salary and direct on-costs, such as leave accruals and superannuation. Eligible Administering Institutions will ensure that successful THRF Group EMCR Fellows are appointed at a suitable level under standard award conditions, commensurate with experience, as determined by the Eligible Administering Institution. By submitting the application, the Eligible Administering Institution agrees to bear any corresponding salary and/or salary on-cost shortfalls, including if an awarded Fellow's salary increases during the term of the Fellowship.

THRF Group may consider an extension of salary support funding (only) of up to 1 year for awarded EMCR Fellows who, in their final year of Fellowship funding, are "near miss"* in obtaining support for their salary in a nationally competitive grant opportunity.

* *For the purpose of this Program a "near miss" is defined as, in THRF Group's opinion, equivalent to, or higher than, a NHMRC overall score of 5.0 or above.*

4.2.2 Direct Research Costs

Funding of (up to) \$25,000 per annum is to support research costs directly related to the conduct of the project. Funds may be used for costs relating to effective consumer engagement (in line with NHRMC consumer engagement principles) and travel for the purposes of conducting the research program. Direct research costs may also include consumables, services, software, and minor equipment (<\$10,000-unit cost) required to undertake the research project. Applicants will need to indicate and justify their proposed use of the available \$25,000 per annum.

The Fellow's salary, 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.

4.2.3 Dissemination and Translation Support

An amount of \$10,000 (total) will be provided to Fellows to assist with dissemination and translation of the research outcomes. These funds can be used in years 2 and/or 3 of the research project. These Dissemination and Translation Support funds may be used for such things as conference participation/travel, publication costs, open access fees, patenting and/or IP protection costs (which cannot be included as eligible direct research costs).

5. Application Stages and Assessment

Funding will be awarded on merit, based on a process of assessment and selection against available funding. This Program will follow a two-stage assessment process.

- Stage 1. Application
- Stage 2. Further Information and/or Interview

These stages are described in further detail below.

5.1 Stage 1: Application

For Stage 1, applicants will need to complete a written application on the prescribed form, to be submitted via THRF Group's SmartyGrants platform and formally certified (on the prescribed [form](#)) by the DVCR/CEO or authorised delegate of the relevant Eligible Administering Institution.

The application form can be previewed via the link provided in section 9 of these Guidelines, however, the PDF download/preview may not reflect all required questions within the application form as some sections may be conditional. It is strongly recommended that applicants work through the online form within the SmartyGrants system well before the deadline to ensure an understanding of all information required to complete the submission.

Unless otherwise specified, all files to be uploaded as part of the application should be provided 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".

Applicants are required to nominate at least two impartial, non-conflicted external reviewers to assess their 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.

Please note that information surplus to that requested in the application form will not be considered for assessment of submissions.

5.1.1 Letter of Support from the Eligible Administering Institution

The Letter of Support from the Eligible Administering Institution (application form section 4.6.1) must be **no more than 3 A4 pages**, and meet the following formatting requirements:

- All text in the main body should be at least 11pt font.
- Text within tables may be in 10pt font.
- Portrait orientation.
- On the Institution's letterhead.
- Signed by the DVCR CEO or equivalent authorised delegate.

The Letter of Support must include:

- A rationale for why the Eligible Administering Institution wishes to support the applicant, including:
 - Why the Eligible Administering Institution believes the applicant is an emerging, future leader in health & medical research of relevance to Western Australia.

- The Eligible Administering Institution’s development vision and goal for the applicant, including an indication of any plans for employment of the applicant by the Eligible Administering Institution after the period of the EMCR Fellowship.
- Confirmation that, as at the time of application:
 - the applicant does not have an ongoing research-focused employment contract within Western Australia; and/or
 - the applicant does not have an existing fellowship (whether externally or internally funded) that extends beyond 2025; and/or
 - where it is the case that the applicant is currently or will be employed by a Western Australian Health Service Provider (HSP) beyond 2025 (i.e. the applicant is a “clinician researcher”), details of the working arrangements agreed in-principle with the relevant HSP that will enable all conditions of the Fellowship to be met, including the requirements under section 3.4.2.
- A summary of:
 - the research environment in which the applicant will be hosted and supported by the Eligible Administering Institution, including access to students.
 - the applicant’s nominated supervisor (who must be a salaried staff member of the Eligible Administering Institution), and their experience in supporting EMCRs.
 - the identified mentor/s for the applicant, and their track record in assisting the career development of EMCRs.
- Confirmation that the applicant’s proposed Development & Mentoring Plan (see section 5.1.3 of these Guidelines) is endorsed and will be supported by the Eligible Administering Institution if successful.
- Details (amount and purpose) of any cash and in-kind support committed by the Eligible Administering Institution for the applicant during the Fellowship, including confirmation that, if the applicant is successful, the Eligible Administering Institution will appoint the Fellow at a suitable level and will bear any corresponding salary and/or salary on-cost shortfall.
- Confirmation that the Eligible Administering Institution meets the requirements indicated in section 3.5 of these Guidelines.

5.1.2 Letter(s) of Support from Collaborating Partner Organisation(s)

Each collaborating Partner Organisation’s letter of support must be **no more than 2 A4 pages**, and meet the following formatting requirements:

- All text in the main body should be at least 11pt font.
- Text within tables may be in 10pt font.
- Portrait orientation.
- On the organisation’s letterhead.
- Signed by an authorised representative (i.e. has authority to commit and ensure the organisation’s participation and contribution).

Where multiple Partner Organisations are involved in a proposal, their letters of support are to be combined and uploaded as one document at section 5.3.3 of the application form.

Each Partner Organisation letter of support must include the following information:

- A brief profile of the organisation, including details of ABN, legal status, and links to its current website and (if available) annual report.
- Details of the collaborative role of the partner organisation in the Fellow’s proposed program of research, including any relevant participating personnel.
- Why the organisation believes the anticipated outcomes of the Fellow’s proposed program of

research are significant and relevant.

- Details of any cash and/or in-kind support that will be provided by the organisation. The commitments must match the information in the budget section of the grant proposal.
- If the application is successful, consent for identification of the Partner Organisation in any Program announcement, media post/release, or website (or provide an explanation why consent is not given).

5.1.3 Development & Mentoring Plan

Using the prescribed template and accompanying instructions (refer Appendix A), a completed and signed Development & Mentoring Plan for Year 1 will need to be uploaded as part of the Stage 1 application.

A Development & Mentoring Plan is to outline the career development and future prospects anticipated for Fellowship applicants. The prescribed template provides the basis for setting a simple, structured plan that can be used to identify relevant career development goals and targets for the first year of the Fellowship. Further information is provided in Appendix A.

Assessment of progress against the Plan and provision of updated Plans for subsequent years of the Fellowship will form part of the regular reporting requirements for Awardees.

5.2 Assessment of Stage 1 Applications

The application assessment and selection process shall be administered by THRF Group and follow the steps below:

i. Preliminary eligibility screening

Stage 1 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.

ii. Assessment of eligible applications

Eligible Stage 1 applications reviewed by the Grant Selection Advisory Committee against assessment criteria, with input from specialist reviewers.

The Grant Selection Advisory Committee will include experienced health and medical research experts and consumer representative(s).

Further details on the assessment scoring system are provided in Appendix B. All assessment criteria will be considered in the context of the Program's Objectives.

Assessments will follow the NHMRC Relative to Opportunity Policy, applications and assessment matters will be managed confidentially, and suitable conflict of interest management processes will be observed.

5.3 Stage 2: Further Information and/or Interview

Following assessment and provisional ranking of Stage 1, THRF Group may request further information from applicants and/or their Eligible Administering Institution. It is intended that shortlisted applicants will be interviewed by a panel convened by THRF Group before funding decisions are finalised.

The interview panel will comprise of members from THRF Group and the Grant Selection Advisory Committee.

5.4 Funding Decision

Final recommendation by the Grant Selection Advisory Committee of recipients for approval, and any special conditions, will be made to THRF Group and the Department of Health WA by the Grant Selection Advisory Committee.

Final outcomes will be advised to applicants and their respective Eligible Administering Institutions under embargo, before announcement by THRF Group and/or the Department of Health.

The final funding decision will be made by THRF Group and the Department of Health, informed by assessor reviews, and determined by funding availability. The Funding Partners reserve the right not to fund any application where the relevant project 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). The funding decision will be final and no further negotiations will be entered into.

5.5 Announcement of Awardees

The Funding Partners (i.e. Minister for Medical Research and/or the Department of Health WA, in conjunction with THRF Group) may publicly announce the awardees of the Program. Applicants and all related parties may be notified of outcomes under embargo in advance of the Funding Partners' public announcement– and must not make any announcements, public statements, social media posts or issue of media releases before the announcement by the Funding Partners.

6. Terms and Conditions for Funding

If a project is approved for funding, THRF Group⁴ and the Eligible Administering Institution will enter into a formal funding agreement detailing 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 is 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 provisions that recipients must:

- provide 6-monthly progress reports on the research and agreed milestones through SmartyGrants and at any other point as reasonably requested.
- report any unexpected delays or changes to the research plan to THRF Group in a timely manner.
- provide 6-monthly financial acquittal statements and at any other point as reasonably requested.
- provide a Completion Report and final financial acquittal upon conclusion of the Fellowship period, and a Follow-up Report 12 months after completion.
- appropriately acknowledge the Funding Partners support in all presentations and publications of the work (see section 6.4 below).
- must 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 the one or both of the Funding Partners' Communications and Marketing teams.

⁴ via *The Hospital Research Foundation Group – WA Pty Ltd as trustee for The Hospital Research Foundation Group – WA Trust (ABN: 91 912 794 277)*

- 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 regarding the 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.

The funding agreement will also include provisions that the Eligible Administering Institution must:

- provide evidence upon request of insurances such as Public Liability, Professional Indemnity, Workers Compensation and any other insurances identified as necessary (e.g. through the site governance approvals) for the Fellows research project. It is recommended that Institutions seek advice from their insurance advisors to confirm what level and type of insurance is required.
- ensure any participating entities have appropriate insurances.

6.1 Intellectual Property

The funding agreement will include provisions indicating that the ownership of any Intellectual Property generated by undertaking the research shall vest in the relevant Eligible Administering Institution, as well as provisions relating to, inter alia, rights, access, use and beneficial interests in the IP by the Funding Partners. A provisional funding agreement template is available [here](#).

6.2 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 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 program 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.

6.3 Termination of Funding Agreement

THRF Group's funding agreement will include provisions for termination of the agreement, and THRF Group reserves the right to terminate the funding agreement at any time by written notice if, for example:

- eligibility requirements are no longer met.
- the Awardee withdraws from the project during the award 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 Fellowship 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 Fellowship, which includes Intellectual Property ownership, where appropriate.

- other entities fund or are involved in the research that are part of an industry that produces products or services that may contribute to poor physical health or mental wellbeing of the community.

6.4 Acknowledgements

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

“This work is supported by the WA 2025 Early-Mid Career Research (EMCR) Fellowships: Preventive Health for Priority Populations Program, which is a co-funding partnership program of the Western Australian Future Health Research and Innovation (FHRI) Fund and The Hospital Research Foundation Group (THRFG).”

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

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

- Only electronic submission through the SmartyGrants system will be accepted.
- Applicants must click on the “Submit” button when the application is finalised.
- Applicants will then receive a confirmation of application submission by email.
- If the email is not received (after checking junk/spam folders), applicants should assume that the submission has not occurred and re-attempt submission.

Apply at:

<https://hospitalresearch.smartygrants.com.au/2025-WA-EMCR>

Stage 1: Close Wednesday 2nd July 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

10. Timetable

Stage 1 Applications Open	Monday 28 th April 2025 at 12:00pm (AWST)
Stage 1 Applications Close	Wednesday 2 nd July 2025 at 4:00pm (AWST)
Stage 2 Interviews	Indicatively 6-8 weeks after Full Applications close
Final Outcomes	Indicatively 2-4 weeks after Stage 2

Timing for stages noted as 'indicative' above may be subject to change without notice.

APPENDIX A – Development & Mentoring Plan Guidance

A.1. Background

The underlying purpose of the requirement for preparation of a Development & Mentoring Plan (Plan) under this Program is to assist forward thinking on the career development and future prospects for Fellowship candidates. The [prescribed template](#) provides the basis for setting a simple, structured Plan that can be used to identify relevant development goals and associated targets for the applicant in the first year of their Fellowship.

The Plan will form part of the assessment of the application. If successful, progress against the Plan, and updating for subsequent years, will also form part of the regular reporting requirements to THRF Group.

The Plan template asks the Fellowship applicant to identify certain **Career Development Components** (Components) which are described in A.3 below and that will be beneficial for the applicant to progress over the first year of the Fellowship. The Plan can have a maximum of five (5) such Components, noting that:

- the “Regular Mentoring” Component must be included “as is”.
- at least two (2) additional Components must be included; &
- only one (1) “Other” Component can be included.

Please note that the Component naming cannot be changed, but candidates are free to complete the associated “Specific Development Goal”, “Activity/ies”, “Quantitative Target”, and “Qualitative Target” elements in their own words. Also, as indicated in the example, up to two (2) Activities can be recorded for a Component, but corresponding Quantitative and Qualitative Targets will need to be added for each.

Please also note that, if successful:

- i. it is expected the Fellowship Awardees, and their Mentor(s) will develop and document more-detailed goals, targets and objectives that underpin this Plan as part of Regular Mentoring meetings. This more-detailed documentation is not required to be submitted to THRF Group; &
- ii. the Plan is not fixed – if needed it can be modified via the regular reporting process with THRF Group.
- iii. Fellows will need to provide Plans for years 2 & 3 of their Fellowship via the regular reporting process. Recognising the Fellow’s development needs will evolve and mature over the course of the Fellowship it is expected that the mix of Components will change year-to-year.

An **example single year plan** is provided under section A.4 to give a sense of the requisite detail.

A.2. Process Summary

Step 1: Review and identify which of the Additional Career Development Components (see A.3 below) would be beneficial for Year 1 of the Fellowship. It is recommended that applicants work with their supervisors, mentors and institutional support staff to determine which Components and associated elements might work best for the candidate and their career. A minimum of two (2) and a maximum of four (4) Additional Career Development Components must be selected (beyond the mandatory, pre-filled “Regular Mentoring” Career Development Component).

Step 2: In the [Plan template](#), formulate and record the Specific Development Goal, Activity/ies, and Quantitative and Qualitative Targets relating to each activity, for each selected Additional Component (note the level of detail in the example provided in section A.4 of this document).

Step 3: The applicant should circulate the draft Plan for internal review and endorsement, before final sign-off by the applicant’s proposed Supervisor, Mentor and Head of Organisational Unit for inclusion in the Program application.

A.3. Additional Career Development Components

- ❖ **Enhancing Scientific Track Record** – publication records are considered a strong factor in career success, although it is clear that quality, impact and “reach” metrics are increasingly important. Activities in this space could include, but are not limited to: plain language/scientific writing training, workshops, “write clubs”, metrics training, publication targeting/planning etc.
- ❖ **Improving Grant/Funding Success** – funding for research is vital for career success but is increasingly competitive. Proposals need to be clear, concise, compelling, and tailored to the opportunity. Skills in this area need to be developed and constantly improved as funding landscapes change. Activities in this space could include, but are not limited to: proposal development training, workshops, peer review programs, pitch sessions, opportunity planning, grant review panel experience etc.
- ❖ **Building Research Leadership** – THRF Group EMCR Fellows have been identified as emerging research leaders who will not only lead a high-performing research group, but also develop leadership and influence in their department, institution, scientific discipline, and beyond. Activities in this space could include, but are not limited to: departmental/institutional committee participation, participation in professional society management/governance, mentoring opportunities, senior staff ‘shadowing’ opportunities, discipline working group participation (e.g. organising committees) etc.
- ❖ **Effective Team Management** – managing and supervising project team(s) to work positively and productively is critical in any field of endeavour, and the need for this skillset will only grow over time. Activities in this space could include, but are not limited to: team leader training and workshops, HR skills training, conflict management training, difficult conversations training, objective setting/review training etc.
- ❖ **Effective Project Management** – the number, scope and complexity of projects being managed will likely grow over time, and successfully completing quality projects on time and within budget will enhance further career and funding prospects. Activities in this space could include, but are not limited to: project management methodologies training, financial management training, resource planning training, time management training etc.
- ❖ **Better Science Communication** – effective science communication is a growing necessity for the modern researcher, especially when considering external stakeholders and the general public. Enabling understanding by non-specialists will enhance the reach, impact, and funding chances for further research. Activities in this space could include, but are not limited to: public speaking training, science communication training, participation in public fora, media (traditional and ‘new’) training etc.
- ❖ **Growing Industry/End-User Engagement** – connecting research with industry and end-user needs will enhance and diversify opportunities for funding, as well as building a record of research impact. Activities in this space could include, but are not limited to: consumer engagement training, networking workshops, pitch workshops/training, IP/commercialisation training, communication training, industry exchanges etc.
- ❖ **Improving Higher Degree by Research (HDR) Supervision** – enabling HDR success while providing a safe and supportive environment is a key part of a research group’s ongoing success. Activities in this space may include, but are not limited to: supervisor training, diversity training, interpersonal communication training, team management training etc.
- ❖ **Enhancing Collaboration** – developing and sustaining collaborations across disciplines, institutions and borders is a vital part of career success in this global age. Activities in this space could include, but are not limited to: networking sessions, lab/material/data exchanges, co-supervision, collaborative grant submissions, interdisciplinary initiatives etc.
- ❖ **Other** – there may be other areas in a similar vein to the above Components which are identified by the supervisor and mentor(s) identify as key areas for development. Please provide sufficient detail (similar to the examples given) on the desired “Other” area for development when using this Component category.

A.4. Development & Mentoring Plan Example

Year 1

#	CAREER DEVELOPMENT COMPONENT (at least #2 and #3 must be completed)	Specific Development Goal	Activity/ies (At least 1 Activity per Career Development Component)		Quantitative Target (per Activity)		Qualitative Target (per Activity)	
1	Regular Mentoring (NB: this Component is mandatory, and not to be altered)	Leverage the experience of senior mentors to assist my future research career prospects	1.1	Regular, documented meeting/s with Mentor/s to set, monitor and review goals for career development	1.1	At least 4 meetings in year	1.1	Demonstrable progress against agreed goals
			1.2	Submit grants with support of supervisor and mentor/s	1.2	At least 1 competitive grant submission	1.2	More experience in grant writing; learning from feedback
2	Building Research Leadership	Participate in and contribute to organisational governance	2.1	Join School Research Committee (SRC)	2.1	Attend 80% SRC meetings	2.1	Greater understanding of organisational research governance
			2.2	N/A	2.2	N/A	2.2	N/A
3	Effective Project Management	Build financial and resource planning skills to improve my research project management skills	3.1	Undertake financial/budget management training sessions	3.1	Attend and complete financial training sessions by Q3	3.1	Improved knowledge of financial management and budgeting
			3.2	Enrol in project management software training course	3.2	Completion of project management training course	3.2	Proficiency in using project management software
4	Enhancing Scientific Track Record	Build my impact from publications	4.1	Undertake impact metric training	4.1	Attend and complete impact metric training sessions by Q2	4.1	Improved knowledge of metrics for publication planning
			4.2	Undertake journal publication destination planning with supervisor	4.2	Complete journal destination planning with supervisor by Q4	4.2	Key target journals identified for publication submission
5	Improving HDR Supervision	Build my knowledge/skills in supervising HDR students	5.1	Undertake university HDR supervision training course	5.1	Complete university HDR supervision training course	5.1	Feel more confident in my HDR supervision abilities, and greater knowledge of support resources available
			5.2	N/A	5.2	N/A	5.2	N/A

NB: the first row of the table is “greyed out” as it is prescribed and not to be altered.

APPENDIX B – Assessment Criteria

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

Priority Population Engagement (20%)

The extent to which:

- The research project addresses key unmet needs and desired health outcomes as identified by the relevant Priority Population (and Sub-group if relevant).
- There has been demonstrated Priority Population consumer input and co-design into preparation of the proposal.
- There will be meaningful and effective Priority Population consumer engagement over the project duration, including suitable feedback and evaluation mechanisms.
- There is demonstrated connection with and support from collaborating Partner Organisations that can assist in the design, development, evaluation, dissemination and/or implementation of the developed preventive health approach for the Priority Population.

Project Approach, Innovation and Feasibility (20%)

The extent to which the proposed project’s approach:

- is justified by the current evidence;
- has an appropriate methodological framework, milestones and timeframe, including suitable analysis/evaluation;
- is innovative and will advance the field;
- will meaningfully address the defined unmet need;
- is likely to achieve its stated aims; &
- is cost-effective, adequately resourced, and value for money.

Significance & Impact (20%)

The extent to which the preventive health approach to be developed:

- is significant to and important for the identified Priority Population;
- has the potential to improve health outcomes for the Priority Population; &
- has a credible impact pathway, including feasible mechanisms and organisational connections, with high potential for translation, implementation, sustainability, and scalability.

Applicant Quality (20%)

An assessment of the quality and potential of the Fellowship applicant, relative to opportunity, comprising:

- Vision / Commitment - the applicant’s vision for their research career and how the Fellowship would assist in achieving this vision, including the applicant’s commitment to address Priority Population health inequities.
- Career trajectory - the relevance and suitability of the applicant’s research career to date.
- Outputs - the productivity of the applicant and the quality of research outputs to date.

- Outcomes and Impact – demonstrated advancements, benefits and impact arising from the applicant’s research to date.

Applicant Support (20%)

An assessment of the level, nature and suitability of support for the Fellowship applicant to deliver the project and achieve their goals, comprising:

- Institutional Support - The extent to which the Eligible Administering Institution demonstrates their commitment to i) support the applicant undertake their proposed program of research, including a supportive research environment, and ii) fostering the Fellow as an emerging leader, including intentions for potential post-Fellowship employment.
- Collaborative Support - The utility of the resources, expertise, infrastructure (incl. data) and facilities being contributed to the Fellow and their project from collaborating individuals and Partner Organisations.
- Development & Mentoring Plan - The extent to which the Plan is suitable and will meaningfully assist the career development aspirations of the Fellowship applicant.

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