

## Application Procedure

*The Clinician Research Fellowships is a Program of the [Western Australian \(WA\) Future Health Research and Innovation Fund](#) and the [Raine Medical Research Foundation](#).*

Applicants should refer to the [Clinician Research Fellowships 2025 Guidelines and Conditions](#) to ensure they meet eligibility requirements and understand funding conditions before commencing this application.

The applicant must be employed in a WA Health Service Provider institution (refer to Clause 3.(b) of the Guidelines and Conditions).

Applications close: **24th March 2025 at 10.00 am (AWST).**

**The applicant is responsible for checking for internal Research Administration Office deadlines and must leave sufficient time to obtain Certification Form signatures.**

In order to provide a draft or final PDF version of your application to the Team Leader, Mentor and Manager/Administrator for their consideration, click the 'Download' button located at the bottom of the last page of the application form.

Queries regarding the application form/process may be directed to the Raine Management Office (+61 8 6488 4880 or [raine@rainefoundation.org.au](mailto:raine@rainefoundation.org.au)).

## Project Title and Abstract

*\* indicates a required field*

### Research Project

**Please note:** Applicants may only include one project.

#### Short Title \*

Must be no more than 90 characters.

### Abstract

The Abstract will be sent to potential assessors for initial consideration and should include an adequate summary of the research project.

\*

# CRF 2025 Application Form

Form Preview

Word count:  
Must be no more than 750 words

## Applicant Details

\* indicates a required field

<b>Name *</b>	Title	First Name	Last Name
	<input type="text"/>	<input type="text"/>	<input type="text"/>
<b>Position Title *</b>	<input type="text"/>		
<b>WA Health Service Provider Institution *</b>	<input type="text"/>		
<b>Section/ Department *</b>	<input type="text"/>		
<b>Discipline/ Profession *</b>	<input type="text"/>		
<b>Institution Address *</b>	Address		
	<input type="text"/>		
	<input type="text"/>		
	Suburb	State	Postcode
	<input type="text"/>	<input type="text"/>	<input type="text"/>
<b>Telephone Number *</b>	<input type="text"/>		
<b>Email Address *</b>	<input type="text"/>		
<b>Please specify if you are applying as: *</b>	<div><div><input type="radio"/> A Medical Doctor (Stream A) <input type="radio"/> A Dentist (Stream A)</div><div><input type="radio"/> An Allied Health Professional (Stream B) <input type="radio"/> A Nurse/Midwife (Stream B)</div></div>		

# CRF 2025 Application Form

## Form Preview

**Will you be based in Western Australia for the term of the fellowship? If your answer is no, you are ineligible to apply.**

### **Citizenship Status \***

- ☐ Australian citizen
- ☐ Australian permanent resident
- ☐ New Zealand citizen
- ☐ None of the above

**Do you currently have an appropriate work visa in place which will be in effect for the duration of the fellowship?**

## Applicant employment details

**FTE employed by Health Service Provider Institution on clinical duties \***

May not be less than 0.3 FTE

**FTE paid research time (including paid research time which is a component of an academic/clinical/administration role) \***

May not be more than 0.3 FTE

**Fellowship FTE requested \***

May not be more than 0.5 FTE

**Indicate if Fellowship FTE 'replaces' or is 'in addition to' current Health Service Provider Institution clinical duties \***

Must retain a minimum of 0.3 FTE Health Service Provider Institution clinical duties

**Retained Health Service Provider Institution clinical duties during Fellowship \***

May not be less than 0.3 FTE

**Fellowship duration requested \***

Maximum 3 years

## Academic qualifications

# CRF 2025 Application Form

## Form Preview

Include all academic qualifications, and (if applicable) any current enrolments or future plans, e.g. undertaking a Doctor of Philosophy (PhD), Masters by Research or other Higher Degree by Research Training.

Degree	Institution	Date started	Date received
Please click 'Add More' if you have more than one entry		Must be a date.	Please use the date on transcript or letter advising that your PhD was passed, and NOT the date of the award ceremony. Must be a date.

### Current role(s)

If there are multiple Position Duties within one Position Title, please complete a new line for each duty type.

Institution	Position Title	Position Duty	FTE	Paid
Please click 'Add More' if you have more than one entry				

### Future role changes (if applicable)

Please indicate effective date of change, new role details, including position duties and FTE, and impact on current roles.

### Clinical role(s) to be replaced by the Fellowship (if applicable)

Please include details of the FTE replaced against each applicable role.

## Track Record

\* indicates a required field

### Research experience

Please outline your research history, commencing with the most recent.

# CRF 2025 Application Form

## Form Preview

Institution	Position Title	Research Activities (short description)	Inclusive Dates	FTE	Accumulated working days
		Must be no more than 50 words.			Please calculate based on inclusive dates and FTE. Use 260 days for full year at 1.0 FTE. Must be a number.

### Research experience - total accumulated days

This number/amount is calculated.

### Career Disruption

Applicants are invited to provide details of any career disruption within the period of research experience that may have affected research productivity. Please refer to the [Guidelines and Conditions](#) Clause 6 for the definition of career disruption.

Reason	Impact	Inclusive dates	FTE	Accumulated working days
				Please calculate based on inclusive dates and FTE. Use 260 days for full year at 1.0 FTE. Must be a number.

### Career disruption - total accumulated days

This number/amount is calculated.

### Relative to opportunity

Applicants are invited to provide a summary of any relative to opportunity considerations within the period of research experience that may have affected research productivity. Please refer to the [Guidelines and Conditions](#) Clause 6 for the definition of relative to opportunity.

For each event, please include:

- Inclusive dates
- Circumstances
- Impact

# CRF 2025 Application Form

## Form Preview

### Published research papers

Please list research papers published over your research career. Please use [Vancouver referencing style](#) and include all authors (i.e. must not use *et al*).

\*

### Leadership

Provide details of the applicant's previous experience in leadership activities. This could include original contributions to research, Chief Investigator positions on other research projects, supervision of students and staff, mentoring, awards, committee representation, and community/stakeholder engagement.

\*

Word count:

Must be no more than 500 words.

### Research impact

Refer to the [Guidelines and Conditions](#) (Clause 6) for a definition of "Research Impact".

Provide details of research impact that the applicant has contributed to to-date. Please include the type(s) of research impact and provide details of the reach, significance, contribution of the research program and the contribution of the applicant.

\*

Word count:

Must be no more than 500 words.

### Applicant Curriculum Vitae

Please limit to no more than **four pages**. Minimum acceptable font size is 10 point, 1.5 line spacing, and no less than 2 cm margins.

# CRF 2025 Application Form

## Form Preview

Upload your current CV in PDF format and label: 'ApplicationNumber\_ApplicantSurname\_CV'.

\*

Attach a file:

File upload should not exceed 5 MB

## Quality of the proposed research and feasibility

\* indicates a required field

### Plain language summary

**Please provide a plain language summary of the proposed research project (may be used for publicity purposes) \***

Word count:

Must be no more than 100 words

### Research project status

Indicate if the research project is in progress or is pending. If pending, indicate the reason and expected start date, e.g. subject to award of this Fellowship and/or subject to award of other project funding.

### Research project proposal

Please refer to the Assessment Criteria ([Guidelines and Conditions](#), Clause 6) before preparing this document.

This document should include:

- Aims
- Background
- Preliminary data
- Methods/techniques
- Research plan
- Cited references

Please limit to no more than **nine (9) pages total** (including references) and include page numbers 1-9. Minimum acceptable font size is 10 point, 1.5 line spacing, and margins no less than 2 cm. Cited references should be formatted using the [Vancouver referencing style](#) and may be single-spaced.

# CRF 2025 Application Form

## Form Preview

Upload the file in PDF format using the following label:  
'ApplicationNumber\_ApplicantSurname\_RP'.

\*

Attach a file:

File upload should not exceed 5 MB

### Research Project

Provide details of proposed milestones for the research project within the term of the Fellowship (e.g. Governance approvals, participant recruitment, data extraction, data analysis, reports, etc).

Please also include milestones/activities that provide a pathway to impact that will occur during and following the term of the fellowship. This may include planned activities such as clinical trials, patent registration, publishing research, community and stakeholder engagement, changing policy and clinical practice.

Milestones	Timeline
Please click 'Add More' to add additional milestones	Please advise expected completion date

### Research funding relevant to the research project

**Successful funding related to this research project (please include details of any Higher Degree by Research Training Scholarships).**

Funding Agency/ Scheme	Project Title	Items Funded	Funding Awarded
			Must be a dollar amount.
			\$
			\$

**Pending or proposed funding related to this research project (please include details of any Higher Degree by Research Training Scholarships).**

Funding Agency/Scheme	Project Title	Items Requested	Funding Requested	CRF Project Dependent on this Funding?
			Must be a dollar amount.	
			\$	
			\$	

### Research governance



# CRF 2025 Application Form

## Form Preview

For information on ethics and governance submission requirements please refer to the [Guidelines and Conditions](#) Clause 7.

Funding for successful applications will not be released until a copy of all relevant approvals is submitted to the Raine Medical Research Foundation.

**Please list the Research Governance requirements for this research project (e.g. ethics, biosafety, site specific approvals). \***

## Intellectual Property

Please specify any relevant issues relating to Intellectual Property rights or confidential material (if applicable).

## Research classifications

The definitions and links to listings of each type can be found at: [Australian and New Zealand Standard Research Classification \(ANZSRC\), 2020](#). Please enter six digit FOR and SEO codes as per the new Classification system.

Description (FOR Code)	Field of Research (FOR)	% FOR
Please use description as listed for 6 digit code on ANZSRC	Please enter six digit codes	Total must equal 100% (enter 0 for non-relevant fields) Must be a number.

Description (SEO Code)	Socio-Economic Objective (SEO)	% SEO
Please use description as listed for 6 digit code on ANZSRC	Please enter six digit codes	Total must equal 100% (enter 0 for non-relevant fields)

## Significance and novelty of research project and potential benefits

\* indicates a required field

# CRF 2025 Application Form

## Form Preview

Please provide details of the significance of the research project and relevance to the WA public health system. Please consider how the project may lead to new paradigms, challenges current paradigms, develops or introduces novel concepts, methodologies, technologies, interventions, or other uniquely creative qualities. Also, the likelihood that the proposed study may be successfully translated into improved health outcomes through innovation or change to existing scientific knowledge, clinical practice, and/or health policies and guidelines.

\*

Word count:

Must be no more than 500 words.

## Consumer, Carer and Community Participation

\* indicates a required field

### Names of Consumer(s)

Please provide the name(s) of consumer(s) who will be involved with your research project (at least one consumer is required). Consumer(s) are required to sign the Certification form which can be found on the [Raine Foundation website](#) and attached at the end of the application form.

*'Consumers' are people who have lived experience of a health issue. They might receive health care or advice, or otherwise use health care services. They include patients, their friends, families, carers and members of the general public. Consumers can also be people who represent the views and interests of a consumer organisation, a community or a wider constituency.*

Please note that if you are affiliated with a WA university you may have access to Consumer and Community Involvement Coordinators (please refer to <https://cciprogram.org/> for further information).

### Consumer(s) \*

Title	First Name	Last Name
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<input type="text"/>	<input type="text"/>	<input type="text"/>
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Please click 'Add More' if you have more than one entry

### Consumer(s), carer(s) and community participation in the research project

Health consumers should be engaged during the development of funding applications. They should be embedded in the proposed Activity by including them in the team where appropriate and providing a detailed description of their role and contribution.

Consumer involvement may incorporate:

- Clearly defined relationships with health consumers or community groups who have 'lived experience' of the issue the Activity addresses.
- Demonstrated understanding of the benefits derived from involving people with a lived experience.
- Inclusion of consumers in the Activity where appropriate.
- Plans to involve consumers in the Activity throughout the delivery timeline.

Please outline the involvement of consumers, carers and the community in the research project (e.g. in planning, design, delivery and evaluation).

- The below resources may be helpful in planning and implementing consumer participation in your research:
  - <https://www.involvingpeopleinresearch.org.au/>
  - <https://www.nhmrc.gov.au/about-us/consumer-and-community-engagement>
  - <https://cciprogram.org/researcher-services/>

\*

## Capability, Capacity and Resources

\* indicates a required field

### Research vision

Applicants are asked to describe:

- (a) the vision for their research career; and
- (b) how the Fellowship would assist in achieving this vision.

\*

Word count:

Must be no more than 300 words.

### Applicant role and contribution to the research project

Describe your role within the project, including your **specific** responsibilities and contribution towards research design, project activities and outcomes. A significant contribution to the project at a leadership level needs to be demonstrated. Describe your involvement in areas such as development of research plans, development and implementation of methods and techniques, validation and analysis of data, compilation of reports, and assessment of project results for translation into improved health outcomes.

# CRF 2025 Application Form

## Form Preview

\*

Word count:

Must be no more than 300 words.

### Associate Investigators

List names and Institutions of Associated Investigators in the order of contribution to the proposed research project.

Please click 'Add More' to add additional Investigators.

**Name**

Title

First Name

Last Name

**Position Title**

**Institution Name**

**Please specify  
profession (e.g. allied  
health, medical,  
researcher, nursing or  
consumer)**

**Role in Research Project**

### Mentor

A Mentor is a senior researcher who can advise the applicant on matters relating to research career progression and conduct, and the development of grant applications and publications.

Assignment of a Mentor is mandatory. The Mentor is required to review and certify the application.

**Name \***

Title

First Name

Last Name

**Position Title \***

**Institution \***

# CRF 2025 Application Form

## Form Preview

**Section/ Department \***

**Email Address \***

### Mentor Curriculum Vitae

Please limit to no more than **four pages**. Minimum acceptable font size is 10 point, 1.5 line spacing, and no less than 2 cm margins.

Upload the CV in PDF format and label: '*ApplicationNumber\_ApplicantSurname\_MentorCV*'.

\*

Attach a file:

File upload should not exceed 5 MB

### Mentor letter of support

The mentor is asked to provide a letter of support, outlining their strategy for developing the applicant's research career and the intended outcomes. The mentor should also confirm that they have reviewed the application.

Upload the mentor letter of support in PDF format and label: '*ApplicationNumber\_ApplicantSurname\_MentorLoS*'

\*

Attach a file:

File upload should not exceed 5 MB

### Team leader of host research group (if applicable)

**Name**

**Title**

**First Name**

**Last Name**

**Position Title**

**Institution**

**Section/ Department**

**Email Address**

### Team leader of host research group Curriculum Vitae (if applicable)

# CRF 2025 Application Form

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Please limit to no more than **four pages**. Minimum acceptable font size is 10 point, 1.5 line spacing, and no less than 2 cm margins.

Upload the CV in PDF format and label: '*ApplicationNumber\_ApplicantSurname\_HostCV*'.

Attach a file:

File upload should not exceed 5 MB

### Research project team

Please provide details about research project team's capacity, capability and available resources to enhance the research project of the applicant and provide support to the project.

\*

Word count:

Must be no more than 300 words.

### Host institution

**Host institution(s) where research is being undertaken \***

### Research environment

Please provide details about the relevance of the host research environment and its capacity to foster, strengthen and advance the research of the applicant (e.g. available infrastructure and equipment/services).

\*

Word count:

Must be no more than 300 words.

## Budget Information

\* indicates a required field

### Budget details

# CRF 2025 Application Form

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Provide a budget proposal for the Fellowship duration in accordance with the applicant's Health Service Provider Institution clinician remuneration, and the following criteria:

- For calculation purposes please use a Fellowship start date of 1 January 2026.
- If on the AMA Award, please indicate if *Arrangement A* or *Arrangement B*.
- The maximum value of Fellowship salary shall be \$150,000 per annum (including on-costs), with the actual amount offered being at the discretion of the WA Department of Health and the Raine Medical Research Foundation.
- The amount may include Award/Agreement increases and salary increments as appropriate.
- The amount may include leave entitlements that accrue and are taken during the period the salary is being paid by the Fellowship funding (noting annual leave is accrued at a rate of 7.69% and long service leave at a rate of 2.5% of the base salary paid by grant funding).
- The amount may not include leave entitlements accrued outside this period, parental leave, sabbatical, severance and termination payments.
- Superannuation, payroll tax and workers compensation are the permitted on-costs up to a maximum of 30%, noting that WA public health system salaries can only include superannuation as a salary on-cost.
- In accordance with the *WA Health Financial Management Manual - Section 522*, the WA Department of Health is exempt from paying standard overhead charges where it provides funding under a grant administered by the WA Department of Health Office of Medical Research and Innovation. As this is the case for the Clinician Research Fellowship program, these charges do not apply.
- Research costs funding up to \$10,000 (GST excl.) in total for the Fellowship term may be requested and may include minor equipment, consumables, consumer associated costs and other expenses. Requests for travel funds and publication fees will normally not be approved.
- Budgets must be calculated accurately, with remuneration costs verified by the Institution Business Manager, as requests for additional funding will not be approved.

### Award/Agreement Name

\*

Applicable to the applicant's clinician role

### Award/Agreement Increase Date \*

Day and month that salary/allowance rates increase in the relevant Award/Agreement

### Salary Details \*

Salary classification description, increment point and full-time annual \$ rate as at 1/1/24

### Salary Increment Date \*

Day and month of applicant's salary increment (if applicable)

### Allowance Details

Allowance description and full-time annual \$ rate, as at 1/1/24 for each applicable allowance

# CRF 2025 Application Form

## Form Preview

### Salary costs

Include Award/Agreement increases, applicant salary increments and adjust for FTE requested.

Salary items	Year 1 (2026)	Year 2 (2027)	Year 3 (2028)	Total
Please click 'Add More' if you have more than one entry	Must be a dollar amount.			This number/amount is calculated.
	\$	\$	\$	\$

### Allowance costs

Include Award/Agreement increases and adjust for FTE requested.

Allowance item(s)	Year 1 (2026)	Year 2 (2027)	Year 3 (2028)	Total
Please click 'Add More' if you have more than one entry				This number/amount is calculated.
	\$	\$	\$	\$

### Salary on-costs

Calculate on-costs for salary and allowances.

Salary on-cost item(s)	Year 1 (2026)	Year 2 (2027)	Year 3 (2028)	Total
Please click 'Add More' if you have more than one entry				This number/amount is calculated.
	\$	\$	\$	\$

### Salary financial summary

The maximum amount requested for salary (including on-costs) must be \$150,000 per annum.

Amount Requested 2026	Amount Requested 2027	Amount Requested 2028	Total Amount Requested
\$	\$	\$	\$
This number/amount is calculated.	This number/amount is calculated.	This number/amount is calculated.	This number/amount is calculated.

### Research costs

Funding up to \$10,000 (ex GST) total for the Fellowship term may be applied for, including minor equipment, consumables and other expenses.



# CRF 2025 Application Form

## Form Preview

Research costs	Year 1 (2026)	Year 2 (2027)	Year 3 (2028)	Total
Please click 'Add More' if you have more than one entry				This number/amount is calculated.
	\$	\$	\$	\$

### Please attach quotation for minor equipment and other items as appropriate.

Please upload quotes in PDF format and label:  
'ApplicationNumber\_ApplicantSurname\_Quotes'.

Attach a file:

File upload should not exceed 5 MB

### Budget justification

Please explain the FTE and research cost requirements.

\*

Word count:

Must be no more than 400 words.

## Nomination of Independent Assessors

\* indicates a required field

### Assessor nomination

Please nominate **at least two** potential assessors who are national and international leaders in the field of study, and not located in Western Australia. Click 'Add More' if you would like to include more assessors. Shortlisted applications will be assessed by two (or more) assessors and feedback provided for rebuttal in August/September.

**Nominated assessors should have no current substantive professional or private contact or collaboration with the Applicant, Associate Investigator(s), and Mentor, and no collaborative research nor co-authored publications in the last 6 years.**

Please note that alternative assessors (other than those nominated) may be appointed for assessment applications via the process outlined in the [Appointment of Assessors Procedure](#). Potential assessors are informed that the Raine Medical Research Foundation has a non-disclosure policy.

-----Assessor nomination (1)

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## Form Preview

Name \*

Title

First Name

Last Name

Institution Name \*

School/ Centre/ Institute \*

Telephone Number

Email Address \*

Website

-----Assessor nomination (2)

Name \*

Title

First Name

Last Name

Institution Name \*

School/ Centre/ Institute \*

Telephone Number

Email Address \*

Website

### Assessors not to be approached

Please email the name(s) of any assessor(s) **not to be approached** to assess the application (if applicable) to [raine@rainefoundation.org.au](mailto:raine@rainefoundation.org.au). **This information will only be available to the Raine Management Office** and should be provided by the closing date and time for the application.

### Thematic areas

Please provide three key words/sentences relevant to the project field, to assist in identifying specialist reviewers for the application. ***These should be in order of importance and tightly synthesized.***

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## Form Preview

Thematic area 1 \*

Thematic area 2 \*

Thematic area 3 \*

## References relevant to the research field

Please provide a list of publications relevant to the research field, using [Vancouver referencing style](#). Please include all authors (i.e. don't use *et al*). These should not be your own publications or those of your research team. This list will be used to assist the Raine Management Office in identifying specialist reviewers for the application.

**You must add the DOI number to each reference and you must include all authors (i.e. don't use *et al*).**

\*

## Certifications

In order to provide a draft or final PDF version of your application to the Team Leader, Mentor and Manager/Administrators for their consideration, click the 'Download' button located at the bottom of the last page of the application form.

Applicants should also refer to the "*Instructions for Health Service Provider Institution Representative Certification*" below.

Please download the Certification form from the [Raine Medical Research Foundation website](#). The completed Certification Form (with all signatures) must be submitted in the online application by the closing date and time. **Applications that are submitted without all signatures on the Certification Form will not be considered.**

Upload the signed form in PDF format and label:  
'ApplicationNumber\_ApplicantSurname\_Certification'.

Attach a file:

File upload should not exceed 5 MB

Instructions for Health Service Provider institution representative certification

# CRF 2025 Application Form

## Form Preview

Certification Form Section 7 '*Health Service Provider Institution Representative*' is to be completed by the following institutional representatives (or delegate). If your institution is listed below, please refer to your relevant delegations and authorisations schedules. If your institution is not listed then please contact the Raine Management Office (+61 8 9386 9880 or [raine@rainefoundation.org.au](mailto:raine@rainefoundation.org.au)) for assistance.

**Armadale Kalamunda Group** Executive Director

**Fiona Stanley Fremantle Hospital Group** Director of Clinical Services

**Graylands Hospital** Director of Clinical Services

**King Edward Memorial Hospital** Executive Director

**Pathwest** Chief Pathologist

**Perth Children's Hospital** Executive Director Medical Services

**Rockingham Peel Group** Executive Director

**Royal Perth Bentley Hospital Group** Executive Director

**Sir Charles Gairdner Osborne Park Hospital Group** Executive Director

## Review, Feedback and Submit

### Review

Please review the application and ensure each question has been answered before submission.

Please ensure that you have:

- Included the DOI number on each publication under references relevant to the research project
- Included all authors (i.e. not used *et al*) for each of your published research papers and for each publication under references relevant to the research project

### Privacy notice

In compliance with the *Information Privacy Act 2009* (the Act) personal information on this form may be stored in Raine Medical Research Foundation records database and may also be used for statistical research, information provision and evaluation of services. Your application may be provided to the financial institution which handles Raine Medical Research Foundation financial transactions and may be disclosed to partner organisation representatives for purposes related to this application and/or monitoring compliance with the Act. Except in these circumstances, information will only be disclosed to third parties with your consent unless otherwise required or authorised by law.

### Feedback

You are now coming to the end of the application process and before you click the **SUBMIT** button please take a few moments to provide some feedback.

# CRF 2025 Application Form

## Form Preview

We would value any feedback you may have regarding our online grants application process. Please note that this feedback will not be shared with assessors/impact your application and will solely be considered by the Raine Management Office for the purpose of refining and improving future application rounds, with your help.

**Please indicate how you found the online application process**

☐ Very easy      ☐ Easy      ☐ Neither      ☐ Difficult      ☐ Very difficult

**Please suggest any improvements and/or additions to the application process/form that may be helpful**