



# WA Early-Career Child Health Researcher (ECCHR) Fellowships Program

2024 Application for funding commencing 1 January 2025

**Closing date for applications**

**1pm (AWST) Tuesday 13 August 2024**

## **Introduction**

Prior to completing your Application, please familiarise yourself with the ECCHR Fellowships Guidelines and Conditions (available on the [BrightSpark website](#)).

This Application Form is in four parts:

Part A: Details of Applicant, Research Supervisor, Research Entity and Project Overview

Part B: Project Detailed Description, Budget and Milestones

Part C: Assessment Criteria and Weightings

Part D: Letters of Support and Application and Certification Form

## **Privacy**

The Program Administrator will ensure that any personal information received from an Applicant in connection with their application is used and disclosed only to the extent necessary for the purposes of assessment and selection and any required reporting requirements. The Program Administrator will take all reasonable steps to ensure that personal information managed by it in connection with this application is protected against misuse, interferences and loss, and from unauthorised access, modification and disclosure.

For assistance completing your application, please contact your Research Entity's research office, or equivalent, in the first instance.

Research officers can contact the Research Program Manager:

Email: [administrator@brightsparkfoundation.com.au](mailto:administrator@brightsparkfoundation.com.au)

Phone: +61 433 528 022

## Part A.1: Details of Applicant

All fields must be completed.

**Applicant Title, Given Name and Surname:**

**Email:**

**Phone:**

**Applicant identifies as Aboriginal: YES / NO**

**Date PhD conferred or anticipated to be conferred:**

## Part A.2: Eligibility of Applicant

Applicants must confirm their eligibility to apply.

**The Applicant is an early-career child health researcher who (select only one):**

YES / NO has just completed, or will complete in early 2025, their PhD in an area related to child health research (in an area related to child health research is preferable but not mandatory) OR  
YES / NO has the equivalent of no more than five years post-doctoral research experience, relative to opportunity.

**All of the following must apply for the Applicant to be eligible to apply, tick each to confirm you are eligible. The Applicant is an early-career child health researcher who:**

- has not been awarded independent grant funding as a named investigator totalling more than \$50,000 for a project they lead or have led since completing their PhD.
- has nil or minimal ongoing committed funding support for their child health research proposal which is the subject of this application.
- is an Australian or New Zealand citizen, a permanent resident of Australia, or will have an appropriate work visa in place for the period of the Fellowship.
- has not previously been awarded an Early-Career Child Health Researcher Fellowship or Raine Priming Grant.
- does not have overdue reporting obligations for any grant funding program administered by the Office of Medical Research and Innovation (including FHRI Fund programs) from any year) excludes authorised extensions).
- has informed the Research Entity about their required financial commitment, which is no less than 30% of the total funding and any appropriate additional in-kind and cash contributions, to the Fellowship.

## Part A.3: Interest and Commitment to Child Health Research

**Describe your interest in and commitment to child health research and how that commitment will be maintained during the course of this Fellowship.**

*100 words maximum*

### **Applicant CV must be submitted with the application.**

Submit a condensed two-page CV that clearly identifies:

- all previous significant child health research grants, awards or prizes you have been awarded,
- all publications during the last five years (short form referencing to save space), and
- career interruptions: Applicants track record and early-career researcher status will be evaluated in light of any career interruptions. Please include brief details (including duration) of any career interruptions.

## **Part A.4: Details of Primary WA-Based Research Supervisor**

Applicants can have only one primary Research Supervisor and they must be WA-based.

**Position Title and Job Level (if applicable):**

**Institution:**

**Email:**

**Phone:**

**Describe your primary Research Supervisor's experience in child health research relevant to this application:**

**Provide a short description of supervision and mentoring support that will be provided by the primary Research Supervisor.**

**Primary Research Supervisor CV must be submitted with the application**

Submit a condensed two-page CV that clearly identifies:

- top five or most relevant publications from the last five years and
- provides details of past child health research mentorship.

## **Part A4.1: Details of Additional Supervisors**

If you have additional supervisors, provide their details below and upload a two-page CV (PDF only) for each that includes descriptions of their experience in child health research, relevant to this application, and the supervision and mentoring support they will provide.

**Title, Name, Surname, Institution, Position:**

## **Part A.5: Details of Research Entity**

**Research Entity:**

**Address:**

**Contact within the research office, or equivalent:**

**Email:**

**NOTE:** a notification email and the completed application form will be sent to this email address when the application is submitted.

**Describe experience in child health research or the research environment that is relevant to this application:**

**The Research Entity is required to contribute 30% cash to the overall total Fellowship. Provide a short summary of in-kind and cash support that will be offered and provided in addition to this amount (if required).**

## **Part A.6: Details of Fellowship Project**

**Project Title:**

**Applicant's Proposed Role/Position during the Fellowship at Research Entity:**

**Proposed start date of Fellowship:**

**Project Executive Summary. Provide a plain language summary of the aims, child health research significance and expected outcomes of the project. This may be used for media/publicity purposes.**

*250 words maximum.*

**The project is in the area of Aboriginal child health research: YES / NO**

## **Part A.7: Project Funding**

**Does or will the project have additional funding from other sources? YES / NO**

**If yes, provide details, amounts and justification for why Fellowship funding is being sought.**

**Have other grants been, or will be, applied to for the project? YES / NO**

**If yes, provide the name of the grant, the amount requested and justification for why Fellowship funding is being sought.**

## **Part B.1: Project Proposal**

**Describe the background and aims of the proposal. Describe how the proposal is significant, novel or innovative and whether the proposal addresses an important child health research issue.**

*300 words maximum.*



## **References.**

*300 words maximum.*

**Provide a timeline of planned objectives/milestones of the project. The purpose and expected outcomes of each activity should be clear.**

*300 words maximum.*

## Part B.2: Budget

Provide the total annual budgets for the project. All amounts are to be GST exclusive. Refer to the ECCHR Fellowship Guidelines and Conditions for allowable budget items.

	Year 1	Year 2	Year 3	Total from Program Sponsors	Total all sources
Salary					
On-costs					
DRCs					
Total Project Budget					

Provide details of individual project costs with an indication of how the funds will be spent. Indicate support provided from other sources.

	Description	Program Sponsors	Other Sources	In-kind from Other Sources	TOTAL
Item					
Item					
Item					
Item					
Item					
Item					
Item					
Item					
Item					
Item					
Item					
Item					
Total Budget					

**Provide a full justification in terms of need and cost for each budget item listed. Include details of cash and in-kind contributions from the Research Entity, collaborators and/or funding from other sources that may be supporting the project.**

*300 words maximum.*

## **Part C: Assessment Criteria and Weightings**

Please provide information in respect of each of the following five (5) assessment criteria below. Refer to the ECCHR Fellowship Guidelines and Conditions Annexure 3 for further details of the Assessment Criteria and Weightings (available for download from the BrightSpark website). Each Application will be assessed using the five (5) criteria and the weightings indicated.

### **Part C.1: Track record of the Applicant relative to opportunity - 25% weighting**

*300 words maximum.*

**Part C.2: Quality of the proposed child health research and feasibility - 20% weighting**

*300 words maximum.*

**Part C.3: Significance and novelty of research and potential benefits - 20% weighting**

*300 words maximum.*

**Part C.4: Capacity, capability and resources (of the team, including role and contribution of the Applicant, the Primary Supervisor and the Research Entity) to meet project objectives and deliver on the project within the proposed timeframe - 25% weighting**

*300 words maximum.*



**Part C.5: Consumer, carer and community participation in the development and ongoing activities of the project - 10% weighting**

*300 words maximum.*

## **Part D.1: Letters of Support**

### **Letters of Support**

A letter of support is required from the (1) Primary Supervisor and each additional Supervisor, setting out their willingness and capacity to provide supervision and mentoring support to the applicant and (2) the Research Entity outlining their willingness and capacity to support and contribute to the Fellowship proposal, as well as any cash or in-kind contributions. These may be written by the Primary Supervisor and Head of School (or equivalent).

## Part D2.1: Applicant Certification

The Application and following Certification pages must be completed for the Application to be considered eligible.

### The Applicant must tick to certify of each of the following requirements:

- I have read and understand the ECCHR Fellowship 2024 Guidelines and Conditions and the ECCHR Fellowship 2024 Grant Agreement General Terms & Conditions.
- I confirm that I meet the eligibility criteria specified in Section 3 of the ECCHR Fellowship 2023 Guidelines and Conditions and have completed and submit the attached Application for funding to undertake the child health research project described in the Application.
- I agree that the Project Executive Summary may be used by the Program Administrator for any media or publication purposes relating to the promotion of the Fellowship.
- I agree that if awarded a Fellowship, that during the period of the Fellowship that my research duties at the Research Entity will be maintained at a minimum of 0.5 FTE.
- I agree to abide by the ECCHR Fellowship 2024 Guidelines and Conditions and the ECCHR Fellowship 2024 Grant Agreement General Terms & Conditions.
- I declare information supplied by me on this application is complete and correct.
- I understand that the information that I have provided in this application may be used by the Program Administrator for the purposes of assessment and selection. I understand that the Program Administrator may share my information with other persons for the purposes of assessment, selection and management of this application. If my application is successful, I understand that the Program Administrator may use my personal information in connection with the awarded Fellowship.

**Applicant Name:**

**Applicant Signature:**

**Date:**

## **Part D2.2: Research Entity Senior Representative Certification**

**A Senior Representative from the Research Entity must tick to certify of each of the following requirements:**

- I have read and understand the ECCHR Fellowship 2024 Guidelines and Conditions and the ECCHR Fellowship 2024 Grant Agreement General Terms & Conditions.
- I confirm that the Applicant's Application, which names our institution as the proposed Research Entity, has been reviewed and is endorsed and supported by our institution as the proposed Research Entity.
- I confirm that if the Applicant is successful, then as the named proposed Research Entity, our institution will co-partner with the Program Sponsors by contributing at least the minimum gap share of the overall total Fellowship funding package amounts.
- I confirm that if the Applicant is successful, then as the named proposed Research Entity, our institution will support the Applicant throughout the Fellowship by funding pre-approved research costs over and above the annual and total Fellowship funding amounts.
- I confirm that if the Applicant is successful, then as the named proposed Research Entity, our institution will provide opportunities for the Applicant to progress and develop their child health research skills and research project management capabilities, including by making available research facilities, conference attendance grants and publishing opportunities and support.
- I confirm that as the proposed Research Entity, our institution agrees to abide by the ECCHR Fellowship 2023 Guidelines and Conditions and for Fellowship recipients by the ECCHR Fellowship 2024 Grant Agreement General Terms & Conditions.
- I am an authorised delegated signatory for the proposed Research Entity and approve the use of the Research Entity's facilities, resources and funds to meet the requirements named above.

**Senior Representative Name:**

**Senior Representative Signature:**

**Date:**

## Part D2.3: Research Supervisor

**The Research Supervisor must tick to certify of each of the following requirements:**

I have read and understand the ECCHR Fellowship 2024 Guidelines and Conditions and the ECCHR Fellowship 2024 Grant Agreement General Terms & Conditions.

I confirm that I am a WA based senior/established researcher and I certify that I have reviewed the Application Form and the proposal description is accurate.

I confirm that I have provided a letter of support and that the Applicant will receive guidance and ongoing support from me and my team in relation to the proposal during the term of the Fellowship including, as requested, reporting on progress directly to the Program Sponsors.

**Research Supervisor Name:**

**Research Supervisor Signature:**

**Date:**

## **Part D2.4: Research Entity HR Manager (or equivalent)**

**The HR Manager (or equivalent) must tick to certify of each of the following requirements:**

I confirm that the Applicant is or will be employed by our institution by the time of the commencement of the Fellowship (1 January), at a level not less than 0.5 FTE, and that this will continue for the duration of the Fellowship.

I confirm that if the Applicant is already employed by our institution, the Applicant can and will be released from their existing post or other duties for the period of the Fellowship to the extent necessary for undertaking the child health research project at a level not less than 0.5 FTE.

The Program Administrator will be notified immediately of any changes to the information provided in this Application, such as the Applicant leaving our institution's employment, if these changes occur prior to the Fellowship being concluded.

I am an authorised delegated signatory for the proposed Research Entity.

**HR Manager (or equivalent) Name:**

**HR Manager (or equivalent) Signature:**

**Date:**

## Part D2.5: Research Entity Finance Manager (or equivalent)

**The Finance Manager (or equivalent) must tick to certify of each of the following requirements:**

- I confirm that the Budget Information and Budget Justification details contained in the Application are complete and correct.
- I understand and agree that a claim will not be made on the FHRI Fund, the WA Department of Health, the BrightSpark Foundation or the Program Administrator to cover any over-expenditure of budget.
- The Research Entity will administer the Fellowship and will abide by the ECCHR Fellowship 2023 Guidelines and Conditions and ECCHR Fellowship 2023 Grant Agreement General Terms & Conditions.
- I am an authorised delegated signatory for the proposed Research Entity.

**Finance Manager (or equivalent)**

**Name:**

**Finance Manager (or equivalent)**

**Signature:**

**Date:**

## Application Review, Submission and Assistance

**Please review your application before clicking submit and confirm you have:**

- Checked your eligibility (Part A.2)?
- Uploaded all the required CVs (one each for the applicant, the primary Research Supervisor and any additional supervisors)?
- Upload the letters of support (D1)?
- Obtained all certifications (D2.1 to D2.5)?

Applications must be submitted complete by **1pm AWST on 13 August 2024**.

Applicants are responsible for complying with any internal deadlines their Research Entity may have.

For assistance completing your application, please contact your Research Entity's research office, or equivalent, in the first instance.

Research officers can contact the Research Program Manager:

Email: [administrator@brightsparkfoundation.com.au](mailto:administrator@brightsparkfoundation.com.au)

Phone: +61 433 528 022