

Queensland Health

Clinical Research Fellowships

Round 6 – Application Summary

Application submission instructions

This document is an **application summary only**, listing all the questions you will need to complete for your Clinical Research Fellowships (CRF) R6 application. This is a reference document only.

Please submit your application via RedCap (<https://redcap.link/fellowships>) by 11:59pm AEST 21 October 2024.

Late applications will not be accepted.

An instruction guide and FAQs has been developed, and can be found [here](#).

Before completing the application form, please ensure that you have read all relevant documentation for this Round, available at:

<https://www.health.qld.gov.au/research-reports/research/researchers/grants-support/clinical-research-fellowships>



**Queensland
Government**

1. Applicant Registration

The proposed Fellow	
Title	
Surname	
First name(s)	
Work phone number	
Mobile phone number	
Email address Must be a Queensland Health or other publicly funded healthcare facility email address	

2. Applicant Eligibility Criteria:

Before preparing your application, please confirm that you meet the following eligibility requirements:

- I will continue to be employed, reside and conduct research in Queensland for the duration of the Fellowship.
- I have met the Fellowship category and duration requirements outlined in Section 2.1 of the Funding Rules.
- I hold a salaried appointment¹ with Queensland Health or other publicly funded healthcare facility in a clinically related role for a minimum of 0.2 FTE over the duration of the Fellowship.
- At the time the Fellowship commences and for the duration of the Fellowship, I will be registered with the relevant professional registration board/s.
- My employing Queensland Health Hospital and Health Service or other publicly funded healthcare facility is named in the application as either the administering organisation or partner organisation.
- I have in place a collaboration with a Queensland-based research organisation² external to Queensland Health.
- I do not hold an active Clinical Research Fellowship from a previous round that would extend past 31 December 2024.
- The funding requested in this application does not duplicate my salary funded by other grants and does not duplicate any existing (if applicable) funding for the proposed Fellowship project.

Note:

¹A salaried appointment is defined as holding a payroll number with, and being paid directly by, Queensland Health or other publicly funded healthcare facility. Applicants who hold formal conjoint appointments between a Queensland HHS and a Queensland research institution or university, including those where the academic partner is the employer, are eligible. Such applicants need to provide confirmation in the relevant HHS letter of support confirming the HHS's financial contribution to the conjoint appointment and the clinical elements of the role. This criteria must be met at the time of application and applies for the duration of the Fellowship.

²A research organisation could include a Queensland university or medical research institute, not-for-profit entity and/or industry. A research organisation can assume the role of administering organisation **or** partner organisation in the application.

3. Applicant Details

The proposed Fellow	
Category (please choose one):	<input type="checkbox"/> Emerging Researcher <input type="checkbox"/> Early-Career Researcher <input type="checkbox"/> Mid-Career Researcher
Which of the following best describes your gender identity? <i>Gender and sex, although historically used interchangeably, are not the same. This question asks about your gender identity, which is a social and cultural concept. It is about social and cultural differences in identity, expression and experience as a man, woman, or non-binary person. Non-binary is an umbrella term describing gender identities that are not exclusively man or woman.</i>	<input type="checkbox"/> Man <input type="checkbox"/> Woman <input type="checkbox"/> non-binary <input type="checkbox"/> I do not wish to answer this question
Are you an Australian Citizenship?	
If not an Australian citizen, please indicate if you are a permanent resident, or hold a Special Category Visa (please provide copies of relevant documentation).	
Primary place of residence	

<p>If not a holder of the above, has a residency permit or a Special Category Visa been sought? Please provide details.</p>	
<p>Are you an Aboriginal person or Torres Strait Islander person?</p>	<p><input type="checkbox"/> Yes, I am an Aboriginal person.</p> <p><input type="checkbox"/> Yes, I am a Torres Strait Islander person.</p> <p><input type="checkbox"/> Yes, I am both an Aboriginal and Torres Strait Islander person.</p> <p><input type="checkbox"/> No, I am not an Aboriginal person or a Torres Strait Islander person.</p> <p><input type="checkbox"/> I do not wish to answer this question.</p>

4. Applicant Queensland Health Appointment

Queensland Health appointment	
Current job title	
HHS	
Location (service/health facility)	
Current status of position (e.g. permanent full time/temporary full time or part time/contract FTE%)	

5. Applicant Other Appointments

Other appointments and research appointment/s (multiple entries permitted)	
Current job title	
Organisation	
Location	
Current status of position (e.g. permanent full time/temporary full time or part time/contract FTE%)	

6. Applicant Clinical Registration

Clinical registrations (multiple entries permitted)	
Clinical registration type (e.g. general)	
Professional body and jurisdiction	
Registration number	
Status (e.g. current)	

7. Applicant Track Record and Potential

Academic/research qualifications (multiple entries permitted)	
Academic qualification (e.g. BSc, MSc, PhD)	
Institution	
Date awarded	

Years of active research participation

Research participation years refers to research participation on a continuous basis full time or greater than half time. Full-time equivalency should be calculated for those who have engaged in research halftime or less, or not continuously.

Active research participation includes conducting or contributing meaningfully to systematic and organised investigations and research projects on specific topics, undertaking coordinated data collection or data analysis, leading or contributing to research and knowledge dissemination and translation into practice, authoring or contributing meaningfully to peer-reviewed publications.

Generally, this does not include activities undertaken as part of a research higher degree.

Total years	
Details	

8. Applicant Publication List

Publications list

Please list and asterisk the publications that have relevance to this proposal first.

Only peer reviewed and/or in press publications should be included.

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Top 5 most significant publications list including a statement highlighting the significance of each (maximum 400 words).

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9. Applicant Clinical Impact of Research

Clinical Impact of Research

Outline how your research activities to date have contributed to improved clinical practice, policy change and/or better health outcomes (maximum 400 words).

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Other Outputs and Achievements

May include **selected** invited speakerships, awards and prizes, patents, research leadership (including supervision and mentoring), community engagement activities (*maximum 250 words*).

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Relative to opportunity

Outline any significant academic, clinical responsibilities or industry work placements that have impacted on your ability to conduct research over the last ten years. You can include details of relevant career or research opportunities which have not been described elsewhere in this application (e.g. any circumstances that may have limited research and/or publication output or affected the time spent in conducting research). (*maximum 250 words*).

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Career disruptions

A career disruption is considered to be a prolonged interruption in an applicant's capacity to work due to pregnancy and childbirth, major illness and carer responsibilities (including parental leave). The period of career disruption may be used to determine eligibility and to allow for inclusion of additional track record information for assessment of an application by the review panel. Where relevant, applicants should nominate periods where their career has been disrupted over the last ten years for a period of 90 days or more, and provide a brief explanation of the reason in their application (*maximum 200 words*).

Time period	Brief description of career disruption

Research Career Vision

Detail your clinical research career vision and how this Fellowship and research program align with and support this. Your response should be relative to your current career stage, with a focus on the next four years and may include future research topics, plans to attract additional research funding and strategy for building a research leadership role (*maximum 500 words*).

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10. Applicant Grants Awarded

Grants awarded (multiple entries permitted)	
Title	
Funder (e.g. NHMRC)	
Scheme (e.g. Project Grant)	
Year awarded	
Amount awarded	
Your role (eg. CIA, CIB etc)	
Project ID (if applicable)	

11. Fellowship Proposal – Project Summary

Project summary	
Proposed fellowship duration (Refer to Funding Rules section 2.1)	
Project title (<i>maximum 20 words</i>)	
Total funding requested for the proposed project	
Broad research area	
Field of research	
Project description (in plain English) (<i>maximum 250 words</i>) <i>Consider: 1. Rationale: What is the importance of the research? Why would a reader be interested in the larger work? 2. Problem: What problem does this work attempt to solve? What is the scope of the project? What is the main argument, thesis or claim? 3. Methodology: project design, including data collection and analysis. Implications: How does this work add to the body of knowledge on the topic? How will this work translate to improved health</i>	

outcomes? Are there any practical or theoretical applications from your findings or implications for future research?

Main project location

Other project locations

Supervisor details (For Emerging Researcher and Early Career Researcher applicants ONLY). A supervisor is a person who has significant experience and track record in the conduct of research relevant to the Fellow's proposed research project. The supervisor must be based in Queensland and provide an active management and guidance role through all stages of the Fellowship. More than one Supervisor can be included (copy and paste rows as necessary).

Supervisor name

Supervisor position and organisation/location

Potential duplication of funding

If the project detailed in this CRF application is currently under consideration with or will be submitted for consideration within the next 3 months to another grantor, please provide details with emphasis on any overlaps.

12. Fellowship Proposal – Project Plan

Background and Aims

Provide details about the knowledge gap or significant problem the research will be addressing, supported by evidence, and the specific research question/hypothesis (maximum 400 words).

Innovation

Describe the novelty of your proposed project in the context of the existing evidence-base (i.e. recent domestic and international advances in research in this area) (*maximum 200 words*).

Methodology and Approach

Describe the proposed project methods including study materials (e.g. relevant technologies), data collection and statistical methods. Provide justification for participant numbers (e.g. power analysis). Include critical consideration of the feasibility of the proposed approach, and articulate how the proposed partnerships / collaborations will contribute to the success of the project (*maximum 600 words*).

If Aboriginal and Torres Strait Islander Peoples are the primary focus of your proposed project, detail how your research aligns with the core values of ethical conduct in research with Aboriginal and Torres Strait Islander Peoples and communities.

[Indigenous Ethical Guidelines NHMRC](#)

Outcomes and Impact

Outline how the research will result in better healthcare/health outcomes for Queenslanders. (*maximum 300 words*).

Translation

Describe how your research can or will be translated into clinical practice (i.e. knowledge translation pathway, translation plan) (*maximum 400 words*).

Consumer involvement

Describe consumer involvement in the research project design and development and any ongoing consumer involvement in the research activities including any specific roles of consumer representative/s in the research project (*maximum 400 words*).

Effective consumer involvement is when consumers and community members are meaningfully involved across the spectrum of research activity. This includes providing input during research planning, in the conduct of research, and in the communication of outcomes. Consumers and community members should have their perspectives and lived experiences acknowledged. Researchers should consider the best individuals for specific roles, considering factors such as age, gender, disability, cultural background, and health system experience.

13. Fellowship Proposal – Project Milestones

Project research milestones

List the key project research milestones and completion times. The successful Fellow will report to the Department during the duration of the Fellowship on the progress in completing the milestones.

Milestone number	Description (e.g. what will be achieved). Focus on the research project progress such as:	Completion date (e.g. Number of months from commencement)
	<ul style="list-style-type: none">• participant recruitment numbers (commencement, halfway point, final)• data collection• interim analysis• further data collection• final analysis <p>Please note the following are not considered as milestones:</p> <ul style="list-style-type: none">• PhD Milestones, e.g. thesis submission• gaining ethics and governance approval• preparation of grant applications• advertising or recruitment of Fellowship staff• attendance at conferences• publication milestones <p>Please use Plain English.</p>	

14. Fellowship Proposal – Project Expenditures

Expenditure Table				
Outline a budget for the requested funds for the proposed project. Please include a brief justification for the expenditure including how the funds will be used and why they are being requested. Only eligible project costs as outlined in the Funding Rules will be accepted.				
Expenditure	Year 1	Year 2	Year 3	Justification
<i>Salaries</i>				
<i>Equipment</i>				
<i>Consumables</i>				
<i>Travel</i>				
<i>Other</i>				
ANNUAL TOTAL				
TOTAL REQUESTED FUNDS				

15. Fellowship Proposal – Other Income

Income from other funding sources and expenditure

The funds provided by the Fellowship may not cover the total cost of the research. Outline any income from other funding sources and plans for expenditure, including cash and in-kind contributions (*maximum 300 words*).

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16. Fellowship Proposal – Project Team Contribution

Project Team Contribution

Describe the anticipated contribution of each member of your proposed research team. Be explicit about the skill sets, tasks and expected time/proportion of the workload each member will be contributing to the project.

Details on the active research contribution by the applicant (CI).

Role in project team	
Contribution to the project (the time a Fellow will spend on the research project is expected to be at least 0.2 FTE averaged over the duration of the Fellowship)	
Research activities	
Details on the active research contribution by collaborators/partners (multiple entries)	
Role in project team	
Contribution to the project	
Briefly describe the benefit of the collaboration	

17. Fellowship Proposal - Administering and partner organisation details

For the administering organisation and each partner organisation listed below, a letter of support **must** be included (*maximum 2 pages*) providing:

- Details of the clinical and/or research strengths of the organisation and the alignment of the proposed fellowship and fellowship research activities with these strengths.
- Support for the fellowship including cash and in-kind commitments.
- Letters from Hospital and Health Services (HHS) or other publicly funded healthcare facilities (whether acting as administering organisation or partner organisation) must also confirm the Fellow's current employment arrangements and the Fellow's proposed employment arrangements for the duration of the Fellowship, having considered any service delivery implications. Applicants who hold formal conjoint appointments between a Queensland HHS and a Queensland research institution or university, including those where the academic partner is the employer, must provide confirmation of support confirming the HHS's financial contribution to the conjoint appointment and the clinical elements of the role.
- Each letter must be formatted on organisational letterhead and signed by the relevant person with appropriate authority to support the application and any commitments. For a HHS, the letter should be signed by the Chief Executive or other appropriately authorised delegate. *Please note: The Department cannot provide advice on who the appropriate signatory is – please liaise directly with your administering and partner organisation/s for advice.*

Please include the letters of support at the end of this application form.

Administering organisation details	
Name	
Organisation type	(e.g. HHS, university, research institute)
ABN	

Administering organisation contact details (for example, a contact at the research office or equivalent)

Title	
First name, surname	
Position	
Office phone number	
Email address	

Partner organisation details (multiple entries permitted)

Name	
Organisation type	(e.g. HHS, university, research institute, industry)
ABN	

Partner organisation contact details (multiple entries permitted)

Title	Prof, Dr, Mr, Mrs, Ms etc
First name, surname	
Position	
Office phone number	
Email address	

18. Certification

Administering organisation certification

As the authorised delegate of the administering organisation, I certify that all details given in this application are correct.

Administering organisation's certification

Authorised delegate's full name	
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Position	
Email address	
Signature	
Date	

Applicant & Supervisor certification

I, the Chief Investigator, certify that all details given in this application are correct.

Chief Investigator's certification	
Title	
Surname	
First name(s)	
Email address	
Signature	
Date	

As the supervisor of the applicant (Emerging and Early Career Researchers ONLY), I confirm my support for the proposed fellow and project.

Supervisor name	
Supervisor position and organisation/location	
Email address	
Supervisor statement of support for the proposed fellow (<i>maximum 200 words</i>)	
Supervisor signature and date	Date: ____/____/____