**Arlene Wake Chronic Disease Fellowship**

**2022**

**Expression of Interest**

**Background**

The Office for Research with the Western Health Foundation have facilitated the establishment of the Western Health Arlene Wake Chronic Disease Fellowship program. This Fellowship program is possible through a generous donation.

**Aim**

The primary purpose of the Arlene Wake Chronic Disease Fellowship program is to provide support to early career clinician researchers by supplementing their income for a maximum of 2 years whilst undertaking research toward a higher degree qualification.

**Objectives**

1. To attract, develop and retain the best and brightest clinicians at Western Health. Ideally, successful applicants will remain with WH long after their fellowship, and ultimately go on to become future leaders in our health service. Qualities, expertise and skills developed should help them drive innovation and best care in our health service both during, *and* after completion of their fellowship.
2. To advance Western Health’s specific strategic objectives, by focusing on building capability and track record especially in those areas specifically identified in our Research Strategic Plan (see Eligibility Criteria 10, below) and [Western Health’s Strategic Directions Plan](https://www.westernhealth.org.au/AboutUs/News/Pages/Strategic-Direction-2021-2023.aspx).
3. To further support and energize the profile and activity of the Western Health Chronic Disease Alliance (WHCDA), as Western Health’s premier body for bringing together research expertise to address the most pressing health problems facing the people of Melbourne’s West. Fellowships should help encourage cross-disciplinary collaboration, develop networks and partnerships of strategic value and broaden the base of clinicians and researchers engaged with WHCDA.
4. To provide a working model that can be used to advocate for further philanthropic and industry support and as a template for other fellowships offered at Western Health in the future.

**Eligibility Criteria**

1. Funding is open to all clinicians (including medical, nursing/midwifery and allied health) who are either current or prospective employees of Western Health.
2. The applicant must intend to be enrolled in a higher research degree (including Masters, MD or PhD) over the duration of the Fellowship.
3. Applicants must demonstrate a strong relationship with, and endorsement by, a proposed named primary supervisor who is a senior clinician at Western Health. Additional co-supervision, including by academic partners is encouraged.
4. The research team and supervisors should have a proven track record in research.
5. The research undertaken will be conducted and supervised at Western Health for the full 2 years of the fellowship.
6. Collaborative projects between departments, across disciplines and with academic and other partners are encouraged.
7. A project should be proposed that addresses some aspect of chronic disease prevention and/or management, such as diabetes, chronic lung disease, cardiovascular disease, rheumatological conditions, renal disease, neurological conditions or multi-morbidity. Further priority will be given to projects that address areas

highlighted in Western Health’s Research Strategic Plan such as research in culturally and linguistically diverse populations, evaluation of new models of care, integration with primary care and communities, cost-effectiveness and data-driven/ digital healthcare. [Research Strategic Plan](https://www.westernhealth.org.au/EducationandResearch/Research/Documents/Best%20Research%20for%20Best%20Care%20-%20Research%20Strategic%20Plan%202021-2026.pdf).

**Fellowship**

The Fellowships to be offered are capped at $75,000 p.a for maximum of 2 years and exact amounts will be determined based on: professional classification of the fellow, FTE allocation to research and the scope of the project.

The fellow should be encouraged and supported by their supervisors to supplement their remaining income by providing employment opportunities within the time commitments to the fellowship.

 **Timelines**

* **Shortlisted Applications Close: Sunday 3rd of April 11:59PM**
* EOI Finalists Notified: **Monday 11th of April 2022**

**Selection Process**

The Office for Research oversees the Western Health Arlene Wake Fellowship Program and employs a fellowship review process outlined below. All EOI applications will be reviewed and assessed by a fellowship review panel against the eligibility criteria. The accepted EOIs will be requested to proceed to a full submission.

**The review process is as follows:**

Expressions of interest which fail to meet the above aim/eligibility criteria will not proceed to the shortlist for a detailed application.

1. Detailed shortlisted applications Received.
2. Review Panel Assess and Rank EOI Applications.
3. Successful EOIs are requested to proceed to next stage - **Full Submission.**
4. Panel endorsed full submission projects will be put forward to present to expert review panel.

**An expert review panel will determine the final successful fellowship recipients.**

**Successful Application**

The successful EOI applications will be notified **Monday 11th of April 2022**

**Conditions**

The successful application will be expected to:

* Provide a progress update quarterly to Office for Research.
* Acknowledge the grantor in any publications, posters, presentations that result from this funding.
* Assist with a project synopsis for the WH website, research reports, etc.
* Adhere to the WH Intellectual Property and Moral Rights policy.

All project expenses paid for by the WHF will be capped to the amount awarded under the WH Arlene Wake Fellowship Program. Funds which are not utilized by the completion of the project will not be made available to the recipient for other expenses or activities which are not related to the fellowship.

**Western Health**

**Arlene Wake Chronic Disease Fellowship**

**2022**

**Closing Date for Expression of Interest:**

**Sunday 3rd of April 2022 11:59pm**

**LATE APPLICATIONS WILL NOT BE ACCEPTED**

**Application Guidelines:**

* Applications must be typewritten in Calibri 11 point font
* Submit one signed hardcopy
* Submit one electronic word copy & scanned signature page to bill.karanatsios@wh.org.au; Subject line to clearly state “Arlene Wake Fellowship EOI – [Applicant Name]
* Submit hardcopy and electronic version of your CV to bill.karanatsios@wh.org.au;
* Submit electronic letter of support from Department Head or Divisional Director to bill.karanatsios@wh.org.au;
* Rule a black diagonal line through unused sections of the application
* Do not remove any surplus pages

**Send hard copy application to:**

**Western Health Office for Research**

**Level 3, Western Centre for Health Research and Education, Sunshine Hospital**

**176 Furlong Road St Albans, VIC 3021**

**OR**

**After Hours Drop-off: A drop off box is located in**

**the Ground Level Staircase (right of the elevators) of**

**the Western Health Centre for Health Research & Education Building,**

 **Sunshine Hospital, Furlong Road, St Albans VIC 3021.**

**Applicant details**

|  |  |
| --- | --- |
| Name of applicant (including title) and unit/organisation: | Enter text. |
| Telephone: | Enter text. |
| Email: | Enter text. |

**Supervisor(s) Details**

|  |  |
| --- | --- |
| Name of Supervisor (including title) and unit/organisation: | Enter text. |
| Prior Supervision Experience | Enter text. |

**Project funding details**

|  |  |
| --- | --- |
| Full Project title: | Insert Project Title |
| Fellowship Type | Choose an item. |
| Discipline | Choose an item. |
| FTE Allocation to Fellowship | Choose an item. |
| Employment Classification/Award | Enter text. |
| Other Investigators/Collaborators:**Please include name and institution** | Enter text. |
| Amount requested to cover allocated FTE: | **$** Enter amount |

**Contact:**

Bill Karanatsios, Research Program Director – Office for Research

Telephone: 03 8395 8073

Email: bill.karanatsios@wh.org.au

**Project Summary**

Please provide a brief **summary** of your proposed project, aims, milestones, expected outcomes and significance (max. 1pg).

|  |  |
| --- | --- |
| Project title: | Insert Project Title |
| Aims: | Enter text. |
| Research Plan and Milestones: | Enter text. |
| Expected outcomes & Significance | Enter text. |

**Certification by Fellowship Applicant, Other Investigators/Collaborators, Lead Supervisor, Head of Department/Division:**

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| --- |
| **Signatures of Fellowship Applicant and other Investigators/Collaborators :**In signing this page, you certify that all details given in this application are correct and you agree to carry out the project in accordance with the Fellowship requirements. You also agree to the committee seeking independent referees of this application if required. |
| **Signature** | Date: Print Name: Enter text.Project Role: Choose an item. |
| **Signature**  | Date:Print Name: Enter text.Project Role: Choose an item. |
| **Signature** | Date:Print Name: Enter text.Project Role: Choose an item. |
| **Signature** | Date:Print Name: Enter text.Project Role: Choose an item. |
| **Signature** | Date:Print Name: Enter text.Project Role: Choose an item. |

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| **Certification by Lead Supervisor:**I certify that I have the appropriate experience and will be available to supervise the applicant if successful, and that I am prepared to have the project carried strictly in accordance with the current Western Health Research Fellowship requirements. |
| **Title**Enter text. | **First Name**Enter text. | **Surname**Enter text. | **Division**Enter text. |
| **Signature** | **Date** |

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| --- |
| **Certification by relevant Head of Department/Division:****(NB: If Head of Department is involved with the fellowship project , the Divisional Director must sign below)**I certify that appropriate general facilities will be available to the applicant if successful and that I am prepared to have the project carried strictly in accordance with the current Western Health Research Fellowship requirements. |
| **Title**Enter text. | **First Name**Enter text. | **Surname**Enter text. | **Department**Enter text. |
| **Signature** | **Date** |