

FREQUENTLY ASKED QUESTIONS – managerS

RURAL RESEARCH CAPACITY   
BUILDING PROGRAM (RRCBP)

RURAL RESEARCH   
CAPACITY BUILDING PROGRAM (RRCBP)

2023 APPLICATION FORM

APPLICATION 2023 RRCBP

Please note: Existing researchers or individuals undertaking or having previously undertaken **doctoral level studies or masters by research are NOT eligible to apply**. If you are unsure of your eligibility, please contact David Schmidt on 0447 915 863 or [david.schmidt@health.nsw.gov.au](mailto:david.schmidt@health.nsw.gov.au) or Kerith Duncanson 0428 848 264 or [kerith.duncanson@health.nsw.gov.au](mailto:kerith.duncanson@health.nsw.gov.au) to discuss this prior to submitting your application.

**Applications should be clear and concise and must contain the following:**

PART 1 – COVER PAGE WITH applicant IDENTIFICATION DETAILS

[Note: For projects with more than one applicant please complete a separate part 1 for each applicant]

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| applicant DETAILS | | | | | | | | |
| Name |  | | | | | | | |
| Position |  | | | | | | | |
| Address for correspondence |  | | | | | | | |
| Qualifications |  | | | | | | | |
| Full-time or part-time status |  | | | | | | | |
| Place of work |  | | | LHD | |  | | |
| Contact details | Mobile |  | | Work | | |  | |
| Email address |  | | | | | | | |
| Staff Link Number |  | | | | | | | |
| Identify as | Aboriginal  Torres Strait Islander  Aboriginal and Torres Strait Islander  Not Aboriginal or Torres Strait Islander  Prefer not to answer | | | | | | | |
| APPLICANT’S MANAGER |  | | | | | | | |
| Name |  | | | | | | | |
| Position |  | | | | | | | |
| Contact details | Mobile | |  | | Work | | |  |
| Email address |  | | | | | | | |

PART 2 – PROVIDE A DESCRIPTION OF YOUR RESEARCH PROPOSAL USING THE FOLLOWING HEADINGS AS A GUIDE

|  |  |
| --- | --- |
| Research question | *What is the question you plan to answer/address?* |
| Background | *What is the existing research evidence about this problem/issue? What are the gaps in the evidence or understanding on this topic? (Please reference any claims using peer-reviewed literature)* |
| Rationale | *Why is it important to explore this issue, particularly in the context of rural health (and your Service or Local Health District context)?* |
| LHD / Service alignment | *How does this align with your LHD / Service priorities? (please refer to your organisation’s priority documents) If there is no clear alignment what is innovative/novel and needs addressing?* |
| Study design | *What ideas do you have for collecting and analysing the data to answer your research question?* |
| Feasibility | *How feasible is your research proposal given that this research will be completed part-time (approximately 60 research days over 2 years)? Please describe here any factors you anticipate may hinder progress of the project (e.g. Waiting on commencement of program you intend to evaluate).* |
| Impact and Translation | *When you find the answer to your research question, how might the results of this study (positive, negative or null) influence policy or practice?* |

PART 3 – APPLICANTS SHOULD ALSO ADDRESS FOR FOLLOWING ASSESSMENT CRITERIA

[Note: For projects with more than one applicant please complete a separate part 3 for each applicant]

|  |  |
| --- | --- |
| 1 | What are the goals you would personally like to achieve from participating in the Rural Research Capacity Building Program? |
| 2 | What strategies will you use to commit time to undertake research for the duration of the program (including a description of proposed arrangements)? |
| 3 | What personal skills, attributes and experience can you demonstrate that would make you a suitable candidate for the program? |
| 4 | Please describe any research (or research-relevant) experience you have had to date (if any). |
| 5 | Signed applicant agreement (below). |
| 6 | Signed recommendation from your manager (below). Applications without Manager sign off will not be considered. |
| 7 | **Optional**: inclusion of a brief **Curriculum Vitae** highlighting recent experience. This should not exceed two pages (do **not** include copies of certificates etc.). |

PART 4

All applications are required to demonstrate support for both the research and the implementation of the research findings. Candidates will need to provide evidence of this support by nominating the following support people. The nominated support people will need to endorse this application by either signing this application or providing a letter / email indicating their support.

|  |  |  |
| --- | --- | --- |
| support | Description | contact details |
| RRCBP project sponsor | A project sponsor is an individual within your LHD or Service at an executive or senior management level who agrees to promote, champion and advocate for this project. For more details on the role of a project sponsor follow this link. Please note this is a sponsor for this project and is different from the Executive Sponsor listed below. | Name:  Position:  Phone:  Email:  Signature: |
| RRCBP translation expert | A translation expert is someone within the LHD/Service or NSW Health Pillar who can assist implementation the findings into policy or practice. Clinical governance units, innovation units, allied health advisors or senior staff involved in policy development may be potential translation experts. | Name:  Position:  Phone:  Email:  Signature: |
| RRCBP research mentor# | A research mentor is someone with experience who can guide you in the style of research you are undertaking. This may be someone from within your area of clinical expertise, or someone with expertise in the study methodology from an academic background. | Name:  Position:  Phone:  Email:  Signature: |

#Sourcing a research mentor is not essential PRIOR to submission. HETI can assist with identifying and matching a research mentor if you do not have one.

A detailed submission will allow reviewers to understand your proposal, however it is important to be concise. It is expected an application will be **no longer than 12 pages** in total (excluding CV). Your application should be written using appropriate professional and research terminology. References should be drawn from existing scientific literature in addition to any policy documents cited.

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| **Please forward completed applications to your respective LHD/Service Executive Sponsor**  **APPLICATIONS CLOSE 5pm May 1 2023** |

applicant AGREEMENT

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ understand that in submitting my application to the Rural Research Capacity Building Program I agree to undertake the following if selected:

* Participate in the four mandatory workshops between June 2023 and August 2024
* Submit quarterly progress reports to HETI in accordance with schedule
* Submit my research project for ethics approval by December 2023
* Complete data collection and analysis by December 2024
* Complete my research project report by 1 May 2025
* Complete an article for peer review on my research topic by 30 June 2025
* Present my research findings at a relevant conference by December 2025
* Commit to taking dedicated research days between July 2023 and June 2025 to undertake the research, with a maximum of 30 days in 2023/2024 financial year and 30 days in the 2024/25 financial year.
* Following completion of my research I undertake to share my knowledge of research with colleagues and support future research candidates
* Participate in any evaluation of the Rural Research Capacity Building Program in a timely manner.

**Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_. Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

mANAGER AGREEMENT

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ have read the applicant’s application and understand that in supporting this application:

* I have read or had discussions with the applicant and think that their research will be useful to rural health and/or our Service / Local Health District
* I understand they will require 60 research days, including attendance at four compulsory face to face workshops between June 2023 and August 2024. I understand candidates can access to learning and development leave for the purposes of attending workshops in addition to the funding provided
* I understand that funding towards the 60 allocated research days (30 days in 2023/24, 30 days in 2024/25) is provided.
* I understand that money to be used to assist the candidate with their research and may not be diverted for any other purpose.
* I have considered the level of funding available when considering my support for this application.
* I understand that research days may be taken in blocks if mutually agreeable to both the applicant and myself.
* It is my opinion that the applicant has:
  + Demonstrated ability to make independent decisions
  + Highly developed interpersonal, oral, and written communication skills
  + Excellent attention to detail
  + Demonstrated ability to prioritise workloads, set objectives and meet deadlines.

**Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

SUBMITTING YOUR APPLICATION

Applications are due 1 May 2023. ONLY electronic applications will be accepted. Local Health District and Service employees apply to:

|  |  |
| --- | --- |
| Hunter New England Local Health District | Kathryn Reilly  Development Manager, Hunter New England Research Office  Tel: 02 4921 4140  [HNELHD-ResearchOffice@health.nsw.gov.au](mailto:HNELHD-ResearchOffice@health.nsw.gov.au) |

General enquiries to:

David Schmidt 0447 915 863 or [david.schmidt@health.nsw.gov.au](mailto:david.schmidt@health.nsw.gov.au)

Kerith Duncanson 0428 848 264 or [kerith.duncanson@health.nsw.gov.au](mailto:kerith.duncanson@health.nsw.gov.au)

checklist

**BEFORE YOU SUBMIT YOUR ACCEPTANCE PLEASE CHECK YOU HAVE:**

Participated or listened to RRCBP information web conference

Read FAQ for applicants document and RRCBP competencies (portfolio)

Ensured your research proposal addressed the Local Health District and / or Rural   
Health priority areas

Completed the Applicant Agreement

Included ALL of your contact details in your application

Discussed the RRCBP with your manager and had them complete the Manager Agreement

Addressed the assessment criteria

Included an outline of your research proposal

Provided evidence of support (e.g. email) from a project sponsor, translation expert and (if   
­possible) research mentor

