

Health Research South

**Clinical Academic Establishment Award**

The Health Research South Board invites requests for eligibility assessment for the Clinical Academic Establishment Award.

Please see the guidelines for eligibility criteria and other details.

https://www.otago.ac.nz/oms/research/hrs/funding/

Award Eligibility will be discussed quarterly. Deadlines for each meeting are advertised on the HRS website www.otago.ac.nz/hrs

**All enquiries to:** Health Research South

Email [hrs@otago.ac.nz](mailto:hrs@otago.ac.nz)

**Forms follow. Please delete the information above.**

**Health Research South is a partnership between:**

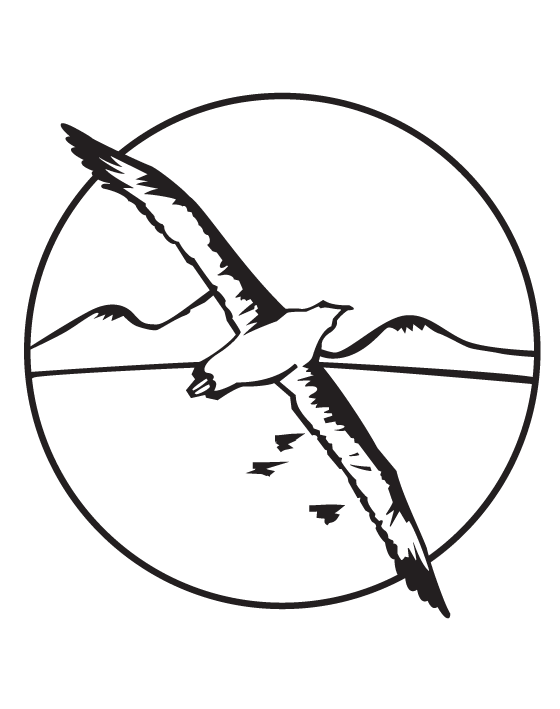
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Health Research South

**Clinical Academic Establishment Award**

**PART A: Eligibility Assessment**

*This form is to be completed by a prospective Award holder’s Head of Department. This form must be sent to:* [hrs@otago.ac.nz](mailto:hrs@otago.ac.nz)

**SECTION 1: Executive Summary**

|  |  |
| --- | --- |
| **Head of Department**  (or equivalent) | [Name]  [Email address] [Phone number] |
| **Proposed Award-holder** | [Title] [Name]  [Current working address] |
| Do they identify as Māori, Pasifika, Disabled or a member of another community experiencing health inequities?  Yes  No  Please specify: |

|  |  |  |
| --- | --- | --- |
|  | | |
| **Employment** | **Clinical Role** | **Academic Role** |
| Position |  |  |
| Department |  |  |
| Institution |  |  |
| Start date |  |  |
| Permanent? | Yes/No | Yes/No |
| FTE |  |  |
| **What are the research expectations for this academic position?** | | |
| [type here]  *e.g., As per University of Otago confirmation path policy* | | |

|  |
| --- |
| **Applicant’s research field/topic/area of interest** |
| [type here] |

|  |  |  |
| --- | --- | --- |
| **Proposed Award Panel** | | |
| **Name** | **Position** | **Role** |
|  |  | Head of Department |
|  |  | Research Navigator |
|  |  | Research Advisor |
|  |  | HRS Board Member |
| **Comments:** *e.g., have approached X to be Research Navigator but they are yet to confirm. If they decline, we will approach Y.* | | |

**Attachment checklist**

Curriculum Vitae

Signed letter from Academic employer

Signed letter from Clinical employer

Support letters must include:

Confirmation of employment status including FTE, confirmation path/tenure etc. Potential benefits to the researcher, organisation, or Southern region if this Award is granted. There is a template at the end of this form that you may use.

**Eligibility check list (for office use only)**

|  |  |  |  |
| --- | --- | --- | --- |
| **For a DSM employee:** | | **✓/x** | **Comments** |
| **Academic Position requirements** | **≥0.4FTE at DSM** |  |  |
| **Research component** |  |
| **On confirmation path/tenured** |  |
| **Started <3 years ago** |  |
| **First eligible position** |  |
| **Clinical Health Sector Role** | **≥0.4FTE permanent**  or  **Ongoing casual/locum appointment** |  |  |
|  |
| **At Te Whatu Ora Southern/**  **WellSouth/Public Health South**  or |  |  |
| **Other - in Southern district**  or |  |
| **Te Whatu Ora (not Southern district)**  or |  |
| **Other – potentially eligible** |  |
|  | **Previously held HRS Joint Clinical/DSM New Researcher Award** |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **For a Te Whatu Ora Southern employee:** | | **✓/x** | **Comments** |
|  | **≥0.4FTE permanent at Te Whatu Ora Southern (clinical role)** |  |  |
| **Academic Position requirements** | **≥0.4FTE** |  |  |
| **Research component** |  |
| **On confirmation path/tenured** |  |
| **Started <3 years ago** |  |
| **First eligible position** |  |
| **At DSM**  or |  |  |
| **At University of Otago**  or |  |
| **At Te Pūkenga Otago Polytechnic** |  |
|  | **Previously held HRS Joint Clinical/DSM New Researcher Award** |  |  |

**Eligibility Approval (for office use only)**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Funds allocated, approved by HRS Board at meeting:** | |  | | | |
|  | | *date* | | | |
| **Comments*:*** *e.g Research Plan must be received by X date; Suggestion XX invited to Research Panel;* | | | | | |
|  | | | | | |
| **HRS Chair Signature:** | |  | | **Date:** |  |

Health Research South

**Clinical Academic Establishment Award**

**Template support letter for Eligibility Assessment**

[your letterhead]

[Date]

The Board

Health Research South

c/- Dean’s Department Dunedin School of Medicine

University of Otago

Tēnā koutou,

I am writing in support of [name’s] request for a Health Research South Clinical Academic Establishment Award.

[Applicant] [has been/will be] employed at [Institution/Organisation] as a [job title] since/from [month/year]. This is a permanent position at [0.X] FTE.

*Please outline the potential benefits to the researcher, organisation, or Southern region if this Award is granted. For applicants who work outside the Southern region this justification is vitally important to enable the HRS Board to assess how granting this award will fulfil the goals of the Award.*

For Academic HoD:

The department is well placed to support [name] in development of their research career. I have identified a Research Navigator with expertise in [XXXX] who I believe will be an excellent mentor for [name]. Together with [Navigator] I look forward to working with and supporting [Applicant] through the development of their Research Plan and the span of this Award.

Yours sincerely,

**[Name]**

[Position]

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Health Research South

**Clinical Academic Establishment Award**

**PART B: Research Plan**

*A Research Plan can only be considered after confirmation of eligibility from the HRS Board. When completed and signed this form should be sent to:* [hrs@otago.ac.nz](mailto:hrs@otago.ac.nz)

*Notes in blue are provided to help you complete this application & can be deleted.*

**Appointee Personal Information**

|  |  |  |
| --- | --- | --- |
| **Full name:** |  | |
| **Email address:** |  | |
| **Department/Institution:** |  |

**Research Plan Overview**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Commencement date:** | |  | **Expected completion date:** |  |
|  |  | | | |

|  |  |  |
| --- | --- | --- |
| **Award Panel** | | |
| **Name** | **Position** | **Role** |
|  |  | Head of Department |
|  |  | Research Navigator |
|  |  | Research Advisor |
|  |  | HRS Board Member |

|  |
| --- |
| **Comments:** |

**Objectives & Milestones**

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Objectives & Milestones** *(add more rows if necessary)* | | |
|  | **Objective** | **Milestone** | **Expected completion dates** |
| **1** |  |  |  |
|  |  |
|  |  |
| **2** |  |  |  |
|  |  |
| **3** |  |  |  |
|  |  |

|  |
| --- |
| **Comments:** |

**Justification**

1. **Briefly describe your research focus, including any relevant information on aims, and key methodologies.**

*Maximum half an A4 page.*

1. **Describe how this Award will help you develop your research programme.**

*Maximum half an A4 page.*

1. **Briefly describe how the award (or future work enabled by this plan) will contribute to Māori health advancement and key health priorities.**

*Maximum half an A4 page.*

**Budget**

**Budget - Details of Financial Support Requested** (ex. GST; delete examples provided; add or delete rows as needed)

*Budget should be divided by year where appropriate.*

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Item Requested** | **Detailed Justification** | **Part 1** | **Part 2** | **Total Cost** |
| **Salaries (for support staff, including associated costs)** | |  |  |  |
| Research Assistant | RAN03 – Y1: 20h p/w for 6 months, Y2: 10 h p/w for 12 months. Including ACC & superannuation . | 15,000 | 15,000 | $30,000 |
|  |  |  |  |  |
|  |  |  |  |  |
| **Expenses (e.g. travel, consumables, koha etc.)** | |  |  |  |
| Laboratory Consumables | Reagents and test tubes based on past experience of similar projects | 5750 | 700 | $6,450 |
| Travel | Estimated cost for (e.g. 2 marae noho, 2 conferences | 9500 | 4300 | $13,800 |
|  |  |  |  |  |
| **Equipment (Quotes should be attached for equipment >$5000)** | |  |  |  |
| Portable ECG machine | Objective 2 | 9750 | 0 | $9750 |
|  |  |  |  |  |
| **Total Requested (ex. GST)** |  | **40,000** | **20,000** | **$60,000** |

**Signatures**

By signing this application, you are confirming that you are committed to fulfilling all requirements and informing Health Research South if your circumstances change.

*Electronic signatures are acceptable.*

|  |  |  |  |
| --- | --- | --- | --- |
| **Award holder:** |  | **Date:** |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **HoD:** |  | **Date:** |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **HRS Board Member on Award Panel:** |  | **Date:** |  |

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**Clinical Academic Establishment Award**

**PART C: Progress report & budget**

*A progress report is due to HRS no later than 15 months after uptake of an Establishment Award. Send completed reports to:* [hrs@otago.ac.nz](mailto:hrs@otago.ac.nz)

*Notes in blue are provided as guidance & can be deleted.*

**Award details**

|  |  |  |  |
| --- | --- | --- | --- |
| **Award holder:** |  | | |
| **HRS Ref:** |  | | |
| **Department/Institution:** | |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Commencement date:** |  | **Expected completion date:** |  |

**Objectives & Milestones**

1. **Describe progress towards the Objectives & Milestones set in your Research Plan (max. 1 page).**

**Objective 1**

**Objective 2**

**Objective 3**

1. **Describe any challenges or issues that have arisen and how these have been or are being dealt with.**

*Please ensure that if any objectives have not been achieved or have changed, a reason has been provided.*

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Updated Objectives & Milestones** *(add more rows if necessary)*  *If any objectives have changed significantly, please update the Objectives & Milestones table from your original Research Plan.* | | |
|  | **Objective** | **Milestone** | **Expected completion dates** |
| **1** |  |  |  |
|  |  |
|  |  |
| **2** |  |  |  |
|  |  |
| **3** |  |  |  |
|  |  |

**Financial summary: actual expenditure and forecast**

**Budget -** (ex. GST; delete examples provided; add or delete rows as needed)

Budget should be divided by year where appropriate.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  |  |  | **Expenditure** | | |
| **Item Requested** | **Detailed Justification** | **Part 1 budget**  (as per approved Research Plan) | **Actual** | **Forecast** (part 2 + unspent part 1) | **Projected Total** |
| **Salaries (for support staff, including associated costs)** | |  |  |  |  |
| Research Assistant | RAN03 – Y1: 20h p/w for 6 months, Y2: 10 h p/w for 12 months. Including ACC & superannuation . | 15,000 | 16000 | 15,500 | $31,500 |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
| **Expenses (e.g. travel, consumables, koha etc.)** | |  |  |  |  |
| Laboratory Consumables | Reagents and test tubes based on past experience of similar projects | 5750 | 3321 | 700 | $4,021 |
| Travel | Estimated cost for (e.g. 2 marae noho, 2 conferences | 9500 | 9650 | 4300 | $13,980 |
|  |  |  |  |  |  |
| **Equipment (Quotes should be attached for equipment >$5000)** | |  |  |  |  |
| Portable ECG machine | Objective 2 | 9750 | 9750 | 0 | $9750 |
|  |  |  |  |  |  |
| **Total Requested (ex. GST)** |  | **40,000** | **38,721** | **20,530** | **$59,251** |

**Signatures**

By signing this progress report, you are confirming that you are still eligible for this Award and committed to fulfilling all requirements and informing Health Research South if your circumstances change.

*Electronic signatures are acceptable.*

|  |  |  |  |
| --- | --- | --- | --- |
| **Award holder:** |  | **Date:** |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **HoD:** |  | **Date:** |  |

**Progress report approval (for office use only)**

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **This progress report was reviewed by:** | |  | | | | | | |
|  | | | *HRS Board member on Award Panel* | | | | | |
| **Funds allocated, approved by HRS Board at meeting:** | | | |  | | | |
|  | | | | *date* | | | |
| **Comments:** | | | | | | | |
|  | | | | | | | |
| **HRS Chair Signature:** | |  | | | | **Date:** |  |