**New and existing research project grant**

**APPLICATIONS CLOSE 14 September 2025**

The Western Health Foundation is proud to announce a $10,000 Innovation Grant, sponsored by our generous corporate partner Plenary Health.

This grant can be used to develop a feasibility study or support completion of existing Western Health (WH) research initiatives in new models of care, health service delivery, innovation, or quality improvement.

Both new and currently underway projects are eligible to apply.

**Eligibility Criteria**

1. Funding is open to all Western Health staff.
2. Applications will be considered from all health-related disciplines: allied health professionals, nurses, medical practitioners and scientists.
3. This grant aims to support early career researchers.
4. Staff with a substantive academic appointment or greater than 5 years post doc are not eligible to apply.
5. For any collaborative projects funded by this grant, WH must have at minimum joint ownership of study results and in the project intellectual property.

**Timelines**

Expressions of Interest (EOI) open: 9.00 am 14 August 2025

Expressions of Interest (EOI) close: 11:59PM 14 September 2025

Successful applicant announced: 30 October Research Awards and Recognition Ceremony

**Application Process**

Please fill out the application form below.

1. Late Applications will not be accepted.
2. Applications must be typewritten in 11-point font.
3. Submit one electronic word copy and scanned signature page to: [whsgrants@wh.org.au](mailto:whsgrants@wh.org.au) Cc: [bill.karanatsios@wh.org.au](mailto:bill.karanatsios@wh.org.au)  
   Subject: Plenary Health Innovation Grant Application ‒ [Your Name]

Do not remove any surplus pages.

**Selection process**

The expert review panel will nominate the grant recipient. Funding will be awarded to the highest scoring application as determined by a set of defined scoring criteria.

The review process is as follows:

1. Detailed shortlisted applications received.
2. Grant Review Panel assess and rank applications.
3. Recipient announced on 30 October 2025 at Research Awards and Recognition Ceremony.

All applicants should make themselves available to attend the Research Awards and Recognition Ceremony on Thursday 30 October 12:30- 2:00pm at the WCHRE Sunshine Hospital Auditorium to receive the award in person if successful.

**Conditions**

* Provide a progress update six-monthly.
* Acknowledge the grantor in any publications, posters, presentations that result from this funding.
* Assist with a project synopsis for the Western Health website, research reports, etc.
* Agree to Western Health Foundation Terms and Conditions at the end of this application.

**Applicant details**

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

**Project funding details**

|  |  |
| --- | --- |
| Full Project title: | Insert Project Title |
| Project Duration | Choose an item. |
| WH Department/Discipline | Choose an item. |
| Funding amount requested | Enter amount |
| Budget Allocation: What will the funds be used for | Enter text. |
| Research collaborators:  Please include name/s and institution/s | Enter text. |
| Intellectual Property: Does the project have any IP and who will own it | Enter text. |

**Project Summary**

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

|  |  |
| --- | --- |
| Project Aims | Enter text. |
| Project Milestones | Enter text. |
| Expected Outcomes and Significance | Enter text. |

|  |  |
| --- | --- |
| **Certification by relevant Head of Department:**  I certify that appropriate general facilities will be available to the applicant if successful and that I am prepared to have the project carried out strictly in accordance with the current Western Health Innovation Grant requirements. | |
| Title First Name Surname | Department |
| Signature | Date |

|  |  |
| --- | --- |
| **Certification by relevant Head of Division (Only required if HoD is part of the Research Team):**  I certify that appropriate general facilities will be available to the applicant if successful and that I am prepared to have the project carried out strictly in accordance with the current Western Health Innovation Grant requirements. | |
| Title First Name Surname | Division |
| Signature | Date |

**WESTERN HEALTH FOUNDATION (WHF) TERMS AND CONDITIONS**

1. Any costs above the designated amount or that are deemed by WHF to be outside the scope detailed and approved in this application will not be included in a fund reimbursement.
2. WHF reserves the right to refuse funding of any project prior to written approval.
3. The project lead completing this application does so in good faith and with the understanding that the completion of this funded project is for the betterment of WH staff, patients, facilities, or knowledge.
4. The project lead agrees to provide some form of impact testimonial either during or at the completion of the project.
   * Examples of this are: photos, statements, quotes, statistics, formal reports.
5. The project lead consents to all testimonials being used by WHF in both digital and print marketing.
6. The project lead will advise their WHF project manager if they are to relinquish their role as project lead.
   * In this case the newly appointed project lead accepts all terms and conditions previously accepted by their predecessor.
7. The project lead agrees to submit all required evidence to the foundation within the timelines set.
   * Your file path and tracking document will be sent to upon approval of your application, along with a WHF project manager to provide assistance if required.
8. The project leader will ensure WHF branding and/or acknowledgment is included in all opportunities relating to the funded project.

**Contact:**

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