Allied and Scientific Health Seed Funding

2025/2026 APPLICATION FORM

*To ensure your proposed project is eligible, it is essential that applicants read the Seed Funding Guidelines available on the Allied and Scientific Health Office (ASHO)* [*website*](https://www.sahealth.sa.gov.au/wps/wcm/connect/public%2Bcontent/sa%2Bhealth%2Binternet/clinical%2Bresources/clinical%2Bgovernance%2Band%2Bleadership/allied%2Band%2Bscientific%2Bhealth/allied%2Band%2Bscientific%2Bhealth) *prior to completing this form. Additional resources that may assist you in preparing the content of your application are also available on the ASHO website e.g.* [*Allied Health Research Support and Skills Training via IIMPACT in Health*](https://www.sahealth.sa.gov.au/wps/wcm/connect/public%2Bcontent/sa%2Bhealth%2Binternet/clinical%2Bresources/clinical%2Bgovernance%2Band%2Bleadership/allied%2Band%2Bscientific%2Bhealth/research%2Band%2Bevidence%2Binformed%2Bpractice/allied%2Bhealth%2Bresearch%2Bsupport%2Band%2Bskills%2Btraining%2Bvia%2Biimpact%2Bin%2Bhealth)

*Prior to submission, applicants* ***must;***

1. *Complete all sections of this* ***Seed Funding 2025/2026 Application Form***
2. *Delete all in-text italicised instructions/guidelines/hints*
3. *Email the following to*  Health.AlliedHealthSeedFunding@sa.gov.au *with the subject line “[SURNAME] Seed Funding Research Application 2025\_2026”*
	1. *Complete Application form Saved in PDF format with filename: [SURNAME] Seed Funding Research Application 2025\_2026.pdf*
	2. *Research CVs of all team members*
	3. *Relevant Human Research Ethics Committee (HREC) documentation.*

*Only applications which are complete and comply with all instructions will be considered.*

**Section 1: Project team** (*include all investigators)*

Project Lead / Applicant Name: Click here to enter text.

Position: Click here to enter text.

Profession: Click here to enter text.

LHN or Health Service: Click here to enter text.

Department: Click here to enter text.

Phone: Click here to enter text. Email: Click here to enter text.

Research CV provided: yes/ no.

Role in project: Click here to enter text.

**Other SA Health employee team members** *(add additional members or delete if not required)*

Associate Investigator/Name: Click here to enter text.

Position: Click here to enter text.

Profession: Click here to enter text.

LHN or Health Service: Click here to enter text.

Department: Click here to enter text.

Phone: Click here to enter text. Email: Click here to enter text.

Research CV provided: yes/ no.

Role in project Click here to enter text.

**Non-SA Health team members *(if applicable)***

Associate Investigator/Name: Click here to enter text.

Position: Click here to enter text.

Profession: Click here to enter text.

Institution: Click here to enter text.

Department: Click here to enter text.

Phone: Click here to enter text. Email: Click here to enter text.

Research CV provided: yes/ no.

Role in project Click here to enter text.

**Section 2: Project Proposal**

***The Project Proposal (Section 2) must be no longer than 1500 words and use Arial font size 10.*** *Delete all in-text italicised instructions/guidelines/hints*

**2.1 Title of project / activity** Click here to enter text.

This project is *(select one only option and delete other lines):*

1. Research with Human Research Ethics approval in place
2. Research for which a Human Research Ethics application has been submitted
3. Quality improvement for which Human Research Ethics approval is not required by the relevant HREC

**2.2 Background** *description of the nature and scale of the problem (e.g. LHN, state, national incidence data); any existing data, including a brief literature review that demonstrates evidence of clinical need / knowledge gap, what consumer involvement has occurred*

Click here to enter text.

**2.3 Rationale** *description of the projects’ relevance to your health service; benefits to your clients/team and direct patient care; importance and relevance to SA Health; what are the potential impacts (clinical, operational and/or financial) of a successful project; and what relevance will the proposed project have for future health service provision?*

Click here to enter text.

**2.4 Specific aim(s)** *of project e.g. aim clearly states investigation goal/s including the proposed study population, measurable outcomes, and time frame.*

Click here to enter text.

**2.5 Method** *description of how the project will be conducted. Where relevant, include details of sample collection, size and scale of project, participant inclusion/exclusion criteria. Include proposed outcome measurements (validity and reliability as appropriate to methodology), including potential cost benefit or cost effectiveness. Where required, has ethics and governance approval been planned, commenced, or granted?*

Click here to enter text.

**2.6 Analysis of results** *include proposed data analyses, benchmarking data where applicable, power calculation if appropriate. Consider analysis of clinical, operational and/or financial outcomes.*

 Click here to enter text.

**2.7 Reporting and dissemination** *how will you report and share your learnings and outcomes? Consider strategies within your work unit, across SA Health and beyond including publication or conference presentation.*

Click here to enter text.

**2.8 Translation to practice and potential sustainability** *demonstrate the potential impact of your work by outlining a proposed pathway to translation to clinical practice; indicate what might be required for this work to be sustainable in the future, if appropriate*

Click here to enter text.

**2.9 Proposed timeline** *complete realistic dates, take into consideration if ethics or other approvals will be required i.e.* *explicitly describe dates, plans, activities in each stage*

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | **Planning Stage** | **Data Collection** | **Data Analysis**  | **Reporting & Dissemination of Results** |
| **Proposed Dates:** | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. |
| **Activities** | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. |

**2.10 Project risks** *what risks might there be for the conduct of the proposed project, and how do you plan to mitigate these risks e.g. potential delays in process, recruitment, backfill etc.*?

Click here to enter text.

**2.11 Budget request** *only fully described funding requests from $500 to $10,000 (GST incl.) will be considered (see examples in red below which must be deleted and replaced by your specific budget request). For clarity, use separate lines to specify in-kind and requested funding*

|  |  |  |  |
| --- | --- | --- | --- |
| Item  | Funding request\* | Justification | In-kind support |
| *AHP 1-5,* MeS 1-5, MPH 1-5 time | *No funding requested*  | *e.g. Ethics application already completed*  | *10 hours*  |
| *Salary AHP1-5,* MeS 1-5, MPH 1-5  | *e.g. 80 hrs @ $38.42 per hour (+ 20% on-costs) = $3688.32* | *To release staff member to complete data collection (initial and review assessments of study participants)* | *NA* |
| *Salary AHA 1-4, TGO 0-5* | *e.g 30 hours @ 30.11 per hour(+20% oncosts) = $1083.96.* | *To release staff member to assist with survey collation.*  |  |
| *Equipment* | *e.g. Not applicable (NA)* | *e.g. In- kind support from department* | *e.g. Use of departmental IT, printing etc* |
| *Equipment* | *e.g. Insert amount for purchase of equipment not available* | *e.g. Insert reason required* | *e.g. N/A* |
| *Statistical analysis* | *e.g. Insert amount for payment of invoice to statistician* | *e.g. expertise for data analysis from external service, not available within team* | *e.g. NA* |
|  | ***$ total amount requested*** |  |  |

**\****If requesting funds for Allied and Scientific Health Professional salaries or staffing backfill please include all on-costs (leave loadings, superannuation etc.) which can be obtained from your Department Manager or LHN Business Unit Manager.*

**Only Allied and Scientific Health Professionals classified as AHP, MeS, MPH, AHA or TGO under the current Enterprise Bargaining Agreement are eligible**

*\* The business/clinical unit in which research is conducted will retain ownership of any equipment purchased with Seed Funds following the completion of the project*

Business Manager’s name: Click here to enter text.

Business Manager’s email: Click here to enter text.

**2.12 Linkages and collaborations**

*Describe the linkages and collaborations anticipated to be involved as part of this project (who are you working with and why)*

Click here to enter text.

**2.13 Mentoring and support** *Describe how this project will build the research capacity and experience of the Project Lead and/ or allied and scientific health team members*

 Click here to enter text.

**2.14 Reference list**

Click here to enter text.

**Section 3: Confirmation**

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Applicant/Project Lead) confirm that

1. The proposed project is not duplicating other projects already in place
2. The proposed project has not received funding from another source
3. The proposed project has not been submitted for funding from any other funding body or source and the project lead has not been successful in previous seed funding rounds
4. If applicable, the proposed project has considered backfill arrangements to ensure appropriate staffing.
5. I intend to remain employed within SA Health for the duration of this project, and will advise ASHO immediately if I resign from SA Health
6. I am not primarily employed as a researcher or enrolled as a research student on a full-time basis
7. My relevant research experience *(indicate at least one)*
* Completed ASHO Research Plan on a Page training
* Our team includes an experienced researcher and roles of all team members will be outlined in the included Research CVs

1. Documentation in relation to ethical considerations at the time of application *(indicate one only)*
	* I have included documentation from the relevant HREC that the proposed research project has been submitted to the relevant HREC
	* I have included documentation from the relevant HREC that the proposed research project has been approved by the relevant HREC
	* I have included documentation from the relevant HREC that they have considered the proposed project and HREC approval is not required.
2. I understand that the proposed project can only proceed with relevant HREC approval or formal exemption.

Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_ /\_\_\_ /\_\_\_\_

**Section 4: Support of Applicant’sLine Manager**

**Application must be supported by Applicant’s discipline or operational manager.**

I, (Discipline / Operational Manager) have considered the above application and confirm that the stated budget request is correct; including (where applicable) total claimable AHP, MeS, MPH, AHA or TGO hours, classification level and appropriate on-costs, with the discipline department being responsible for any short-fall not included or costed incorrectly.

I acknowledge that this will include liaison with the LHN Business Unit Manager regarding generation of journal recharges to ASHO. A supplied salaries calculation spreadsheet from ASHO will be utilised to assist this process.

I *do / do not agree* that the Applicant will be provided with quarantined time e.g. as per FTE funded in the application, or study leave, as appropriate.

I *am/ am not* willing to consider the Applicant attending ASHO office facilities during the funding period.

**Managerial / operational support for this proposal** will be determined from responses below. Please indicate your level of agreement in relation to the statements below.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | Strongly disagree(5) | Disagree(4) | Neither(3) | Agree(2) | Strongly agree(1) |
| 1. This project investigates a relevant area of clinical practice
 | strongly disagree | disagree | neither | agree | strongly agree |
| 1. There will be support for the dissemination of findings to appropriate stakeholders
 | strongly disagree | disagree | neither | agree | strongly agree |
| 1. The applicant has the necessary skills and confidence to lead the work proposed.
 | strongly disagree | disagree | neither | agree | strongly agree |
| 1. There are appropriate linkages and collaborations to ensure the delivery of the described outcomes
 | strongly disagree | disagree | neither | agree | strongly agree |
| 1. The work proposed aligns with the strategic direction of the department / local health network.
 | strongly disagree | disagree | neither | agree | strongly agree |

Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_ /\_\_\_ /\_\_\_\_

Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_ /\_\_\_ /\_\_\_\_

Position \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_­\_\_\_\_\_\_\_

Email @sa.gov.au

**Section 5: Support of the relevant Director, Allied Health or Divisional Director**

Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_ /\_\_\_ /\_\_\_\_

Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Position \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_­\_\_\_\_\_\_\_

Email @sa.gov.au

**Section 6: Application submission**

*The application should be emailed to* *Health.AlliedHealthSeedFunding@sa.gov.au* *with subject heading “[SURNAME] Seed Funding Research Application 2025\_2026” and include the following:*

1. *Completed application form*
2. *HREC documentation*
3. *Brief research CV all team members, saved as “SURNAME\_ Research CV”.*

*Applications close 5 pm* ***Friday 11 April 2025****. Late applications will not be considered.*