# 2025 Clinician Research Fellowships - Application Form
Form Preview

## Applicant Details

* indicates a required field

**Applicant Name** *

**Primary Phone Number** *

Must be an Australian phone number.

**Alternate Phone Number** *

Must be an Australian phone number.

**Queensland Health Email** *

Must be an email address.

**Alternate Email** *

Must be an email address.

**Gender** *

○ Female    ○ Male    ○ Prefer not to disclose    ○ Other:

**Are you of Aboriginal and/or Torres Strait Islander origin?** *

○ Yes, I am of Aboriginal origin
○ Yes, I am of Torres Strait Islander origin
○ Yes, I am both Aboriginal and Torres Strait Islander origin
○ No, I am not of Aboriginal or Torres Strait Islander origin
○ Prefer not to disclose

**ORCID iD**

https://orcid.org/

## Resumé

**Note:** NIH Biosketch is preferred format for resumé.

**Upload your resumé** *
Attach a file:

A maximum of 1 file may be attached.
PDF only, four pages maximum. File Name: CRF-XXX-2025_Resume.pdf

**Are you currently affiliated with a university or research institute? ***

○ Yes          ○ No

**Name of university or research institute ***

[                    ]

**Are you currently employed by Metro North Health? ***

○ Yes          ○ No

**Employee ID ***

[                    ]

Please enter your Metro North employee number (ie. 00123456)

## Current Employment

**Name ***

| Title | First Name | Last Name |
|-------|-----------|-----------|
| [   ] | [       ] | [       ] |

**Role / Position ***

[                    ]

**Professional Stream ***

[              ]

**Primary Facility or Service ***

[              ]

https://metronorth.health.qld.gov.au/hospitals-services

**Department or Unit ***

[                         ]

**Clinical FTE ***

[              ]

Must be a number.

## Clinical Registration or Professional Certification

AHPRA Registered Professions: http://www.ahpra.gov.au/Registration/Registration-Standards.aspx

Allied Health professions: https://qheps.health.qld.gov.au/metronorth/allied-health/professions

**Do you have AHPRA Registration? ***

○ Yes          ○ No

**AHPRA Registration No.** *

If you are not an AHPRA Registered Practitioner, please provide the Professional Body with which you are registered or eligible for registration.

**Professional Body** *

**Registration Number** *

You have indicated that you are not currently a Metro North employee. Please provide details of your current situation, with reference to any future contracts or negotiations with Metro North regarding employment as a clinician.

**Details** *

Word count:
Must be no more than 150 words.

## Research Higher Degree

**Do you have a Research Higher Degree (RHD)?** *    ○ Yes    ○ No

**Degree** *

**Title** *

**Institution** *

**Year Awarded** *

**Please provide evidence of RHD equivalent experience (must be less than 10 years experience).** *

Word count:
Must be no more than 150 words.

## Eligibility Check

The Clinician Research Fellowships eligibility criteria state that you must be within ten (10) years of award of your RHD.

Because you have indicated you are greater than ten years post-award, unless you have disclosed eligible career disruptions using the section below, you will be deemed ineligible and not considered by the Panel.

## Relative to Opportunity and Career Disruption

Please refer to [NHMRC policy](#) on acceptable career interruption.

**Have you experienced circumstances or a career interruption that has affected your research capacity in the last ten (10) years? ***
○  Yes                                              ○  No

NOTE: This information will be visible to the review panel, who are either Metro North Health staff or employees of a collaborating organisation. All panel reviewers have committed to ethical peer review principles, and have agreed to confidentiality and conflict of interest disclosure statements.

## Sensitive Career Disruption

If you do not wish to disclose the nature of a sensitive career interruption using the online application form, please indicate this below and contact the Research Grants Officer directly at MetroNorthResearch-Grants@health.qld.gov.au.

**Do you wish to disclose a sensitive career interruption? ***
○  Yes                                              ○  No

## Career Interruption

Describe below the details of any career interruptions within the last ten (10) years.

List each interruption or specific circumstance as a separate line entry.

| Start Date | End Date | Duration (weeks) | Reduction in FTE | Duration of Interruption (years) | Details |
|---|---|---|---|---|---|
| Must be a date. | Must be a date. | Must be a number. | Must be a number. | This number/amount is calculated. | |
| | | | | | |

**Total years of career interruption**

|  |
|---|

This number/amount is calculated.

**Outline any additional research outputs or activity you would like to include for consideration in your research track record. The additional track record should be commensurate with the period of career interruption.**

Word count:
Must be no more than 250 words.

## Research Program Proposal

* indicates a required field

**Program Title** *

**Brief Program Description** *

Word count:
Must be no more than 250 words.
Describe how you intend to use this Fellowship.

**What is the vision of your Fellowship research program?** *

Word count:
Must be no more than 300 words.

**Background and Rationale** *

Word count:
Must be no more than 300 words.

**Hypothesis** *

Word count:
Must be no more than 150 words.

**Aims of Program (include anticipated outcome and timeline for each of the stated aims)** *

Word count:
Must be no more than 200 words.

**Research Plan (must relate to aims of program)** *

Word count:
Must be no more than 1000 words.

**Potential significance and impact** *

Word count:
Must be no more than 250 words.

## Proposal Supporting Document

**Upload reference list and supporting images, graphics or graphs for the research proposal(s) above. No extra content will be accepted.**
Attach a file:

PDF only. References 1 page max and images, graphs or graphics 1 page max. File name: CRF-XXX-2025_Proposal Supporting Document.pdf

## NHMRC Research Area & Group

Please nominate the Broad Research Area and Group as they relate to this research proposal. Select all that apply.

| Broad Research Area | Group- Fields of Research (FOR) |
|---|---|
|  |  |

## Metro North Research Project Alignment

**Metro North Health Facility/Directorate** *
☐ RBWH ☐ TPCH ☐ Caboolture Hospital ☐ Redcliffe Hospital ☐ STARS ☐ Kilcoy Hospital ☐ Mental Health Services ☐ Community Services ☐ Oral Health Services ☐ Public Health Unit
Other

https://metronorth.health.qld.gov.au/hospitals-services

**Research Strategy Theme** *
☐ Diagnostics ☐ Therapeutics ☐ Procedures ☐ Health Services
https://metronorth.health.qld.gov.au/wp-content/uploads/2023/01/research-23-27.pdf

## Research Capacity, Synergy and Stakeholder Engagement

* indicates a required field

## Capacity Building

**How will this Fellowship advance your academic and clinical professional development? ***

Word count:
Must be no more than 250 words.

**How do you intend to use this Fellowship to actively engage in capacity building activities for your clinical department, across Metro North, and the wider academic and clinical community? ***

Word count:
Must be no more than 250 words.

## Synergy with Health Service Duties

**How will you integrate this Fellowship with your clinician duties? What opportunities will it create to inform your clinical practice, advance clinical care and health service delivery within your department? ***

Word count:
Must be no more than 250 words.

**How will your Fellowship research program advance understanding and bridge knowledge gaps in your field, and how will it be translated and disseminated to colleagues, and the wider professional and academic community? ***

Word count:
Must be no more than 250 words.

## Stakeholder Engagement

**How do you plan to incorporate stakeholder engagement within your research program? ***

Word count:

Must be no more than 250 words.

**How will your Fellowship research program translate into meaningful outcomes for the benefit of stakeholders?** *

Word count:

Must be no more than 250 words.

## Research Environment

* indicates a required field

## Collaborations

**How will this Fellowship and your research program be used to strengthen and build collaborations across Metro North, with our patients and people, and/or with academic or industry partners?** *

Word count:

Must be no more than 250 words.

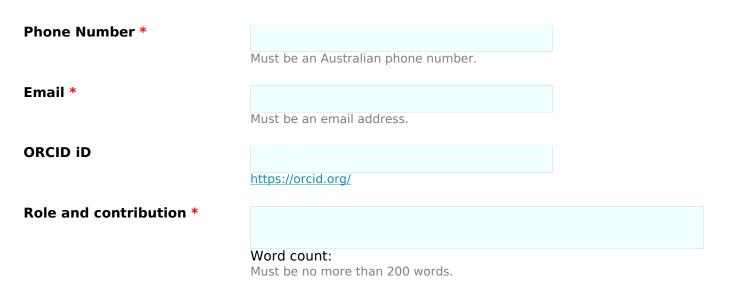## Infrastructure and Resources

**Describe the infrastructure and resources that will be available to you during this Fellowship (specifying whether they are from within Metro North or external).** *

Word count:

Must be no more than 250 words.

**How will you ensure that you will have access to the necessary resources and infrastructure across the duration of the Fellowship? Please include any contingency management strategies you may have for unsuccessful funding opportunities or deviations from your original plans.** *

Word count:
Must be no more than 250 words.

## Primary Supervisor

**Name** *

| Title | First Name | Last Name |

**Role / Position** *

**Organisation** *

**Phone Number** *

Must be an Australian phone number.

**Email** *

Must be an email address.

**ORCID iD**

https://orcid.org/

**Role and contribution** *

Word count:
Must be no more than 200 words.

**Please indicate if you are nominating a secondary supervisor/ mentor**

○ Yes          ○ No

## Secondary Supervisor

**Name** *

| Title | First Name | Last Name |

**Role / Position** *

**Organisation** *

**Phone Number** *

Must be an Australian phone number.

**Email** *

Must be an email address.

**ORCID iD**

https://orcid.org/

**Role and contribution** *

Word count:
Must be no more than 200 words.

## Research Environment Supporting Documents

Must be uploaded into ONE document, **combined in this order**:

- Resumé of Primary Supervisor. *Four pages max, required.*
- Resumé of Secondary Supervisor. *Four pages max, required if applicable.*
- Signed letter of support from Head/Director of Metro North Clinical Department/Unit. *Two pages max, required.*
- Signed letter of support from Primary Supervisor. *Two pages max, required.*
- Signed letters of support, where appropriate, from an Academic Partner or relevant collaborator. *Two pages max, optional.*

**Note:** Supervisor resumé(s) must document relevant supervisory experience. NIH Biosketch is preferred format for resumés.

**Upload Research Environment Supporting Documents** *
Attach a file:

PDF only. File name: CRF-XXX-2025_Research Environment Supporting Documents.pdf

## Certification and Signatures

* indicates a required field

## Instructions

1. Download the Certification and Signatures template document from the Metro North Health Clinician Research Fellowships webpage.
2. All delegates must tick the relevant statements to indicate endorsement of the application, and sign and date their section.
3. Upload a scanned copy of the signed certification pages.

Note: Please allow sufficient time for all delegates to receive, review, sign and return the certification page to you using their usual administrative methods. Applications without all required signatures by close of applications will be deemed ineligible for consideration.

**Certification Page Upload** *

Attach a file:

A maximum of 1 file may be attached.
PDF only. File name: CRF-XXX-2025_certification.pdf