**Improving Health Outcomes in the Tropical North:**

**A Multidisciplinary Collaboration (HOT NORTH)**

**Description: INDIGENOUS DEVELOPMENT AND TRAINING AWARD**

**Awards:**

(a) Development opportunities for Aboriginal and Torres Strait Islanders studying or working in the health sector in northern Australia (awards of between $1,000 - $10,000)

(b) Indigenous Traineeship leading to VET qualifications (up to $25,000)

**Summary**

Improving Health Outcomes in the Tropical North: A multidisciplinary collaboration (HOT NORTH) was awarded to Menzies School of Health Research by the National Health and Medical Research Council (NHMRC) under the *Northern Australia Tropical Disease Collaborative Research Programme*. This collaboration with other key research institutes across Australia (Telethon Kids Institute, James Cook University, Doherty Institute, Marie Bashir Institute, Burnet Institute, South Australian Health and Medical Research Institute, QIMR Berghofer) aims to strengthen partnerships to undertake research into the prevention, diagnosis and treatment of tropical diseases and Indigenous health disadvantage. The program is centered on five research themes: skin health, respiratory health, antimicrobial resistance, chronic diseases, and vector borne and emerging diseases. The collaboration will facilitate the translation of research findings into positive health outcomes in Northern Australia and the region, with a focus on health policy and practice.

The purpose of the Indigenous Development and Training Grants is to build Aboriginal and Torres Strait Islander clinical, public and allied health capacity with the ultimate aim to improve outcomes in the five target themes supported by HOT NORTH: skin health, respiratory health, antimicrobial resistance, chronic diseases, and vector borne and emerging diseases.

**Application guidelines**

* Before applying, discuss your proposed activities with the HOT NORTH Coordinator in your region (contact details below), as well as the HOT NORTH Chief Investigator or Associate Investigator who will be your principal supervisor or mentor.
* Read the Terms and Conditions prior to completing this application form.
* Complete the application in 12 point font, using single line spacing.
* Adhere to the maximum word limits.
* Complete the application electronically.
* Have your application approved and signed by your HOT NORTH supervisor or mentor and your current manager.
* Submit your application by the closing date by email to the contact noted below.

**Enquiries and submissions to**

Kevin Williams

Menzies School of Health Research

PO Box 41096

Casuarina NT 0811

Email: [kevin.williams@menzies.edu.au](mailto:kevin.williams@menzies.edu.au)

Contact for NT proposals:

Karen Champlin

Menzies School of Health Research

Ph: (08) 8946 8630

Email: [karen.champlin@menzies.edu.au](mailto:karen.champlin@menzies.edu.au)

Contacts for WA proposals:

Kristen White

Telethon Kids Institute

Ph: (08) 9489 7618

Email: [kristen.white@telethonkids.org.au](mailto:kristen.white@telethonkids.org.au)

or

Janine McNamara

Telethon Kids Institute

Ph: (08) 9195 2128

Email: [janine.mcnamara@telethonkids.org.au](mailto:janine.mcnamara@telethonkids.org.au)

Contact for QLD proposals:

Sue Forbes

James Cook University

P: (07)4232 2324

E:[suzanne.forbes1@jcu.edu.au](mailto:suzanne.forbes1@jcu.edu.au)

**Application closing date**

Close of business 8 February 2019.

**HOT NORTH INDIGENOUS DEVELOPMENT AND TRAINING AWARD**

**Application Form**

|  |  |
| --- | --- |
| **Section 1 – Applicant details** | |
| **Applicant name:** |  |
| **Current appointment(s):** |  |
| **Current institution:** |  |
| **Current contact details:**  Address  Phone  Email |  |
| **Do you identify as Aboriginal or Torres Strait Islander?** | Aboriginal  Torres Strait Islander  Both  Neither |
| **Which award are you applying for?** | Development activities  VET Traineeship |

|  |  |
| --- | --- |
| **Section 2 – Supervisor details** | |
| **Applicant supervisor/mentor:**  *\*Supervisor must be a HOT NORTH Chief Investigator or Associate Investigator*. | |
| Supervisor/mentor name: |  |
| Supervisor/mentor institution:  Department  Institution  Address |  |

|  |  |
| --- | --- |
| **Section 3 – Activity details and benefits** | |
| **Activity title:** |  |
| **Activity location:**  Department  Institution  Address |  |
| **Relevant HOT NORTH research theme:** |  |
| **Relevance of project to research theme and Northern Australia:**  *\*200 words maximum.* |  |
| **Project**  Please provide a brief summary of your proposed development or training activities, including a budget and timeline:  *\*300 words maximum.* | |
|  | |
| **Benefits:**  Describe the potential of the proposed activities to extend your knowledge and skills.  *\*200 words maximum.* | |
| Building my capability  Benefits for health sector in northern Australia | |

|  |
| --- |
| **Section 4 – Previous experience** |
| **Previous experience:** |
| Please provide details of your previous experience highlighting the contributions you have made to the health sector.  *\*200 words maximum.* |
|  |

|  |  |
| --- | --- |
| **Section 5 – Declarations** | |
| **Declaration by applicant:**  I declare that to the best of my knowledge, the information supplied herein is correct and complete. I acknowledge that the submission of incorrect or incomplete information may result in a cancellation of approved funding at any stage. I recognise that it is my responsibility to provide all necessary documentary evidence of my qualifications and experience, and authorise HOT NORTH to conduct reference checks if required.  I understand that if awarded this award, I will observe the HOT NORTH ethos of capacity building and improving the health of people in northern Australia, and adhere to the terms and conditions of this award.  **I confirm that I have:** | Name:  Signature:  Date:  Read the award Terms and Conditions.  Obtained all required signatures.  Referred to the start of this document for submission requirements. |
| **Declaration by HOT NORTH supervisor/mentor:**  I declare that I have agreed to supervise or mentor the applicant for the activities detailed above. | Name:  Signature:  Date: |
| **Declaration by line manager:**  I declare that the applicants employing institution supports this application and the proposed activities to be undertaken by the applicant. | Name:  Signature:  Date: |