

# Visiting Researcher Program 2024

## Form Preview

### Expression of Interest - Visiting Researcher Form

#### Information and Instructions

**Expressions of interest from Children's Health Queensland clinicians and researchers are sought for funding towards hosting visits of nationally and internationally renowned clinician-research leaders to CHQ. This initiative, proudly funded by the Children's Hospital Foundation, will have a direct impact on research capacity and culture building, through sharing of research expertise and experience, and by facilitating new nationally and international collaborations. The program will also help the global translation of CHQ-led research.**

CHQ staff members are invited to submit an expression of interest that includes:

- Details regarding the visiting researcher
- A proposed itinerary
- An impact statement

2024 rounds will run monthly, closing at the end of each month from January to May.

**Last round for this program closes 31 May 2024.**

**This is the last year for this current program ending 30 June 2024.** All travel and expenditure is to be completed by 30 June 2024 for any approved visiting researcher.

The total budget for this initiative is \$75,000 over 5 years. Whilst there is no fixed number of visits to be supported each year, we anticipate funding 2 to 4 visiting researchers per year.

Please contact the grants office [CHQ\\_Grants@health.qld.gov.au](mailto:CHQ_Grants@health.qld.gov.au) for any out of session application.

**Eligibility Criteria** Applicants must meet the following eligibility requirements:

- Employed by Children's Health Queensland at 0.5 FTE or more
- Lead a program of research, or be actively engaged in clinical or health services/ systems research (e.g., site investigator for clinical trials/projects)

#### **Reporting and Acknowledgement Requirements**

Successful applicants will be required to submit a brief report summarising the visitor's itinerary and outcomes within 30 days after the visit, including details of new collaborative initiatives / opportunities that have been facilitated by the visit. All presentations given by the Visiting Researcher during the visit must include an acknowledgement of the Children's Hospital Foundation's support for the visit.

#### **Application Assessment**

Applications will be assessed by the CHQ Research Advisory Committee. Applications will be assessed according to the likelihood of the visit resulting in new and significant research collaboration between CHQ clinician-researchers and the visitor, their institution and/or the collaborative research/clinical network they lead.

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Applications for visits that will facilitate unique and meaningful opportunities for early and mid-career researchers to collaborate with international experts will be assessed favourably, as will applications that enhance engagement with CHQ's academic partners. Applications from clinicians without an active research role, seeking funding to support a visit where the main activity will be clinical presentation and case discussions, and where subsequent research collaboration is unlikely, will not be funded.

### ***How to apply***

Please submit a copy of your application before the the end of each round.

We are running 5 rounds, closing at the end of each month.

- 31 Jan 24
- 29 Feb 24
- 31 Mar 24
- 30 Apr 24
- 31 May 24

All application details and relevant attachments must be included for your application to be considered. Please note that late applications will not be considered until the following round. Before submitting your application, please check:

- Your eligibility to apply
- Each section in the application is complete
- Each section complies with the formatting and length requirements
- The application is signed by the appropriate parties. Electronic signatures may be obtained where required.

It is the responsibility of the applicant to ensure that this is a true, full copy of the application. You will not be advised if it is noted that your application is incomplete.

**Please direct any enquiries to [CHQ\\_Grants@health.qld.gov.au](mailto:CHQ_Grants@health.qld.gov.au).**

## Primary Applicant

\* indicates a required field

### Applicant Details

**Applicant \***

Title	First Name	Last Name
<input type="text"/>	<input type="text"/>	<input type="text"/>

**Applicant Position \***

# Visiting Researcher Program 2024

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**CHQ Division \***

**CHQ Department/Service \***

**Email \***

Must be an email address.

**Office Phone Number \***

Must be an Australian phone number.

**Mobile Phone Number \***

Must be an Australian phone number.

**Academic Affiliation \***

UQ  QUT  Griffith  
Other

Select primary affiliation

**Current Research Activities \***

**Word count:**

Must be no more than 300 words.

## Secondary Applicant Details

Details of Secondary Applicant (e.g. another CHQ staff member or key academic collaborator)

**Name**

Title      First Name      Last Name

**Position**

**Organisation**

CHQ  UQ  QUT  Griffith  
Other

**CHQ Division (for CHQ staff only)**

# Visiting Researcher Program 2024

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### Department/Service

List your Institute/Faculty/School/Department if from University

### Phone Number

Must be an Australian phone number.

### Email

Must be an email address.

### Office Number

Must be an Australian phone number.

### Mobile Number

Must be an Australian phone number.

### Academic Affiliation

UQ  QUT  Griffith

Other

## Visitor

\* indicates a required field

### Visiting Researcher Details

#### Name \*

Title	First Name	Last Name
<input type="text"/>	<input type="text"/>	<input type="text"/>

#### Position Name \*

#### Institution \*

#### Department \*

# Visiting Researcher Program 2024

## Form Preview

### Visiting Researcher Professional Profile

Institution webpage for researcher's professional profile

### Email \*

Must be an email address.

### Australian Phone Number (if known)

Must be an Australian phone number.

### Please describe any existing collaborative research and/or clinical links with the proposed visiting researcher. \*

Word count:

Must be no more than 200 words.

### Expertise and Track Record

Please describe the proposed visiting researcher's expertise and track record, including any leadership roles they have held in research and/or clinical collaborative group.

\*

Word count:

Must be no more than 200 words.

### Impact Statements on Potential Benefits

Please describe how engagement with this visiting researcher will bring benefits to the CHQ Research community, including to early and mid-career researchers and in the context of fostering collaboration

\*

Word count:

Must be no more than 350 words.

### Itinerary and Cost

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\* indicates a required field

### Proposed Itinerary

Please describe your proposed itinerary for the visiting researcher, including any presentations, tours, and meetings. You may add or delete days or rows as required to suit the proposed itinerary.

#### Proposed Days & Dates for visiting CHQ \*

Examples 3 days (1st - 3rd March) Visiting other parts of Queensland Health / CHQ for paediatric and child health related research activities can be considered. Example, spending 2 days in QCH and one day in Townsville to demonstrate new technique to other child health researchers.

#### Visit Quarter \*

Q1 - January to March  Q2 - April to June  Q3 - July to September  Q4 - October to December

Please select the quarter of the expected arrival, example if visit to CHQ is 28 June to 08 July, please select Q2 and Q3

#### Will the proposed visit leverage off another, pre-arranged visit by the researcher to Australia? \*

Yes  No

Select no if visiting researcher is coming directly to Brisbane

#### Name of Event/Conference \*

### Proposed Itinerary (Visit to CHQ)

If yes, provide details of other activities in Australia, including who is funding the primary visit (e.g. *Professor G is an invited plenary speaker at a national conference in Sydney. Professor G's travel from the US to Sydney is being funded by Company Y, as the Silver Sponsor for the conference.*)

#### Details of pre-arranged visit \*

Word count:

Must be no more than 200 words.

The non-CHQ part of the visit, example going to world congress on paediatrics & child health

### Proposed Dates

Details of proposed CHQ visit, activities planned, meeting

Date \*

Activities \*

# Visiting Researcher Program 2024

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### Budget

Please list out the proposed travel and accommodation cost and upload the quote for the travel and accommodation. If there are other related cost, like workshop organisation, venue hire, AV support or catering, please list them out.

**Please NOTE all travel and expenditure must be completed by 30 June 2024.**

**Travel and Accommodation Cost, and any other related cost**      \$

	\$
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### Budget Totals

**Please NOTE all travel and expenditure must be completed by 30 June 2024.**

**Total Expenditure Amount**

\$

This number/amount is calculated.

### Travel

Attach a file:

Please upload the quote for flights

### Accommodation

Attach a file:

Please upload the quote for accommodation

## Certify and Support

\* indicates a required field

### Applicant Declaration

I certify that I have read the instructions and meet the eligibility criteria for the Visiting Researcher Program application. I confirm that all details on this application are correct and that I am the primary applicant for this initiative. I understand and agree that if successful, I will be required to meet the terms and conditions of receiving of receiving this funding. I am aware that it is my duty to inform the visitor that they do not have clinical credentials in CHQ and will not perform any clinical activities until they have undergone the CHQ credentialing process.

**I certify that I have read the instructions and meet the criteria \***

Yes

Head of Department/Service

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I support this application and the intent of invitation for the Visiting Researcher Program. I certify that the itinerary requirements can be accommodated in the department/service and there is sufficient working /office space available to host the visitor. I have noted the amount of time where the applicant(s) will be committing to organising and hosting the visitor and certify that this is appropriate to existing arrangements for service delivery.

Please add more sections for additional head of departments if visitor is going to more than one service/department.

### Support from Head of Department/Service \*

Yes

### Head of Department Signature/email support \*

Attach a file:

Please upload Email support or print this page for sign off support from Primary Applicant's Head of Department/Service signature and upload.

### Name \*

Title      First Name      Last Name

<input type="text"/>	<input type="text"/>	<input type="text"/>
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### CHQ Division \*

Organisation Name

### Department/Service \*

Organisation Name