



# Mental Health Translational Research Grants 2025-26

## Expression of Interest Form

Due by: 1:00 pm (AWST) Thursday 18 June 2026

- Refer to the relevant [Guidelines and Conditions](#) for program-specific instructions.
- Refer to the [application submission user guide](#) for instructions on how to complete and submit this Expression of Interest form, noting that if you copy a table into a response the content may not display correctly in the downloaded form provided to reviewers (select 'Preview' to check the content display).
- Activity Leads are responsible for complying with internal deadlines and ensuring all certifications are complete and that content displays correctly in the downloaded Expression of Interest form prior to submission.

### 1. Activity title

### 2. Activity summary

Provide a **plain language** summary of the proposal, including the aims, objectives, significance and expected benefits to the health and/or wellbeing of the WA community. This summary may be used for publicity purposes. *[Maximum 500 words]*

### 3. Responsible Entity

Name of Responsible Entity	
Active ABN	
Registered address	
Contact officer pre-award <i>Officer responsible for Expression of Interest (must be different to the Activity Lead unless not possible e.g. Responsible Entity is a sole trader or corporation with a sole director/secretary)</i>	Name: Position: Email: Phone:
Contact officer post-award <i>Officer responsible for grant administration if successful (must be different to the Activity Lead unless not possible e.g. Responsible Entity is a sole trader or corporation with a sole director/secretary)</i>	Name: Position: Email: Phone:

#### 4. Activity Lead

Title First name SURNAME	
Primary telephone number	
Primary email address	
ORCID (if relevant)	
Time commitment to this Activity	hours/week
Are you a WA Health employee (includes Clinical Academics)?	
Citizenship/residency status	
Will the Activity Lead physically reside in WA for a minimum of 80% during the grant period?	
Have you completed a consumer and community involvement in health research/innovation training course, such as the free online <a href="#">Consumer and Community Involvement in Health Research</a> course or equivalent	
Have you completed training on how to involve consumers and community in health research/innovation grant writing, such as the free online <a href="#">Consumer &amp; Community Involvement and Grant Writing</a> course or equivalent	
Does the Activity Lead have overdue reports for any grant administered by the Office of Medical Research and Innovation (including FHRI Fund programs) from any year?	

#### Grant arrangement

Relationship to Responsible Entity <i>Refer to 'Eligibility' section of the Guidelines and Conditions</i>	
Position at Responsible Entity	
Title at Responsible Entity	

Intended grant arrangement	
Relevant Employer	
Position at relevant Employer	
Relevant Employer has an active ABN?	
Relevant Employer has a physical & operational presence in WA?	
Evidence of an affiliation agreement or in-principle agreement to subcontract to the relevant Employer (if this has not already been provided to OMRI)	

### Other employment and affiliations

This table is populated from the Activity Lead user profile and must include all the entities that the Activity Lead is employed by or has an affiliation with (this includes company director roles). The Position/Title must identify if it is an adjunct or honorary title or a Clinical Academic position. If this table is incomplete or incorrect, the Activity Lead must update their user profile 'employment' page.

Entity (Add rows)	Position/Title	Paid

### Other information

Discipline/Profession	
Clinician Profession <i>Note: this is collected for statistical purposes only</i>	
Research career stage <i>An Early-Career researcher has held their PhD for no more than 5 years from the date that their PhD was passed and a Mid-Career researcher no more than 10 years as at the time of Expression of Interest, taking into consideration any career disruptions as defined in the <a href="#">NHMRC Relative to Opportunity Policy</a></i> <i>Note: this is collected for statistical purposes only</i>	
Postgraduate research degree <i>Note: this is collected for statistical purposes only</i>	
Within which area are you located	

## 5. Team members

Provide details for each team member undertaking core elements of the Activity and their relevant entity (Responsible Entity and/or partner organisation).

Team member (add rows)		
Primary email address		
Primary telephone number		
ORCiD (if relevant)		
Relevant Employer		
Role in this Activity		
Time commitment to this Activity		
Are you a WA Health employee (includes Clinical Academics)?		
Have you completed a consumer and community involvement in health research/innovation training course, such as the free online <a href="#">Consumer and Community Involvement in Health Research</a> course or equivalent		
Entity (add rows)	Position(s) and Title(s)	Paid

## 6. Activity classification

<p><b>Broad Research Area</b> (select one)</p> <p>Refer to National Health and Medical Research Council <a href="#">website</a> for description of broad research areas.</p>	
<p><b>Field of Research (FoR)</b></p> <p>Australian and New Zealand Standard Research Classification, 2020 downloadable from the Australian Bureau of Statistics <a href="#">website</a>.</p>	<p><b>Primary FoR (mandatory):</b></p> <p><b>Secondary FoR(s) (optional):</b></p>
<p><b>Burden of Disease</b> (up to 2) state the disease groups and names that are most applicable or have the highest burden</p> <p>Downloadable Australian Institute of Health and Welfare <a href="#">Australian Burden of Disease Study Table 2.1</a></p>	
<p><b>Keywords</b> (up to 5)</p> <p>Must be selected from NHMRC <a href="#">Sapphire Knowledge Base</a> webpage, located under Researcher &gt; My Applications &gt; Keyword Library</p>	

## 7. Significance and relevance of the Activity (50%)

Proposals must address contemporary challenges or needs faced by the WA mental health and alcohol and other drugs systems, and the health and medical research and innovation sector.

Describe the following:

- a) the issue and its significance to WA mental health and alcohol and other drugs systems (e.g. incidence, prevalence, burden of disease, impact on delivery or cost of health service).

*[Maximum 200 words]*

- b) how the Activity will address the issue described above and the expected benefits to WA mental health and alcohol and other drugs systems (e.g. reduce inequities, improved efficiencies and cost savings, economic, social and environmental benefits). *[Maximum 200 words]*

- c) direct relevance of the proposed research to the purpose, Strategic Pillars and Focus Areas outlined in the [Mental Health and Alcohol and Other Drugs Strategy 2025-2030](#). *[Maximum 200 words]*

- d) potential to support capacity and capability of the mental health workforce to undertake research and deliver contemporary, evidence-based, safe and sustainable care. *[Maximum 200 words]*

## 8. Activity plan (50%)

Describe the Activity plan, including:

- a) the Activity objectives, ensuring these are specific, measurable, attainable, relevant and time-bound *[Maximum 500 words]*

1	
2	
3	
4	Add rows

- b) the methodology, including techniques, target group(s), a realistic sample size and measures to be used *[Maximum 500 words]*

- c) plans to evaluate cost-effectiveness of any innovations in healthcare delivery *[Maximum 500 words]*

*Note: Assessment of the Activity plan includes the achievability of the proposed milestones and timeframes (as provided below).*

**List the major milestones for the Activity and their duration in months from the Activity start in the following table.**

The Activity starts upon execution of a Grant Funding Agreement. Include separate milestones as applicable, for example, ethics and governance approvals, employment of staff (can commence only after ethics and governance approval has been obtained if applicable), data collection, participant recruitment, and data analysis. Note dissemination of outcomes, e.g. publications, are not appropriate milestones, as they are not a component of the Activity.

*Note: If ethics/governance approval is required for the Activity, this must be achievable within the Activity period and approval dates to not affect the Activity start date.*

No	Milestone <i>(insert additional rows as required in order of completion)</i>	Target Milestone date <i>(months from start date)</i>
1		
2		
3		

Enter the duration of the Activity in months <i>Activity must be completed within a maximum of 36 months</i>
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## 9. Cited references

If applicable, provide bibliographic references to any publications or reports cited in the Expression of Interest. Please only include publications strictly pertinent to the Expression of Interest.

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## 10. Assessors not to be approached

Provide the name(s) of any assessor(s) or organisation(s) you request not to be approached to assess this Expression of Interest (if applicable) to [DOH.OMRI@health.wa.gov.au](mailto:DOH.OMRI@health.wa.gov.au). This information will only be available to the Office of Medical Research and Innovation, and must be provided by the Expression of Interest closing date.

## 11. Team certification

We certify that:

- we understand that application to the Full Application stage is upon invitation only
- we commit to taking part in the Activity proposed in this Expression of Interest for the duration of the grant if the subsequent Application is successful
- the information supplied by us on this form is complete, true and correct in every particular
- we agree to abide by the *Guidelines and Conditions*
- we agree to participate in an evaluation whether the Expression of Interest and/or application is successful or unsuccessful
- we have discussed the likely impact of the Activity on participating organisations, and this Activity is acceptable to them
- we have relevant permissions to use any third-party intellectual property required to deliver the Activity and have Freedom to Operate for this Activity
- we agree to obtain any research ethics and governance approvals that might be required for undertaking the funded Activity

- (i) if the Activity Lead or a team member (includes Clinical Academics where applicable) is employed by the WA public health system entity and the Responsible Entity is not a WA public health system entity, the Activity Lead and/or team member(s) will [register](#) a Conflict of Interest for this grant in accordance with the Department of Health [Managing Conflicts of Interest Policy](#) that addresses how WA Health intellectual property (IP) will be protected
- (j) the Activity Lead does not have overdue reporting obligations for any grant funding program administered by the Office of Medical Research and Innovation (including FHRI Fund programs) from any year (excludes authorised extensions)
- (k) we will advise the Office of Medical Research and Innovation if funding is awarded for any component of the Activity.

**Activity Lead**

<b>Full Name</b>			
<b>Signature</b>		<b>Date</b>	

**Other Team members**

<b>Full Name</b>			
<b>Signature</b>		<b>Date</b>	

**12. Responsible Entity certification**

I certify that:

- (a) I am an authorised representative of the Responsible Entity
- (b) all the eligibility criteria listed in the *Guidelines and Conditions* are met
- (c) the Activity Lead will have a position or title at the Responsible Entity for the period of the grant if successful
- (d) if the Activity Lead is not an employee of the Responsible Entity, evidence of an affiliation agreement with, or in-principle agreement for subcontracting to, the relevant Employer has been attached, where this evidence has not previously been provided to the Office of Medical Research and Innovation
- (e) the Responsible Entity endorses the Expression of Interest and confirms that the information supplied on this form is complete, true and correct in every particular
- (f) the Responsible Entity is willing to administer the grant if successful under the conditions specified in the *Guidelines and Conditions*, including the requirement to ensure that appropriate agreements are in place with the Activity Lead, team members and participating entities
- (g) the grant will not constitute the entire financial base of the Responsible Entity, i.e. the Responsible Entity has other external sources of income/funding
- (h) the Responsible Entity or other entities that fund or are involved in the Activity are not part of an industry that produces products or services that may contribute to poor physical health or mental wellbeing of the community
- (i) the Department of Health will be notified immediately of any changes to eligibility or changes to the information originally provided in this Expression of Interest.

<b>Full Name</b>	
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<b>Position</b>			
<b>Signature</b>		<b>Date</b>	

Not for Submission



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