

# JL Frew Travelling Fellowship 2026

## Form Preview

### Applicant Information

\* indicates a required field

#### Introduction

Welcome to the JL Frew Travelling Fellowship 2026 funding round. The purpose of the Fellowship is to enable the successful applicant to gain further knowledge and experience.

#### Documentation to apply for the JL Frew Travelling Fellowship

- [RMH Frew Travelling Fellowship Guidelines](#)
- [Certification Form: Conference and Travel Grant](#)

If there are any questions please direct them to the Office for Research at [ResEndeavours@mh.org.au](mailto:ResEndeavours@mh.org.au) or telephone 9342 7950.

#### Applicant Details

##### Name \*

Title

First Name

Last Name

##### RMH Employee ID Number \*

This grant is open only to RMH staff

##### Department \*

##### Primary Contact Number \*

##### Email Address \*

##### Gender

This field is used for evaluation of the program's inclusiveness and for statistical purposes

##### Aboriginal and Torres Strait Islander Descent

This field is used for evaluation of the program's inclusiveness and for statistical purposes

##### Eligibility

In accordance with the JL Frew Travelling Fellowship Guidelines, to be eligible for the Fellowship, applicants must be:

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- a current RMH employee holding an **Allied Health, Junior Medical** or **Nursing appointment**, *and*
- an Australian citizen or permanent resident.

**Which of the eligible appointments do you currently hold at the RMH? \***

### **Citizenship \***

Australian Citizen

Permanent Resident

## Track Record

### **Current Appointment(s)**

Please supply details of your current appointment(s) and immediate prior appointment. Include position details, year commenced, and EFT.

<b>Position</b>	<b>Organisation</b>	<b>EFT</b>	<b>Employment Classification</b>	<b>Year Commenced</b>	<b>Ongoing/ Fixed Term</b>
			As displayed on your payslip		

### **Publications**

Provide a list of your publications.

Upload a Word document containing your publications in standard format using the following headings:

- Journal Articles
- Chapters
- Books

Only include articles which have been published or accepted for publication. The date of acceptance should be provided for papers not yet published. Do not include abstracts or papers submitted for publication but not yet accepted.

### **Upload file**

Attach a file:

## Work activities and impact statement

**Describe in detail specific activities and projects you have been involved in since commencing at the RMH. Where possible, explain how your contributions have made a meaningful impact at RMH.**

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Word count:

### Supporting Documentation

Attach a PDF copy of the following documentation:

- Curriculum Vitae including the name, address and telephone number of two professional referees (5-page max)
- Copy of approved Leave form signed by your Unit Manager or Director.

#### **Curriculum Vitae \***

Attach a file:

A maximum of 1 file may be attached.

#### **Approved Leave form**

Attach a file:

A maximum of 1 file may be attached.

### Proposal

\* indicates a required field

#### **Summary of activities**

Provide a summary of the proposed activities. You may include information on one or more of the following, as applicable to your application:

- the conference(s) and/or type of presentation(s), e.g. invited lecturer, number of presentations;
- the health facility/hospital and details of the work to be undertaken for training/learning purposes;
- the proposed collaborations to be established for clinical/research learning

#### **Project Title**

Provide a short name for your proposal. It might relate to your ultimate aim

Word count:

Must be no more than 250 words.

#### **Aims of the Fellowship**

Consider:

- What is the aim of this travelling fellowship?
- What are the proposed initiatives you intend to bring back for improvement in the quality of patient care or health services?

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Word count:  
Must be no more than 250 words.

**What are the potential benefits to the RMH as an organisation; to RMH staff; and/or to RMH patients?**

Word count:  
Must be no more than 250 words.

**Describe the involvement of consumers in your proposal. What model of engagement has been/will be adopted?**

**What is your knowledge transfer plan?**

Word count:  
Must be no more than 250 words.  
e.g. How will you use the experience and knowledge to achieve the intended aims?

**Related Experience \***

Provide a summary of related clinical, research and/or lived experience that shows your capacity to undertake the activities and then translate to change practice.(300 word max)

**Broad Research Area \***

- Quality and Safety Research
- Education Research
- Health Services Research
- Public Health Research
- Consumer Research

Select the area of research most relevant to this project

## Travel Details

**Date of Departure \***

Must be a date

**Destination(s) \***

List cities and countries (If applicable)

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### Date of Return \*

Must be a date.

The Fellowship will fund a maximum of 14 days travel. You may elect to travel for longer but additional days will not be funded by the JLF Fellowship

## Certification

\* indicates a required field

### Applicant Certification

#### I certify that: \*

- to the best of my knowledge all information provided in the application is correct at the time of submission;
- if successful, the conditions that govern this grant will be accepted
- if successful, I undertake to complete the project as detailed in the application;
- if successful, all RMH approvals will be obtained prior to the commencement of the award

#### Name: \*

First Name

Last Name

#### Date: \*

Must be a date.

## Obtaining Head of Department Certification

Applications for leave require sign off by the unit/department manager before funding will be released.

### Instructions:

Before proceeding with this step, all other sections of the application must be complete.

1. Complete all sections of the application, including the Applicant Certification.
2. Download a PDF of the Application.
3. Download the [Certification Form](#) and complete the Application Details.
4. Provide the a copy of the Application and Certification form to the appropriate person for sign off.
5. Once the certification has been signed, upload it to your application below.

### Attach Certification Form \*

Attach a file: