Applied Research Grants Round 3 opportunity guidelines

TAFE Centre of Excellence
Health Care and Support

TAFE Centre of Excellence Health Care and Support Applied Research Grants, Round 3: Research translation for the allied health, mental health and nursing services workforce

Grant opportunity opens:	**24 July 2026**
Grant opportunity closes:	**11:00pm AEST 7 September 2026*** Note: The TAFE Centre of Excellence Health Care and Support at TAFE Queensland may amend the closing date and time at its own discretion by issuing a notice to those registered in SurePact through the Application Portal. *Please note that any tech support for the Application Portal will close at 2:00pm AEST 7 September 2026
Administering entities:	TAFE Centre of Excellence Health Care and Support
Enquiries:	If you have any questions, contact: HealthCareSupportTCE@tafeqld.edu.au
Type of grant opportunity:	Open competitive (by application)
Requests for partnerships with TAFE Queensland:	Grant applications must be made in partnership with TAFE Queensland or another TAFE institution. Applicants seeking to partner with TAFE Queensland must lodge a partnership request with TAFE Queensland Commercial by 5.00pm AEST 21 August 2026 using this link: **www.tafeqld.edu.au/contact/fm/coe-grants-assistance**

These Guidelines contain information for the TAFE Centre of Excellence Health Care and Support applied research grants (Grants) Round 3.

These Guidelines must be read prior to applying, with particular attention afforded to:

- The purpose of the research grants
- The eligibility and assessment criteria
- The grant consideration and selection process
- How successful applications will be notified and the payment schedule
- The reporting expectations of Grantees
- Grantees' responsibilities in relation to the opportunity.

Note: The Centre welcomes research proposals from applicants with lived experience and endeavours to make our application process as inclusive as possible. If you require technical assistance with completing an application on the basis of disability please contact us, prior to 1 September 2026, via our email: HealthCareSupportTCE@tafeqld.edu.au.

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1. About TAFE Centres of Excellence

TAFE Centres of Excellence (the Centres) are joint initiatives between the Australian Government, and state and territory governments, which supports the development of a coordinated response to delivering a skilled workforce in strategically important industries as defined by the National Skills Agreement (the NSA or the Agreement).

TAFE Queensland has been selected to lead the TAFE Centre of Excellence Health Care and Support (Health Care and Support), a $35 million joint initiative between the Australian Government and the Queensland Government, with a focus on building the capability and capacity of the essential care and support sector by addressing the critical skills gaps, through education and training solutions, for the nursing, aged care, disability support, mental health and allied health care sectors.

Under the NSA (Section A112), the Centres are committed to facilitating partnerships with TAFEs, industry, unions, universities, Jobs and Skills Councils and governments to grow the skills needed by high-potential and strategically important industries and addressing workforce challenges that demand a coordinated response through:

- Providing national leadership in the delivery of skills, education and training and the dissemination of best practice;
- Developing and championing the innovative delivery of tertiary education, including higher-level pathways and the use of new technology to enrich students learning;
- Delivering appropriate education and training pathways for regional, rural, and remote communities, diverse cohorts, and Aboriginal and Torres Strait Islander communities; and
- Supporting applied research which investigates and provides solutions for real-world problems.

The Centre's applied research grants program addresses these areas through funding research partnerships which respond to the critical workforce, and education and training needs of the essential health and care sector.

Governance

The Centre is guided by the Steering Committee that includes representation from TAFE Queensland, the Queensland Government, industry, the university sector, and other relevant organisations to oversee project implementation and monitor outcomes. Core to the operations of the Grants is the facilitation of partnerships with key stakeholders and communities, which operate on the following principles:

- Collaboration: To inform education and training solutions that address industry, worker, student, and community needs.
- Effective governance: Supported by the Steering Committee, Subcommittees, and the formalisation of partnerships.
- Inclusion: To ensure accessibility and tailoring to the needs of individuals and communities.
- Transparency: All parties understand their role, expectations, responsibilities, limitations, influence, and the decision-making processes.

- Accountability: The Centre will be responsive and accountable in establishing genuine and respectful partnerships.

In addition to the Steering Committee, the Centre governance structure includes Subcommittees comprised of clinical and non-clinical health services experts, industry and skills advisors, educational advisors, unions, and representatives from peak bodies.

2. About the Centre grants program

The Centre applied research grants program will fund partnered research initiatives that provide new evidence and insights for pedagogical innovation, and best practice for educating and training, to support the attraction and retention of workers within the allied health, mental health and nursing sectors, and to ensure the provision of high-quality, safe service delivery.

Applied research is a type of investigation that seeks to find solutions for existing issues which can be implemented at the level of everyday practice and therefore produce immediate practical and/or commercial benefits. Applied research is problem oriented, involves an element of practical application, often requires an interdisciplinary and/or inter-sectorial approach, and includes real-time evaluation methods. Applications are encouraged for cross-sector research that involves collaboration between the allied health, mental health, and/or nursing sectors.

The Centre will consider funding applied research for the allied health, mental health, or nursing sectors which draws on peer-reviewed research, in conjunction with industry and community knowledge, and is designed to pilot and evaluate interventions for skilling and/or upskilling workers to deliver high-quality, safe services. Applications are encouraged for interventions that move beyond individual-focused interventions to address structural barriers that shape workforce capability.

The overarching objectives of the Grants are to respond to the policy priorities of the NSA, and the National Agreement on Closing the Gap, in supporting the innovative delivery of education and training for nursing, aged care, disability, mental health, and allied health. Research design should consider priority groups and equity cohorts such as Aboriginal and Torres Strait Islander peoples, women, people with disability, culturally and linguistically diverse people, and the regional and remote workforces. This consideration should extend to research ethics and integrity, and the creation of culturally safe delivery environments.

All research proposals, and particularly those which directly involve Aboriginal and/or Torres Strait Islander peoples, as educators, students, and/or support service receivers, should refer to the Centre's Culturally Appropriate and Safe Training Framework to guide proposal consultation, design, development and implementation/delivery of education and training initiatives.

Please refer to the Section 7 of these Guidelines for information on the research areas available for funding for this round.

The objectives of the Grants are to:

- *encourage collaborative research* – promote partnerships between and engagement among the key stakeholders in planning, designing and implementing applied research projects that address real-world challenges

- *support evidence-based solutions* – fund research initiatives that generate actionable insights and evidence to inform training and education for the allied health, mental health, and nursing sectors
- *enhance TAFE capacity* – provide opportunities for professional development and capacity building for researchers, educators, and students involved in VET applied research
- *facilitate knowledge transfer* – ensure the dissemination of research findings through publications, conferences, and workshops to maximise the impact and scalability of successful projects
- *promote inclusivity and diversity* – prioritise research projects that address the needs of diverse communities to ensure equitable access to training and employment opportunities.

2.1 Research in partnership

The applied research grants program, as per the policy priorities of the NSA, serves to support Australians to obtain the skills and capabilities they need to obtain well-paid, secure jobs through a national VET system that provides high quality, responsive and accessible education, and training.

To ensure Australia has the skilled workforce it needs now and into the future, the Centres grants program aims to uplift the capabilities of the VET sector and strengthen the VET workforce, with TAFE at its heart.

To support this objective, it is an eligibility requirement for all applicants to demonstrate that the proposed research activity will be delivered in partnership arrangement with TAFE Queensland or another TAFE institution. **Applicants seeking to partner with TAFE Queensland must lodge a partnership request with TAFE Queensland Commercial by 5.00pm AEST 21 August 2026**. The TAFE Queensland Commercial team will review applications and assist in aligning the request to a relevant team or region for their consideration.

The application form to request a partnership with TAFE Queensland is available here:www.tafeqld.edu.au/contact/fm/coe-grants-assistance. Please note that submitting an application form to request a partnership with TAFE Queensland does not guarantee a partnership will be granted. Partnerships with TAFE Queensland will depend on the needs and availability of staff and resources during the proposed project period.

Please ensure applications seeking partnerships with TAFE Queensland are lodged as soon as possible to allow sufficient time for processing. Applicants will be unable to partner with TAFE Queensland if the partnership request form is not lodged by 5.00pm AEST 21 August 2026.

Interstate applicants are encouraged to apply in partnership with TAFE Queensland and/ or Queensland based organisations, as the Grants are designed to address the state's priorities while aiming to disseminate outcomes nationally.

Research partners will need to identify a lead organisation to submit the grant application form. The application form is to be accompanied by one or more letter(s) of support from the partnering organisation(s).

Should a TAFE institution apply as the lead organisation, the application must include a partnership arrangement with a university, industry, and/or an Aboriginal and Community-Controlled organisation.

Applications involving cross-sector research with organisations representing more than one sector (allied health, mental health, and nursing) are highly encouraged.

Should a university, industry organisation, and/or Aboriginal and Community-Controlled organisation apply as the lead organisation, the application must include a partnership arrangement with TAFE Queensland and/ or other TAFE institutions.

A partnership arrangement with TAFE Queensland and/ or another TAFE institution may refer to, but is not limited to:

- An applied research intervention with TAFE student cohorts and/or TAFE educators; or
- An applied research investigation which includes TAFE personnel for their technical expertise as a vocational education and training educators, and/or as a subject matter expert of their industry; or
- An applied research intervention with TAFE educators as co-researchers; or
- An in-kind contribution provided by a TAFE institution.

Partnership arrangements, including the key roles and responsibilities of each organisation listed on the research proposal should be clearly outlined within the application form which is submitted by the lead organisation.

Further, the key roles and responsibilities attributed to partner organisations, as listed within the lead organisation's application form, must be reflected by the letter of support (template provided in the essential support documents pack), which is to be submitted as an attachment. The essential support documents pack is available via: https://tafeqld.edu.au/tce-grants.

3. Grant opportunity process

Funding round is designed to achieve Australian and Queensland Governments policy objectives
This grant opportunity is part of the Centre's applied research grants program, which contributes to the joint objectives of the Commonwealth Department of Employment and Workplace Relations, the Queensland Department of Trade, Employment and Training, and the Centre under the National Skills Agreement.

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Grant opportunity publishes
These Guidelines, the essential support documents pack, and the FAQs, are published on the TAFE Queensland Applied Research Grants landing page. Potential applicants are encouraged to familiarise themselves with the opportunity guidelines and prepare for the application.

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Application submission
Upon the opening of the application portal, applicants will be able to complete and submit their applied research project proposal, ensuring to address all eligibility and assessment criteria, along with compulsory support material, by the closing date to be considered.

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Grant application assessment and approvals

The Centre considers all applications which meet the eligibility requirements (see Section 5) on an openly competitive basis against the assessment criteria (see Section 6). Application assessment is conducted by external, independent assessors. Written recommendations are then provided to the relevant sub-Committees and the Steering Committee for review and endorsement, and to the TAFE Queensland Executive for final approval.

Notifications of outcome

Successful and non-successful applications will be electronically notified of the outcome of the funding round approximately twelve (12) weeks after the closing date.

Grant Agreement

Successful grantees are sent a letter of offer, which outlines the payment schedule, specific to the nature of the grant, and projected research outcomes. The agreement is finalised and signed by both parties. Failure to agree and sign the agreement on terms acceptable to TAFE means that the grant offer is withdrawn.

Delivery of Grant

Grantees are provided with the grant monies and commence the delivery of the agreed upon grant activities as per their funding agreement. This grant is monitored and managed through the reporting process (see Section 11).

4. Funding amount and duration

A total funding amount of $2,400,000 is available for Round 3 of the Grants. At least one grant from each of the three sectors (allied health, mental health, nursing) will be funded.

The maximum duration of research projects is 12 months, but applications for projects with shorter durations are welcomed. Applicants can submit more than one application per round; however, organisations are only eligible to receive funding for one proposal per round. The Round 3 grant opportunity will be published on 24 July 2026 on the TAFE Queensland Applied Research Grants landing page. The application portal will also open on this date and will be available for submissions from 24 July 2026.

Applications must nominate a specific amount of funding which aligns with the Centre's proposed caps and ensure that the nominated funding figure is proportional to the scope, scale, and complexity of the proposed research activity. In seeking to support a diversity of projects, TAFE Queensland may offer reduced funding.

Round 3: ***Applied research for the allied health, mental health, and nursing sectors***

Funding Available: $2,400,000

Health Care and Support welcomes applied research project proposals which range in scale, with the minimum amount available per proposal of $50,000 and the maximum amount available per proposal being capped at $400,000.

Grantees must use the funding amount awarded for the approved grant activities over the duration of the project of up to one year (12 months), otherwise specified in the letter of offer. The letter of offer template can be accessed via https://tafeqld.edu.au/tce-grants. Approved grant activities must be delivered between the project start date and project end date as defined in the letter of offer and grant schedule. Grantees must advise the Centre and request approval for variations, if needed.

Grant monies are awarded in three (3) separate payments as per the schedule outlined in the letter of offer template, and below:

Project start date	The date that the parties agree for the project start date is expected to be 18 January 2027
Release 1*	50% of the total amount of funds awarded are released upon the grant agreement being finalised, or commencement of Grant Activity, whichever is later.
Release 2*	30% of the total amount of funds awarded are released upon acceptance of the Interim report (Milestone 3) due approximately 6 months after the commencement of the grant activities, or as otherwise set out in the grant schedule.
Release 3*	20% of the total amount of funds awarded are released upon acceptance of the Final report (Milestone 4) due upon completion of the grant activities, or as otherwise set out in the grant schedule.
Project end date	The date that the parties agree for the project end date (no later than 30 January 2028).

* Note: Payment is typically made within four (4) weeks of signing the letter of offer or upon acceptance of any required reports, unless otherwise agreed in writing.

4.1 Eligible/ineligible expenditure

A grant is an arrangement for the provision of financial assistance as provided by the Centre, under which relevant awarded money is paid to a grantee, for the intended use of addressing one or more of government policy priority areas, as outlined in Section 7. Grantees can only use grant monies for eligible expenditure directly related to the project.

Eligible expenditure can include:

- Appointment of temporary contracted labour such as research support staff directly employed for the project activities (tuition and/or scholarship for students are ineligible expenditure, while the employment of students for project is eligible);
- Data collection, analysis, and reporting;
- Community engagement, co-design, and other stakeholder consultation activities (including domestic travel and accommodation);
- The development and delivery of innovative education and/or training resources for individuals and/or organisations; and
- The promotion and dissemination of the project outputs across multiple channels in collaboration with relevant organisations.

Examples of ineligible expenditure includes, but is not limited to:

- Any activity that does not have a direct link to achieving the outcomes as proposed in the application form;
- Existing staff member salaries/wages and oncosts (not aligned to the project activities);
- The purchase, planning or maintenance of significant assets (including building infrastructure, construction);
- General ongoing business operation/recurring expenses, including core business activities, business start-up cost, utilities, rent and other organisational costs not directly associated with the project or grants program;
- Financial costs, including interest and debt financing, the use of any form of security for the purpose of obtaining or complying with any form of loan, credit, payment, or other interest;
- Budget contingency and management fee of more than 10% of grants funding;
- Any expenditure that are already being supported through other sources;
- Any expenditure towards international travel (including international conference attendance);
- Costs incurred prior to the date of your letter of offer; and
- Other expenditures that are not deemed appropriate use of public resources in accordance with Section 4.3 of the Code of Conduct for the Queensland Public Service (e.g., purchase of alcohol).

5. Eligibility criteria

To be eligible to receive funding:

- Applications must be completed and have been received within the nominated open and closing dates;
- Applicant/s affiliated organisation must have a registered Australian Business Number (ABN);
- Applicant/s affiliated organisation must be an Australian owned entity with the capacity to enter into a legally binding agreement;
- Applicant/s affiliated organisation must have an account with an Australian financial institution;

- TAFE institutions are eligible to apply as a lead organisation, provided they partner with an industry, university, and/or community organisation, and the proposed research project falls outside the scope of its routine operational activities; and
- Universities, industry, and/or community organisations are eligible to apply as a lead organisation, provided they partner with TAFE Queensland and/ or another TAFE institution, and the proposed research project falls outside of the scope of routine operational activities.

You are <u>not</u> eligible to apply if you are:

- An individual;
- An unincorporated association;
- An organisation whose main operations are outside Australia;
- Commonwealth and State Government Departments; and
- Education institutions seeking funding for core business.

6. Assessment criteria

Eligible applications will be assessed against the criteria outlined below, and other applications received within the round.

Please note that the amount of detail and supporting evidence you provide in your submission should be relative to the scope and complexity of the research activity outlined and the proposed amount of funding.

Applications are ranked in order of merit against the weighted criteria to determine a rank of:

- Highly meritorious: Meets all the assessment criteria to a high standard
- Meritorious: Meets the criteria in an above satisfactory manner
- Competitive: Meets the criteria to a satisfactory level
- Uncompetitive: Application is ineligible, does not meet minimum standards, and/or does not represent value with relevant money

Incomplete applications will not be eligible. A complete application requires the completion of the application form in full and submission of the following support documents:

- Project budget;
- Risk management plan;
- Resume for the Project Lead/ Chief Investigator and Principal Investigators/ Co-investigators; and
- Letter(s) of support for partnership arrangements.

Assessment Criterion		Details
1	Overall project design and innovation (40%)	The application must clearly demonstrate how the project aligns with the Grant's overarching objectives and outcomes, as well as the Priority Areas of Applied Research. This includes: • a clear articulation of the project's purpose and relevance to the allied health, mental health, and/or nursing sectors and VET workforce • evidence of the proposal to contribute and build into existing knowledge and practices and avoid duplication • a robust plan to engage and collaborate with TAFEs and relevant stakeholders such as industry, education, and community partners, to support the effective delivery of the project, where applicable, in the form of in-kind and/or financial support • evidence of how stakeholder input will be embedded into project activities and decision-making processes to ensure relevance, impact, and real-world application.
2	Capacity and capability to deliver applied research project, including feasibility and practicality (20%)	The application must outline the capacity and capability of both their organisation and any partner organisations to successfully deliver the project. This should include: • a detailed description of the proposed research methods and timeline • evidence of organisational infrastructure, governance, and resources to support project delivery • demonstrated experience in managing and delivering similar applied research or workforce development projects specified in the resumes • outline of existing linkages with stakeholders or industry that support feasibility. • Matching funds, while not mandatory, will be highly regarded and should be clearly identified, along with letters of support.
3	Application scalability and replicability (20%)	The application must demonstrate the project's potential to improve education, training, and workforce development for the allied health, mental health, and/or nursing sectors. This includes: • potential to translate research findings into practical outcomes such as new or improved training products, pilot programs for TAFE, or industry initiatives

Assessment Criterion		Details
		• discussion of how outcomes can be applied across different contexts, with clear potential for scalability and replication across regions or sectors • evidence that findings will have long-term utility beyond the life of the project.
4	Efficient and effective use of grant funds (10%)	The application must demonstrate how the project will achieve high-quality outcomes in a cost-effective way, including: • a detailed indicative budget showing cost breakdowns for each project component • a rationale for how resource allocation will lead to value for money.
5	Risk management and research ethics (5%)	The application must show how they will manage risks effectively, including: • a clear plan to identify, monitor, and mitigate risks, particularly those that may impact delivery timelines or stakeholder engagement • where applicable, a strategy to address ethical considerations, including compliance with human research ethics protocols.
6	Aboriginal and Torres Strait Islander training and employment (5%)	As part of the Centre's commitment to the *National Agreement on Closing the Gap*, the application is encouraged to demonstrate how the project will benefit Aboriginal and Torres Strait Islander communities and peoples. • Proposed research activity to be led by, or in partnership with, Aboriginal Community-Controlled Organisations (ACCOs). • One or more of researchers and staff members included in the application, are Aboriginal and/or Torres Strait Islander peoples, as defined in the Commonwealth Department of Aboriginal Affairs. • Proposed research activity and its outcomes have strong potential to empower Aboriginal and Torres Strait Islander communities and peoples.

7. Priority areas of Grant Round 3

The objectives of Grant Round 3 are to fund applied research projects and/or interventions that align with the needs of training providers, industry and community within the allied health, mental health, and/or nursing sectors. The focus of the grants is on roles aligned with TAFE pathways rather than those requiring university qualifications. Within allied health, this includes allied health assistants rather than professional roles (ie: physiotherapists, occupational therapists). Within mental health, this includes mental health support work and peer work rather than specialised roles (ie: psychologist, psychiatrist). Within nursing, this includes enrolled nurses and nursing assistants rather than degree-qualified nurses (ie: registered nurses, nurse practitioners).

As per the eligibility requirements, applications must be partnerships-based (i.e. academia, industry, and/or an Aboriginal and Community-Controlled organisation) and co-delivered with a TAFE institution, demonstrate a commitment to impact, equity, and innovation in translating academic and/or industry knowledge, avoid duplication of pre-existing efforts, and address one of the five critical skills gaps described for each sector.

The five critical skills gaps for each sector include: worker wellbeing; leadership and management; mentorship; work readiness; and digital literacy and capability. Collaboration across the three sectors is encouraged due to the shared characteristics of these skill gaps. For example, structural issues are a key driver of worker burnout across in both the mental health and nursing sectors, and cultural competence is linked to work readiness across all three sectors.

A detailed description of the priorities for each sector can be found in the Appendices:

Appendix A: Priority areas for the allied health workforce

Appendix B: Priority areas for the mental health workforce

Appendix C: Priority areas for the nursing workforce

8. How to apply

The Centre welcomes research proposals endeavours to make our application process as inclusive as possible. If you require assistance with completing an application on the basis of disability which requires reasonable adjustments, please contact us via our email: HealthCareSupportTCE@tafeqld.edu.au.

Before applying you must read and understand this opportunity guidelines document, the essential support documents pack (includes the application form, budget exemplar and template, risk exemplar and template, letter of support template, and guide to writing proposals), and the FAQs and Glossary compendium available on the Centre's Applied Research Grants webpage.

These documents can also be found within the Application Portal. Any alterations and addenda made within the Application Portal will also be published via the TAFE Queensland webpage.

8.1 Process

To apply you must:

- Familiarise with the grant opportunity guidelines, related application materials, and the application process;
- Complete and submit the application form detailing the applied research project proposal within the application portal, unless an alternative application method is approved by the Centre prior;
- Address all eligibility criteria and assessment criteria;
- Include all supporting materials:
    - resumes[1] of the Project Lead / Chief Investigator and Principal Investigators / Co-investigators
    - budget in a provided template
    - risk mitigation plan in a provided template
    - letters of support (if applicable); and
- Submit the application by 11:00pm AEST, 7 September 2026[2].

8.2 Lead and Partner Organisation Responsibilities

As all grant activity is to be delivered in partnership, there must be a 'lead organisation' who submits the application for grant funding, with all other members of the proposed partnership to be identified in a letter of support.

A letter of support should demonstrate meaningful collaboration and sector relevance. The following key elements should be included in each letter of support:

- Clear endorsement: the letter should explicitly state support for the project and application.
- Organisational alignment: explain how the organisation's mission and expertise align with the proposed project, and will support the objectives of the research activity
- Specific contributions: detail how the partner organisation will work with the lead organisation to successfully complete the research project as per the roles, responsibilities, and/or contributions as set out in the application form (e.g. resources, expertise, data, in-kind contributions)
- Anticipated impact: describe the expected benefits of the project for the organisation, sector, or service user.
- Contact information: include details for follow-up or further engagement.

[1] Please do **not** include personal information such as your date of birth, home address, phone numbers, or any identification numbers in your resume.

[2] Please note that any tech support for the Application Portal will close at 2:00pm AEST 7 September 2026

Applications cannot be changed after the closing date and time. If errors are found, in the application after submission, please contact the Centre. If the applicants' intent is unclear, we may ask for clarification or additional information that will not change the nature of the application. The Centre can refuse to accept any additional information from that would amend applications after the submission closing date/time.

The Centre will acknowledge receipt of an application within two working days. If applicants require further guidance about the process or are unable to submit an application online via the portal, please contact: HealthCareSupportTCE@tafeqld.edu.au

9. Selection process

As per Section 5 applications will first be assessed for their eligibility. Only eligible applications will move to the next stage, after which they will be assessed against the weighted criteria set out in Section 6.

Applications which meet the eligibility criteria are assessed on an openly competitive basis against both the weighted criteria, and other applications. This ensures that the awarding of grant monies is allocated based on the quantitative scoring, and qualitative recommendations which document how it compares to other applications.

After this merit-based processes of review, including moderation, which is undertaken by external, independent assessors who form the Selection Advisory Committee (SAC), all outcomes and written recommendations are compiled for reporting. Short-listed applications and written recommendations are presented to the relevant Subcommittees and Steering Committee for review. Should applications be successful they will progress to TAFE Queensland Executives for final approval.

The Centre reserves the right, in their absolute discretion, to not make any grants, or not award up to the maximum amount of awards available in this round.

The expected timelines for application assessment are as outlined below; however, they are indicative only and may be subject to change depending on the volume and quality of applications received. If clarification is required, the Centre may contact applicants for further information.

Activity	**Timeframe**
Assessment and review	14 September to 2 October 2026
Approval of assessment and review outcomes	13 November 2026
Notification of outcomes	20 November 2026
Commencement date of Grant Activity	18 Jan 2027

10. Notification of outcomes

The Centre will electronically notify all applicants of the outcomes of the assessment process via their provided email. The Centre is committed to the timely appraisal of all applications in the assessment process to avoid possible inequities and waste which may arise through unnecessary delay.

If you are unsuccessful, a request for individual feedback can be made within 30 days of being notified of the application's outcome through contacting: HealthCareSupportTCE@tafeqld.edu.au

The Centre will respond to requests for feedback in writing within 30 days. The opportunity to receive feedback on unsuccessful applications promotes transparency in the decision-making process and improves the capacity of potential grantees to apply for future grant activities.

In some instances, successful applications may also receive feedback on their proposal. If this is the case, the Project Lead/Chief Investigator will be contacted shortly after the notification of outcomes.

Successful grantees will be publicly announced on the Applied Research Grants webpage via https://tafeqld.edu.au/tce-grants.

Unsuccessful applications may be retained on file for a period of up to 18 months. During this time, applicants may be contacted regarding participation in pilot initiatives or considered for alternative funding opportunities administered by the funding body. Retention of applications does not guarantee future engagement or funding. Applicants who do not wish to be considered for future opportunities may opt out by notifying the Centre via email following the outcome of the grant round.

11. Monitoring of approved grant activity

Grantees should immediately notify the Centre of events which are likely to affect the delivery of grant activities. In the result of unforeseen circumstances (such as a natural disaster), organisations may need to identify alternative methods of grant activities/research and seek approval from the Centre to support flexibility in the delivery of planned activities/research.

Subject to unforeseen circumstances, the Grantee must comply with the following Reporting requirements (templates provided to successful grantees), in accordance with the timeframes proposed and as agreed upon in the letter of offer and grant schedule.

Milestone	Deliverable	Details
Milestone 1	Grant Agreement	Grantee signs the Letter of Offer containing the Grant Schedule which forms the Grant Agreement
Milestone 2		
Milestone 3		
Milestone 4		

* Note: The Centre has the right to request further information from Grantees upon review of submitted reports.

12. Intellectual property and marketing

12.1 Intellectual property (IP)

All Grant Activity IP will vest in and is assigned to TAFE Queensland on creation. The Grantee must, at own expense, execute all documents and do all things required to give effect to this clause, including obtaining as soon as possible and providing to TAFE Queensland legally effective releases

or assignments to TAFE Queensland from any of the Grantee/s personnel in respect of any Grant Activity IP.

Each party acknowledges and agrees that the other parties' background IP remains the property of that other party; and must not be used or disclosed for any purpose other than in the performance of this Agreement.

Where an application is submitted in partnership with one or more organisations, and matching funds are being provided by a partner organisation, the Applicant is responsible for notifying the partner organisation(s) of the intellectual property (IP) conditions of the Grant. Specifically, all Grant Activity IP that is discovered, developed, or otherwise come into existence as a result of the Grant will vest in, and be assigned to, TAFE Queensland upon creation. By submitting an application, the Applicant warrants that all partner organisations have been informed of, and accept, the IP clauses outlined in the Grant Conditions in the Letter of Offer.

Due to the nature of the Funding Agreement for the Centre of Excellence Health Care and Support, the intellectual property requirements outlined in these Guidelines, the Letter of Offer, and the FAQs on the Applied Research Grants webpage, are fixed and cannot be negotiated by the funding provider.

12.2 Marketing and publicity

TAFE Queensland, in conjunction with the Queensland Government, reserve the right to issue public statements and will retain the right to release information in the first instance in relation to this Grant.

The Grantee must not:

- advertise, market, or promote the Grant in any medium (including, but not limited to, online, social media, print, radio, or television) without submitting the proposed marketing material to TAFE Queensland for approval, and the Grantee must publish marketing material in the exact form approved by TAFE Queensland.
- make any critical or misleading public statements in relation to this Grant, including statements that are critical of the level of funding or actions taken by TAFE Queensland pursuant to this Grant.
- allow any other party to advertise, market, or promote the Grant on behalf of the Grantee including, without limitation, a sub-contractor, agent, or investigator.

The Grantee must ensure that all advertising, marketing, and/or promotional activities, as well as research findings and outputs related to the Grant including, but not limited to, industry reports, rapid literature reviews, conference presentations, and peer-reviewed publications, clearly and prominently note the relevant Funding Acknowledgement:

- *This work is/was supported by the TAFE Centre of Excellence Health Care and Support, led by TAFE Queensland, and jointly funded by the Australian and Queensland Governments.*

The Grantee must use best endeavours to remove or amend any advertising, marketing and/or promotional activities undertaken by the Grantee, if requested by TAFE Queensland.

For successful grantees, a Letter of Offer, and any acceptance thereof, must remain strictly **confidential.** Details of a successful grant application is subject to **embargo** until an **official government announcement** is made public. It is the responsibility of the successful grantee to ensure that any stakeholders and partners connected to the application are aware of the embargo.

13. Probity

The Centre will ensure the grant opportunity process is fair and reasonable; runs in accordance with these Guidelines; and incorporates appropriate safeguards against fraud, corruption and unlawful activities and other inappropriate conduct. The Centre commits to the public sector values and duties of honesty, integrity, impartiality, accountability, and transparency.

We demonstrate our commitment to transparency via being open to scrutiny about grants administration and the grants opportunity process. This involves the provision of the reason(s) for decisions and information to relevant government department/s, potential grantees, beneficiaries, and the community. Our commitment to transparency provides the assurance that the grant administration is appropriate, that legislative obligations and policy commitments are met, and that our decision(s) are impartial, appropriately documented and reported, publicly defensible and lawful.

This includes processes which ensure a separation of duties where there is no single officer who is responsible for appraising or approving an application for a grant, the declaration of any perceived or actual conflicts of interest and procedures for financial approval.

Appendix A: Priority areas for the allied health workforce

Worker wellbeing

Wellbeing among allied health assistants is one of the most significant gaps in the Australian allied health workforce evidence base. Applied research interventions which address worker wellbeing may include baseline studies measuring physical, psychological and social wellbeing of allied health assistants, longitudinal wellbeing tracking across sectors (health, disability, and aged care) and comparative studies between allied health assistants and allied health professionals.

Applied research on VET student experiences and wellbeing might consist of interventions to enhance placement experiences, supervision quality and psychological safety, address barriers to completion (especially for rural and Aboriginal and Torres Strait Islander students), or strengthen transition to work pathways and early career wellbeing.

Rural allied health assistants often operate with fewer supports and experience higher risks of burnout. Rural allied health assistants face reduced supervision, restricted scope and limited training access. Research into rural-specific workforce models, incentive and retention strategies, tele-supervision and tele-training pilots, workload, isolation and wellbeing in remote contexts is encouraged.

Existing Australian research suggests that the standard allied assistant role may not meet the needs of Aboriginal and Torres Strait Islander communities. Therefore, applied research may include the development of co-designed roles for Aboriginal and Torres Strait Islander allied health assistants, and evaluations of culturally adapted training pathways or models of integrating cultural brokerage with clinical support and community-led wellbeing frameworks.

Leadership and management

Fragmented governance arrangements constrain safe delegation, accountability, and workforce optimisation within the allied health sector. Financial risk, NDIS pricing constraints, organisational readiness, and confidence in delegation are primary concerns, particularly in private disability and outpatient contexts. Additionally, allied health professionals typically possess only a minimal

understanding of allied health assistant training and job scope. Applied research may focus on education and training approaches that strengthen supervisory capacity in delegation, cultural safety, and workforce leadership.

There is minimal Australian evidence linking allied health leadership, governance, or readiness interventions to patient, workforce, or organisational outcomes, particularly outside acute care. Supervision is associated with a culture of continuous learning and professional confidence, which can promote greater job satisfaction and retention. Applied research which directly measures patient outcomes, quality and safety indicators, workforce retention, access, and productivity to build an evidence base for supervision, training, and role optimisation is encouraged.

Leadership challenges differ by sector and geography. Distance supervision, culturally safe practice and market-based funding models shape how allied assistant roles are managed. Leadership capacity in rural services is constrained by workforce shortages and limited resourcing. Applied research should adapt governance models to place, culture, and service environment, rather than applying uniform metropolitan frameworks.

Mentorship

Mentoring is not embedded within allied health national workforce policy, and there is no evidence-based mentoring framework tailored to allied health assistants. It is a significantly under-researched area within the Australian allied health workforce. Given that the field is at a foundational stage, pilot and feasibility studies are needed, particularly in rural settings.

Mentor capability and approach are critical to effective mentoring. Interventions should include allied health professional capability development to promote understanding of allied health assistant training and roles. Mentoring may occur during vocational placements. Other barriers to consider include financial constraints under NDIS pricing reducing capacity for non-billable mentoring, as well as unclear role boundaries and weak professional identify among allied health assistants.

Mentoring is most effectively positioned as an integrated component of supervision, governance, and career pathway structures, rather than a discrete initiative. Embedding it within centralised governance arrangements and formalised career progression frameworks is crucial to ensuring consistency, accountability, and sustainability, while enabling mentoring to be systematically implemented, supported, and aligned with broader workforce development objectives.

Work readiness

In Australian policy, work readiness for allied health assistants is conceptualised as an implemented capability rather than simply a qualification. This definition emphasises that readiness emerges from the interaction of vocational education, structured workplace learning, supervision, and governance mechanisms. It emphasises real-world experience, safe practice, scope clarity, and competency assessments. Work readiness is therefore a system outcome, produced by alignment between VET training, placements, workplace onboarding, supervision, and governance. Applied research should be aimed at systemic or organisational factors rather than limited to individual capacity building.

Research interventions which seek to support work readiness might examine onboarding models, supervision and delegation interventions, disability-specific readiness pathways, rural supervision models, and culturally safe readiness frameworks. There is also a need for outcome-focused and cost-effectiveness evidence exploring the relationship between allied health assistant work readiness and patient or client outcomes, service quality and safety, access, or productivity gains.

Readiness inequities are most pronounced in disability, rural and remote settings, where funding constraints and reduced supervision limit workforce development. Cultural safety is integral to allied health assistant work readiness, particularly in community, disability, and rural contexts. However, Certificate III and IV pathways often provide limited exposure to culturally diverse settings and Aboriginal and Torres Strait Islander health contexts. Studies aimed at strengthening equitable workforce readiness are needed to address these gaps. This may include co-design and evaluation of culturally responsive training models and placement opportunities in partnership with Aboriginal and Torres Strait Islander communities.

Digital literacy and capability

Digital literacy and capability for allied health assistants is the ability to confidently, safely, and effectively use digital technologies, tools, and systems to support clinical care, manage patient information, and collaborate with multidisciplinary teams. It encompasses digital skills, behaviours, and the capacity to integrate these into practice. There is currently little evidence regarding digital literacy and capability among allied health professionals. Digital capacity among allied health assistants and VET students is almost completely unexplored.

Applied research may support baseline capability mapping, development of allied health assistant-specific digital frameworks, intervention trials embedded in VET programs,

supervisor-focused digital capability initiatives, and implementation research in aged care, disability and community settings. Interventions may include practice-based training, integration of digital tasks into placements, and enhancing supervisor digital capability.

Digital tools (ie: telehealth, apps, portals, data systems) can either support or undermine culturally safe care depending on how they are designed and used. Co-designed research is needed to help ensure these technologies are culturally responsive, accessible, and aligned with community priorities, while strengthening trust, supporting workforce capability, and avoiding the unintended reinforcement of existing inequities. Given known digital infrastructure and workforce challenges in rural and remote Australia, applied research may help identify the infrastructure, training, supervision, and scope-of-practice supports required for safe, effective, and culturally responsive implementation.

Appendix B: Priority areas for the mental health workforce

Worker wellbeing

Mental health workers face heightened wellbeing challenges arising from the significant emotional, relational, and systemic demands of their work. A central issue is sustained exposure to trauma and distress, including vicarious trauma and compassion fatigue, which can accumulate over time and impact both personal and professional functioning. Mental health workers often support clients with multiple and intersecting needs while managing high levels of administrative demands with limited resources. Thus, applied research should focus on issues related to leadership, workplace flexibility, workloads, funding, and safety rather than individual resilience.

Understudied populations include nurses transitioning into mental health roles, psychiatrists, Aboriginal and Torres Strait Islander mental health workers, mental health workers from culturally and linguistically diverse (CALD) backgrounds, and younger workers. Barriers to wellbeing among Aboriginal and Torres Strait Islander mental health workers include isolation, lack of cultural safety, and limits on practice. Greater wellbeing challenges have also been identified among rural and mental health workers, including low renumeration, limited career opportunities, understaffing, and a lack of expertise. Given these additional risks, there is also a need for interventions focused on mental health worker wellbeing in rural and remote settings.

As the lived experience peer worker roles have rapidly expanded, organisational supports for this workforce remain inadequate. Primary barriers to wellbeing include negative attitudes from clinical colleagues, power imbalances, and lack of role clarity. Applied research cannot effectively address lived experience peer workforce well-being through individual-level interventions but should target structural and cultural changes. Potential interventions may focus on upskilling non-peer staff to address stigma and increase understanding of the purpose of lived experience peer roles.

One of the most frequently cited interventions to support mental health worker wellbeing is clinical supervision. However, many identified barriers to well-being are structural issues, such as heavy workloads and resource limitations. Applied research should move beyond individual level interventions towards organisational reforms. More methodologically rigorous interventions are needed given that the majority of Australian studies examining mental health worker wellbeing are exploratory and rely on self-reported outcomes.

Leadership and management

Leadership and management within the Australian mental health workforce are distinct but interrelated constructs. They have a shared aim of enabling the coordination, development and delivery of safe, effective and person-centred care across a complex, multidisciplinary system. Leadership and management competences are achieved through formal training, as well as learning and reflecting from experience.

Leadership and management roles are particularly important in mental health given the diverse composition of the workforce and the need for integration across health and social service domains, spanning prevention, early intervention, treatment, and recovery. Effective leadership and management are essential to addressing mental health workforce challenges such as role clarity, attraction and retention, interprofessional collaboration, equitable service distribution, and workplace wellbeing. Leadership gaps, particularly in supervision, organisational culture, and system governance, are a major constraint on workforce performance**.**

Applied research may include piloting structured leadership and management training programs for specialist mental health workers to support career progression pathways. This is particularly important for underrepresented groups including, Aboriginal and Torres Strait Islander mental health workers,

lived experience peer workers, and mental health consumers. Studies aimed at enhancing opportunities for lived experience peer workforce leadership should address identified barriers, such as a lack of career progression opportunities, sociocultural norms favouring formal education over experiential knowledge, stigma, power imbalances, and service culture expectations.

There is also a need for interventions to build middle management and clinical leadership capability, particularly in community and non-government sectors, where leadership is often under-resourced despite being critical to workforce sustainability.

Mentorship

Mentorship is broadly conceptualised in the Australian mental health workforce through workforce guidelines, lived experience frameworks, and service development literature. Mentoring typically involves experienced practitioners or peers who provide guidance, reflective support, and knowledge sharing to develop workforce capability, support wellbeing, and enable effective participation in recovery-oriented mental health systems, particularly within multidisciplinary and lived experience workforces.

A primary role of mentors is to help workers understand the expectations of their roles and organisational contexts. This is particularly important given the diversity of mental health roles in Australia. Mentors also aim to promote personal and professional growth by providing a space for reflection, feedback, and emotional support, which is critical to managing the complex demands of mental health work. Mentoring may occur during vocational placements.

Mentoring is recognised as valuable for workforce sustainability and wellbeing, yet insufficiently embedded in formal workforce planning, evaluation, and funding structures**.** It is frequently proposed as a solution to recruitment, retention, and capability challenges within the Australian mental health workforce. Yet it is rarely examined directly or evaluated as a distinct intervention. Applied research on mentoring in the Australian mental health workforce needs to move beyond endorsement toward conceptual clarity, empirical validation, and system integration.

Mentorship is most developed in the lived experience peer workforce context**,** where it is seen as essential for supporting workers in roles that challenge traditional professional hierarchies. However, even in this context, evidence remains largely descriptive, and mentoring is frequently conceptually entangled with supervision, peer support, and informal workplace learning, reflecting broader ambiguity in workforce frameworks. Evidence is particularly needed on how to upskill the existing lived experience peer workforce and create senior and supervisory roles to ensure mentors have both practice and supervisory experience.

Work readiness

Work readiness in the Australian mental health workforce includes clinical competence, system literacy, cultural capability, and workforce sustainability. It necessitates the possession of skills, attributes, and competencies required to competently and safely enter and remain in the workforce. Work readiness requires a combination of academic knowledge, clinical competence, and personal attributes. Maintaining work readiness is achieved through ongoing learning, mentoring, and participation in supervision.

Clinical skills extend from assessment and diagnosis to treatment and recovery support. Key skill areas include trauma-informed practice, therapeutic knowledge, and cultural competency. Familiarity with both the mental health service system and recovery pathways is needed to ensure that service delivery promotes long-term wellbeing and social inclusion. The sensitive nature of mental health work necessitates high levels of resilience and adaptability. Stress-management skills are crucial to preventing vicarious trauma and burnout. High levels of soft skills are required for all mental health

workers, but particularly those employed in lived experience peer worker roles. These include authenticity, interpersonal openness, collaboration, and reflexivity.

Work readiness among Australian mental health workers is widely explored in the existing body of evidence. However, the link between improved workforce readiness and patient outcomes needs to be more clearly established. A key barrier is that education and training courses are overly focused on theory with limited practical training and supervision. A disconnect between the discipline-specific focus of education and training programs and the nature of mental health work is negatively impacting workforce retention. Applied research may include program pilots aimed at better alignment with the daily demands of mental health work, including enhanced supervision during practicum placements.

Interventions should consist of multi-faceted, context-specific approaches to building workforce readiness across diverse settings, populations, and professional groups. This includes place-based research, particularly in regional and remote settings, and studies that focus on work readiness in response to natural disasters, socio-economic crises, and the increasing complexity of need for mental health services. Interventions may also address career pathways for underrepresented groups, including Aboriginal and Torres Strait Islander mental health workers, workers from culturally and linguistically diverse backgrounds, and lived experience peer workers.

Digital literacy and capability

Digital literacy and capability for Australian mental health workers is the ability to confidently, safely, and effectively use digital technologies to find, evaluate, and provide mental health care, and manage patient information via digital platforms such as the myGov My Health Record. It encompasses digital skills, behaviours, and the capacity to integrate these into practice. Digital mental health services in Australia primarily consist of counselling services delivered online via desktops, mobile devices, or telephone services, and automated self-help programs and applications. The provision of digital mental health services has markedly increased in Australia in recent years, particularly during and after the COVID-19 crisis.

However, research in this area remains sparse, particularly regarding the impact of training on specific digital literacy skill development. Limited attention has been given to the intersection of worker age, career stage, or prior technology experience with digital literacy. No available studies focus on the development of digital literacies among VET or university students.

At the organisational level, barriers to digital literacy and capability include time constraints, heavy workloads, restrictive IT policies, and limited resources and infrastructure. In contrast, enablers include tech-savvy leadership, clear internal directives, and sustained investment in resources. Effective digital training is supported by strategies that build confidence and shift attitudes, along with post-training follow-up, culturally adapted resources, and peer networks or communities of practice. At a technical level, barriers include system integration challenges and concerns about data privacy and security, while enablers include customisable platforms, user-acceptance testing, and iterative, user-centred design processes. Applied research may consist of co-design and evaluation of scalable digital literacy and capability interventions for mental health workers that address organisational and technical barriers, while testing the effectiveness of enablers.

Appendix C: Priority areas for the nursing workforce

Worker wellbeing

Wellbeing in the context of the Australian nursing workforce extends beyond individual mental health to encompass workload design, emotional demands of care, leadership quality, workplace culture, and organisational systems. This is because distress, burnout, and reduced wellbeing are predominantly driven by systemic factors such as ineffective workload management, administrative burden, staffing pressures, exposure to emotionally demanding environments, inadequate supervision, and insufficient organisational support, rather than individual coping deficits.

Existing mindfulness interventions in workplace contexts report improved self-compassion, emotional regulation, and perceived coping capacity. There is a strong need for applied research that moves beyond individualised wellbeing interventions toward structural and curriculum-embedded approaches. Flexible and accessible delivery models, such as online or blended programs, are commonly identified as increasing engagement and feasibility for students who are balancing study, clinical placement, employment, and personal responsibilities.

Existing research is overwhelmingly focused on university-based registered nursing education. Enrolled nurses are largely absent from the evidence base, despite forming a substantial component of the nursing workforce and working alongside registered nurses in comparable clinical environments. Applied research may include VET settings with a specific focus on enrolled nurses. Studies may compare wellbeing needs and outcomes across nursing classifications and educational pathways and address contextual inequities, particularly for rural and remote learners and Aboriginal and Torres Strait Islander learners.

For Aboriginal and Torres Strait Islander nurses, psychosocial wellbeing is further shaped by systemic factors including cultural safety, financial pressures, and the need for flexible and culturally responsive education and support environments. Applied research aimed at increasing cultural safety should be framed around systemic accountability and target organisational and workforce conditions rather than individual resilience.

Leadership and management

Leadership in the Australian nursing sector refers to the ability to influence, motivate, and enable others by providing support, motivation, coordination, and a vision to ensure workers can provide effective care. Management, in contrast, refers to the administrative and operational side of care delivery, and is it is therefore more focused on planning, organising and monitoring services. Collectively, leadership and management are critical enablers of nursing workforce sustainability, service quality, and culturally safe care.

Nursing leadership development initiatives are particularly effective when they include mentoring, experiential learning, and blended delivery models. Commonly identified barriers to participation include workload pressures, role seniority, limited access to protected learning time, and geographic isolation. Applied research may be place-based in rural, regional, and remote contexts, including evaluation of mentorship, supervision, distributed leadership models, and strategies to address workforce maldistribution and professional isolation.

There is growing recognition that leadership and management capability should be embedded early in vocational and undergraduate nursing education. Applied research may include education–practice integration models, particularly scaffolded and workplace-embedded approaches that support transition from undergraduate learning to real-world clinical leadership practice. Focus is also needed on the mid-career leadership transition point, where nurses often experience heightened responsibility without adequate preparation or support.

Applied research should explicitly examine leadership development as a system-level capability rather than an individual attribute, including the impact of organisational structures, staffing models, workload design and leadership culture on the development and enactment of leadership behaviours. Culturally safe leadership development models, including Aboriginal and Torres Strait Islander-led approaches and culturally grounded mentoring, and their impact on outcomes for Aboriginal and Torres Strait Islander nurses and patients are needed.

Mentorship

Mentoring is commonly defined as a voluntary, relational and developmental partnership in which a more experienced nurse provides guidance, support and knowledge-sharing to support reflective practice, professional identity formation, and career navigation. Mentoring may occur during vocational placements. Mentoring is increasingly positioned within contemporary Australian nursing workforce policy as a key enabler of workforce sustainability, capability development and retention, particularly across early career and leadership pathways.

The evidence base for mentoring within the Australian nursing workforce remains thin despite decades of policy recommendations. Existing research is largely limited to pre-service and transition-to-practice models for graduate nurses, and culturally safe mentoring programmes specifically designed for Aboriginal and Torres Strait Islander nurses and midwives, typically Aboriginal-led and using yarning-based approaches. Applied research may include mentoring feasibility studies or pilots targeting early to mid-career nurses.

Much of the existing evidence base lacks robust evaluation, theoretical clarity, and scalable models, particularly in rural and primary healthcare contexts. Applied research should seek to establish conceptual clarity by clearly distinguishing mentoring from supervision and preceptorship to support consistent design, evaluation, and comparison of interventions. Technology-enabled and distance mentoring approaches may be explored to address geographic isolation and access barriers. Co-designed and participatory methods that centre nurses' lived experience, particularly those in underserved settings, are particularly needed.

There is a need for studies that examine the impact of mentoring on workforce outcomes, including retention, wellbeing, career progression, and patient care. Applied research may therefore investigate organisational and system-level enablers of mentoring, including leadership capability, workload, and resource allocation, to embed mentoring as a core workforce strategy rather than an informal practice.

Work readiness

Work readiness for enrolled and registered nurses is not a fixed attribute, but rather an encompassing capability that develops across pre-registration education, early workforce transition, and throughout the first year of professional practice. Across both university and vocational pathways, there is misalignment between curricula and practice demands, and nursing graduates report deficits in clinical skills, critical thinking, and confidence, particularly in managing deteriorating patients and working independently.

Structural barriers to readiness among registered nurses include insufficient clinical placement hours, inconsistent curricula across institutions which can further the theory-practice gap, variable supervision quality, limited simulation access, and inadequate exposure to varied patient acuity. Barriers at the individual level include job reality shock, difficulty in managing work-life balance, and graduate's unrealistic assumptions about their own competence. Applied research may consist of interventions to address these barriers, particularly structural barriers which have yet to be targeted.

Simulation is increasingly positioned as a supplement, or partial substitute, for clinical placement hours, especially as increasing student numbers have stretched industry partners. No negative impacts have been identified when simulation-based learning is used to replace some clinical

placement hours, but evidence is needed to determine impacts on actual workplace performance or graduate retention.

There are substantial differences in contextual demand in rural nursing environments, including broader scopes of practice, reduced supervision, and fewer educational supports. Applied research may include evaluations of transition-to-practice, mentoring, supervision, and professional development with specific theoretical and operational preparation for rural practice. Interventions to promote work readiness among Aboriginal and Torres Strait Islander nurses should address cultural safety, racism, and institutional power dynamics, rather than promote individual preparedness.

Digital literacy and capability

Digital literacy and capability in nursing is defined as a core professional capability that enables nurses to safely, effectively, and ethically deliver person-centred care within technology-enabled health systems. It encompasses digital skills, behaviours, and the capacity to integrate these into practice. In the nursing context, digital literacy and capability extends beyond general computer skills to encompass competencies in electronic medical records (EMR), eHealth and telehealth applications, clinical data management, information governance, and digital professionalism, all of which are directly linked to patient safety, care quality, and professional accountability. Telehealth nursing roles require advanced clinical judgement alongside strong digital literacy, communication skills, and proficiency in remote documentation and data governance.

Australian evidence consistently demonstrates a divergence between general digital fluency and applied clinical informatics capability among both nursing students and the practising workforce. While nursing students and nurses report high confidence in basic computer and internet use, validated assessments reveal substantially lower competence in health-specific digital capabilities. Available evidence highlights a disconnect between positive attitudes toward digital health technologies and actual adoption or effective use in practice, particularly in telehealth and digitally mediated care environments.

The most significant modifiable driver of digital capability deficits is limited and inconsistent integration of applied clinical informatics into nursing education and professional development pathways. Workplace-level barriers further constrain capability development, including high workload, limited access to computers, insufficient technical support, and poor alignment between digital systems and nursing workflows. Rural, regional, and remote contexts magnify these challenges due to limited infrastructure, training access, and technical support, reinforcing the importance of context-sensitive capability development.

Applied research should focus on system-enabled solutions that integrate education, workforce development, and digital infrastructure, rather than relying on optional or late-stage training. Key aims may include strengthening educator capability, embedding digital literacy and capability across curricula and career pathways, and aligning digital systems with nursing workflows. Interventions may target enrolled nurses, rural and remote practitioners, and Aboriginal and Torres Strait Islander nurses, and explicitly incorporate principles of data governance and cultural safety.