



**APPLICATION FORM**

**PROJECT RESEARCH GRANT**

**TITLE OF STUDY**

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**APPLICANTS**

**Chief Investigator (s)**

<b>Name:</b>	
<b>Appointment:</b>	
<b>Department:</b>	
<b>Postal address:</b>	
<b>Academic qualifications:</b>	
<b>Amount of working time to be devoted to:</b>	
<b>a) This project:</b>	
<b>b) All other research:</b>	
<b>Will the applicant be absent for any significant period during the proposed term of the project?</b>	
<b>Project Supervisor:</b>	

**Please provide a report under the following headings and attach any appendixes or any other relevant information.**

**ESTIMATED PROJECT DURATION**

**AIMS/OBJECTIVES OF PROJECT**

**SIGNIFICANCE OF PROJECT**

**RELEVANCE OF THE PROJECT TO THE HEALTH CARE OF SPECIFIC VETERANS GROUPS OR THE MILITARY**

**PLEASE ADDRESS:**

- a. The significance of the proposed study to this population
- b. Confirm your willingness to present your work at the Sir Edward Dunlop Veterans' health symposium, held in Melbourne in November
- c. The current stage of your medical research career

**RESEARCH PLAN**

**ETHICAL SAFEGUARDS**

- a. Are you receiving any support for this or closely related projects from any other organisation?
- b. Please indicate the extent of the support, salaries, equipment, other and total.

**HAVE YOU SUBMITTED OR DO YOU INTEND TO SUBMIT AN APPLICATION TO AN ALTERNATIVE FUNDING BODY FOR THIS OR CLOSELY RELATED PROJECTS?**

- a. If so please indicate the body, the title of the project and the extent of support requested.

**BUDGET**

Expenses to be met by the Sir Edward Dunlop Medical Research Foundation. List the items of expenditure anticipated in the first financial year. Provide estimates of expenditure anticipated during any subsequent years. Itemise expenditure as:

- Personal
- Equipment with specifications
- Consumables (not normally available at hospital stores)
- Other, for example computing charges, travel, maintenance.

Item (attach extra sheet if desired)	Expenditure In calendar Year 1	Estimates for subsequent years	
		Year 2	Year 3
<b>TOTAL</b>			

In submitting this research application, I accept and agree to comply with the ethical standards as set out by the NH&MRC 'Statement on Human Experimentation' and affirm that this project has been referred to the Institutional Ethics Committee, the report of which will be forwarded to the Scientific Sub-Committee.

Date:

Signature of Investigator: .....

A space is provided for comments by the Section or Division Head. It is the applicant's responsibility to ensure that this comment be obtained before the proposal is submitted.

**COMMENT BY SECTION OR DIVISION HEAD:**

**CERTIFICATE OF HEAD OF INSTITUTION**

I,....., as the Head of....., state that:

1. The project is appropriate to the general facilities in my institution and that I am prepared to have the project carried out in my institution;
2. If experiments on human subjects are involved, they conform to the guiding principles in the NH&MRC 'Statement on Human Experimentation'.

Signature of Head of Institution (or nominee): .....

Office Title: .....

**COMMENTS BY SCIENTIFIC SUB-COMMITTEE:**

**Applications should be lodged via email to- [eddunlop@vicnet.net.au](mailto:eddunlop@vicnet.net.au), no later than Monday 27 June 2005**