**AMSIG Research Grant**

**Application Form**

The purpose of AMSIG’s research grants is to provide research experience to AMSIG members and student members of AMSIG. Grants may also support an initial pilot project prior to a large grant submitted to another funding body. Applicants are required to complete a detailed application form for consideration by the AMSIG Radiology Research Committee. Project funding is restricted to $10 000 per project. Timelines and topics are not restricted and allocations will be at the discretion of the AMSIG Research Committee.

**Those successful in being awarded funding are asked to present their research at an AMSIG meeting and to submit their work for publication.**

**PLEASE NOTE:**

* All sections of the application form must be completed with the correct information.
* Supplementary documents must be attached to this application.
* Ensure that all relevant signatures are provided.
* Ensure that your **current** curriculum vitae (CV) accompany this application.
* Scan your completed document and then email to Dr George Koulouris at Info@melbourneradiology.com.au
* Applications received after **15 OCTOBER 2016** will ***not*** be considered.
* The review process may take 1-2 months.
* It is anticipated that successful applicants will be announced following the review process.

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| **Section 1: Applicant Details** |
| **Section 1a: Applicant Details** |
| *Title* |  | *Family**Name* |  | *First* *Name* |  |
| *Position Title* |  |
| *Institution/Organisation* |  | *Department/Unit* |  |
| *Email* |  | *Phone* |  |
| *Role of Applicant* |  |
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| **Section 1b: Additional Applicant Details (only if required)** |
| *Title* |  | *Family**Name* |  | *First* *Name* |  |
| *Position Title* |  |
| *Institution/Organisation* |  | *Department/Unit* |  |
| *Email* |  | *Phone* |  |
| *Role of Applicant* |  |
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| **Section 1c: Additional Applicant Details (only if required)** |
| *Title* |  | *Family**Name* |  | *First* *Name* |  |
| *Position Title* |  |
| *Institution/Organisation* |  | *Department/Unit* |  |
| *Email* |  | *Phone* |  |
| *Role of Applicant* |  |
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| **Section 1d: Mentor/Supervisor Details (required if main applicant is a trainee)** |
| *Title* |  | *Family**Name* |  | *First* *Name* |  |
| *Position Title* |  |
| *Institution/Organisation* |  | *Department/Unit* |  |
| *Email* |  | *Phone* |  |
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| **Section 2: Research Project Details** |
| **Section 2a: Major Title of Project** |
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| **Section 2b: Synopsis (maximum 200 words)** |
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| **Section 2c: Hypothesis (maximum 200 words)** |
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| **Section 2d: Scientific Aims of the Research Project (maximum 200 words)** |
| *What is it that you hope to learn?**What skills do you hope to develop as a result of completing this research project?* |

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| **Section 3: Research Plan (this section can be a maximum of 4 pages long)** |
| **Section 3a: Background and Significance** |
| *Please outline the background behind the research project, including previous research studies.* |
| **Section 3b: Method** |
| *Please outline the method which is to be used in the research project including criteria such as study protocol, patient population, inclusion/exclusion criteria and statistical analysis.* |
| **Section 3c: Significance of the Research** |
| *What will you learn from this research?* |
| *How will this learning or these new skills further your development as a professional in your area of expertise?* |
| **Section 3d: Timeline** |
| *Please list the timeline of all aspects of your research project, including start date (month and year), deadlines for goals such as patient accrual and projected completion date (month and year).* |
| **Section 3e: References** |
| *Please list references related to your research project.* |
| **Section 3f: Co-investigators on the Project** |
| *Please list the role of each co-investigator.* |

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| **Section 4: Budget** |
| **Note: Below you will find a template for your project budget details. We are happy for you to adjust the template to meet your needs.****Please also note that it is the applicant’s responsibility to check with their institution as to whether overhead or similar fees will apply to their grant, as no more than 10% of the grant can be used for fees of this nature.** |
| **Section 4a: Budget for the Proposed Research Project** |
| *Item* | *Unit Price* | *# of Units Required* | *Amount* |
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| ***TOTAL*** |  |
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| **Section 4b: Budget Justification** |
| *Please provide a justification of the budget and prioritisation of funding on all specific aspects of the budget such as staff, equipment, ethics submission fees, and data analysis costs.* |
| **Section 4c: Other Funding Received or Applied for Related to the Project** |
| *Please provide the details and amounts of any other funding that has been received or applied for in relation to the Project. Please note that the presence of other sources of funding are not considered to be detrimental to the outcome of this application.* |
| **Section 4d: Amount of Funding Required for Each Year of the Project** |
| *For projects that are more than one year’s duration, please provide the amount of funding required for each year of the project (2017, 2018 etc.). The total amount of funding should equal the total funding listed in* ***Section 4a****.**If your project is more than five year’s duration, please adjust the below table to include the additional years.* |
| **Year** | **Calendar Year** | **Amount of Funding Required** |
| Year 1 |  |  |
| Year 2 |  |  |
| Year 3 |  |  |
| Year 4 |  |  |
| Year 5 |  |  |

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| **Section 5: Publications of Applicant/s During Past 5 Years** |
| *Track record relative to opportunity. Please list the publications on which you are the first or other author during the past 5 years.* |

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| **Section 6: Ethics Committee Approval** |
| *Have you applied for ethics approval? If approved, please attach the letter confirming ethics approval. If not, please advise the date when approval will be confirmed. Please note that for research projects involving humans or animals, funding will not be released without ethics approval.**What are the ethical issues of this study?* |
| **Section 7: Signatures** |
| **Section 7a: Signature of Applicant** |
| *Applicant Signature* |  | *Date* |  |
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| **Section 7b: Signature of Department Head** |
| Please note:* Applications from Student Members should be assessed by a Fellow before submission to the College. The Fellow should give guidance in respect of the preparation and presentation of the research plan and budget.
* Approval from the Head of Department must be documented below and a Letter of Support confirming approval should be attached to this document. Where relevant, the letter should include the fact that approval is given for the department to support the project by providing funding or in kind support for imaging given that the grant will only cover imaging costs at 50% of the MBS-rate.
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| *Signature of Department Head*  |  | *Date* |  |
| *Printed Name of Department Head* |  |
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| **Section 8: Application Checklist** |
| Before submitting your application, please ensure that you have completed the following:* **You have read the AMSIG Research Grant Guidelines.**
* Your application must be **no more than 4 pages for Section 3**.
* You have completed **Section 3d**; start date (month and year) and completion date (month and year).
* You have completed the Budget section (**Section 4**).
* You have attached Ethics Committee approval letter if applicable (**Section 6**).
* You have signed this application form (**Section 7a**).
* The Head of Department has signed this application form (**Section 7b**).
* You have attached approval from the Head of Department (**Section 7b**).
* You have attached your **current** curriculum vitae (CV).
* You have completed the appropriate application form in a legible manner.
* You have submitted your application form **before the deadline**.

**Please ensure that you have read the above checklist and ticked each of the items prior to submitting this form to the AMSIG Research Committee. Any applications received by AMSIG which have not completed Section 8 – Checklist will be returned.****After submitting your application, please be aware of the following information and requirements:*** An email will be sent to you confirming that your application has been received. Please ensure your email address is legible on the application form.
* The review process may take 1-2 months.
* If you are awarded an AMSIG Research Grant, you will be required to provide progress reports to the AMSIG, six-monthly initially and then yearly depending on the term of the grant. A progress report template will be provided.
* If you are awarded an AMSIG Research Grant and you change the nature, aim or plan of the research project without permission from the College, you will be required to return the grant funding to AMSIG.
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| **Applications should be sent to** |
| **Applications will be accepted in electronic form only.**Dr George KoulourisAMSIG Research Committee ConvenorInfo@melbourneradiology.com.au  |

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| **Applications must be submitted by no later than 1 October 2016**Late applications will **NOT** be accepted.For more information please contact:Info@melbourneradiology.com.au |

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| **For Office Use Only: Decision by Panel Committee** |
| After an assessment of this application against the grant criteria and discussion amongst the panel committee, approval* Has been granted
* Has not been granted
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| *Name of Panel Convener* |  | *Title* |  |
| *Signature of Panel Convener* |  | *Date* |  |
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