**HEALTH PROFESSIONS EDUCATION RESEARCH GRANT APPLICATION FORM**

## SECTION A: APPLICANT DETAILS

Please provide details for all investigators

**Principal Investigator**

|  |
| --- |
| **Name:** |
| **Address:** |
| **Institution:** |
| **Job Title:** |
| **Contact phone no:** |
| **Email Address:** |

**Co-Investigators**

|  |  |  |
| --- | --- | --- |
| **Co-Investigators** | **Name:** | **Institution and Email:** |
| 1 |  |  |
| 2 |  |  |
| 3 |  |  |
| 4 |  |  |
| 5 |  |  |

## SECTION B: PROJECT DETAILS

**Project Title**

|  |
| --- |
|  |

**Research Question**

|  |
| --- |
|  |

**Project Rationale (Max 200 words)**

|  |
| --- |
|  |

**Project Description (Max 800 words)**

Please provide brief details of the proposed project under the following sections:

* Background
* Aims and Objectives
* Proposed methods
  + study design & methodology
  + participants, recruitment, inclusion/exclusion criteria
  + data analysis
* Ethics requirements and procedures
* Project outputs and Dissemination plan

|  |
| --- |
|  |

**Project timeline/Gantt chart, indicating schedule for completion of work including key milestones and deliverable timelines**

|  |
| --- |
|  |

## Has this application, or part of this application, previously been submitted to this or another organisation? If so, who? Please indicate why it was unsuccessful.

## SECTION C: BUDGET

**Project Budget**

|  |  |
| --- | --- |
| **Description of Costs** | **Amount Required**  **€** |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
| **Total** | **€** |

## SECTION D: APPROVALS & SIGNATURES

## The Officer Responsible For Administering Any Grant Awarded Must Complete and Sign Below

|  |
| --- |
| **Name of Officer** |
| **Position held** |
| **Address** |
| **Telephone** |
| **Email** |
| **Signature** |
| **Date** |

### **Principal Investigator**

|  |
| --- |
| **Signature** |
| **Date** |