

**Canadian Society of Transplantation  
Allied Health Group - Research Fund  
Application Form**

**Grant:**         Allied Health Research Fund  
                   Allied Health Research Fund - Novice Researcher

**Primary Investigator:** \_\_\_\_\_

Position: \_\_\_\_\_

Department/Area: \_\_\_\_\_

Phone/Extension: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

**Applicant Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Co-Investigators & their Institutions:**

Name: \_\_\_\_\_ Institution: \_\_\_\_\_

Name: \_\_\_\_\_ Institution: \_\_\_\_\_

Name: \_\_\_\_\_ Institution: \_\_\_\_\_

Name: \_\_\_\_\_ Institution: \_\_\_\_\_

**Application Guidelines:**

The application should be single-spaced, minimum 11 font size and should not exceed 3 pages:

- 2 pages for a description of the research project (background, objectives, methods)
- 1 page for proposed budget
- **Submit two copies, original copy and one anonymized copy**
- **ORIGINAL RESEARCH ONLY**

References and supplementary appendices including questionnaires, instruments and data collection tools are allowed to a maximum of 10 pages in total.

Your project description should include projected outcomes, the impact or clinical significance to your patient demographic, its potential application to other patient populations and the timelines for completion of the project components. Specify how your project supports the mandate of the CST Allied Health Research Committee.

Applications for the **Novice Researcher** grant must include an outline of the mentorship support planned/needed including the name of the mentor (if known), a description of the role of the mentor in the research process or key aspects of the research project that will require support. The Committee can

assist in providing a mentor if one is not already known to you.

**Budget**  
(1 page maximum)

**Detail:** (sample format)

Item	Expense	Purpose/Justification

**Total Funds Requested:** \_\_\_\_\_

**Have additional funds for this project been requested and/or received?**  **Yes**     **No**

If yes, please list all below.

1. Source: \_\_\_\_\_ Was it funded? Y / N / Result Pending

Amount Awarded: \_\_\_\_\_

2. Source: \_\_\_\_\_ Was it funded? Y / N / Result Pending

Amount Awarded: \_\_\_\_\_

3. Source: \_\_\_\_\_ Was it funded? Y / N / Result Pending

Amount Awarded: \_\_\_\_\_

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**The completed application form and project description must be submitted by**  
**April 30, 2017 to:**

Dr. Janet Madill  
Email: [jmadill7@uwo.ca](mailto:jmadill7@uwo.ca)