

**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**

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. ***Please note systematic reviews are not accepted for funding requests.***

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: _____

The completed application form and project description must be submitted by
May 25th 2018 to:

Dr. Janet Madill
Email: jmadill7@uwo.ca