



**NHLS RESEARCH TRUST
Project Application Form**

Please forward project applications as e-mail attachments to the centralised address at the MRC: rgmd@mrc.ac.za by

SECTION 1: Summary details of research project proposal/application

Name of Applicant :

Applicant's Institution:

Cape Town	Free State	UKZ-Natal	ULimpopo
Pretoria	Stellenbosch	UNITRA	WITS
NICD	NIOH		

HPCSA number:

Academic Pathology Department :

Title of current project:

Abstract of project (150 words):

Specialist area of research:

5 key words that define the core of the research proposed:

Start and end-date of project:

Collaborators (name, position, affiliation, specialist expertise and contribution/role in project)

Section B: Case for support

1. **Problem identification** (brief description of the problem and research question(s) to be addressed).
2. **Rationale and motivation** (background and scientific rationale for the research; significance and relevance for health).
3. **Status of project** (indicate whether this is a new or continuing project. If a continuation, discuss current progress and preliminary data and outline how the proposed work will build on them).
4. **Research aims and objectives** (outline the main aim(s) of the proposed research and specify the research objectives to be achieved).
5. **Research design and methods** (detailed account of the overall research approach; specific research design; research methods and/or experimental techniques; data collection and analysis including statistical treatment /analysis of data; responsibilities and timelines).
6. **Team membership** (details of the membership of the project team with respect to their names, titles, highest qualification, area of expertise, affiliation, specific role in the project and duration of involvement)

Surname	Initial	Title	Position
Highest qualification	Specialist area		
Affiliation			
Role in project			
Duration of involvement			
Telephone (w)	Fax	E-mail address	

7. Expected outputs, outcomes and impact (outline the expected direct and indirect outputs/outcomes/impact of the research on the advancement of scientific/health knowledge or what contributions the research will make to improvements in either health or health outcomes).

8. Research capacity development (indication of how the execution of the research project will contribute to the training of postgraduate students, junior research/academic staff, health personnel or community members where the research will be undertaken).

9. Institutional research environment (description of the research environment at the host institution in terms of complimentary research expertise, structural support, infrastructure and facilities available and how these will/may be mobilized to ensure the success of the proposed research).

10. Dissemination of research results (indication of the main avenues through which the results of the research will be disseminated to the scientific/academic and public audiences).

10. Ethical approval (please indicate, either by attachment and by giving a reference number below, whether or not the proposed research has been approved by the Ethics, Bioethics or other authorized body within your institution in respect of ethical conduct of research). Although the NHLS Research Trust will accept applications whose application for ethical approval is in process, the grant will be cancelled if proof of ethical approval is not received within 6 months of notification of award. Ethical approval should not have been awarded more than 2 years ago.

Section C:

- 1. Budget** (itemized list of financial requirements to carry out the research successfully, with a substantive motivation for the listed requirements or levels of funding). The NHLS Research Trust will support projects to a maximum of R500 000 for the duration of the project or a maximum of 3 years (whichever comes first). Proposals requesting more than the stipulated amount will be rejected at point of receipt.

Item	Description	Unit cost	No. of Units	Total cost	Amount requested from the NHLS RESEARCH TRUST
Consumables					
1. materials and supplies					
2. laboratory/field costs					
3. specialized services					
4. office supplies, printing & reproduction					
5. <i>ad hoc</i> research support					
6. bursaries					
Research travel					
1. travel to sites					
2. participant /patient transport					
3. other, specify					
Salaries					
Research assistantship					
Equipment					
Conference attendance					
TOTAL					

2. Motivation for budget (Please provide detailed motivation and basis for the requests made above). Outline details and status of any funding that has been received, applied for or committed to the currently proposed project.

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3. . If funding is approved for this application, would you prefer the funds to be placed in an NHLS account or a university account?

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4. Declaration.

Iherewith declare that to the best of my knowledge

- the work outlined in this proposal is my own original work and that the inputs, contributions and the work of others have been appropriately acknowledged where relevant;
- I have undertaken due diligence to ensure that the work proposed has not been done elsewhere in a manner identical to or having an identical process and outcome as that which I propose to do;
- I have permission from the Head of Department/Division/Directorate/Faculty to undertake the proposed work within the precincts of said entity and will have access to all required facilities and other forms of support.
- The work will be undertaken strictly according to accepted ethical and professional research practice, within the provisions and regulations of my host institution and any other applicable national or international prescriptions. I undertake to notify the MRC as the official service provider to the NHLS Research Trust should there be a change in this status and I accept that the NHLS Research Trust has the right to cancel or withdraw any awarded grant monies if and when there is a transgression of any law, legal and/or ethical provision/requirements governing good research practice in the execution of the proposed work.
- The information provided in this proposal is true, correct and accurate and I understand and accept that the MRC as the official service provider to the NHLS Research Trust reserves the right to cancel any grant awarded on the basis of false or inaccurate information.
- I accept that the MRC as the official service provider to the NHLS Research Trust reserves the right to reject incomplete, inappropriate, or inadequate proposals/applications.

Full name (print).....

ID number:.....

Place.....

Date.....

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