



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 1 March 2010.

1 PRINCIPAL INVESTIGATOR (APPLICANT)

Name:

HPCSA Registration number (If available):

University affiliation (Please mark with X)

Cape Town	<input type="checkbox"/>	Free State	<input type="checkbox"/>	KZ-Natal	<input type="checkbox"/>	U Limpopo	<input type="checkbox"/>
Pretoria	<input type="checkbox"/>	Stellenbosch	<input type="checkbox"/>	UNITRA	<input type="checkbox"/>	WITS	<input type="checkbox"/>
NICD	<input type="checkbox"/>	NIOH	<input type="checkbox"/>	UWC	<input type="checkbox"/>		

Academic Pathology Department:

(State department in which employed, only departments given in guidelines are acceptable)

PROJECT LEADER (REGISTERED STUDENT)

Name:

Degree registered:

Year initially registered:

Current year of registration:

2 PROJECT TITLE (Max. 200 characters)

3 SHORT DESCRIPTION OF THE PROJECT (Max. 100 words)

4 COLLABORATORS

5 PROJECT

5.1 Aim and objectives

5.2 Background

5.3 Detailed methodology

5.4 Envisaged outputs/outcomes

6 IMPACT

7 INSTITUTIONAL APPROVAL

For each application institutional approval by both Research and Ethics/Biosafety Committees must be completed and forwarded to the MRC (see guidelines).

Ethics approval is obligatory before funding can be released and ideally should reach the MRC by 30th March.

8 BUDGET

Budget requested from the NHLS Research Trust

Consumables	R
TOTAL:	

NB. A maximum amount of R90 000 will be considered.

9 FUNDING

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

Has other funding been requested for this project?

YES	<input type="checkbox"/>	NO	<input type="checkbox"/>
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If **yes**, supply details of the funding agency and amounts requested/received

10 PREVIOUS NHLS RESEARCH TRUST FUNDING

Have you received previous NHLS Research Trust Funding?

YES	<input type="checkbox"/>	NO	<input type="checkbox"/>
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If **yes**, give project title(s) and year(s) that funding was received. Please detail the research and scientific progress made and outputs obtained (e.g. student names and degrees/progress, publications, congress presentations)

11 NOMINATION OF POTENTIAL REVIEWERS

(Please nominate 4 experts, preferably 2 national and 2 international, who you believe will be able to provide a fair and objective review of your proposal). Please provide: initial and surname; title; highest qualification; specialist expertise; position held; affiliation; telephone number; fax number; e-mail address (work and/or home). The MRC reserves the right to utilize some, most, all or none of the nominated reviewers.

12 EXCLUSION OF REVIEWERS

(Please list reviewers that should not be approached to review your proposal). Please provide: initial and surname; title; highest qualification; specialist expertise; position held; affiliation; telephone number; fax number; e-mail address (work and/or home)

13 CURRICULUM VITAE FORMAT
PRINCIPAL INVESTIGATOR AND IF INCLUDED PROJECT LEADER
(Brief professional CV, length not to exceed three pages)

NAME <i>(Please include title)</i>	POSITION TITLE
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CONTACT INFORMATION

Address:

E-mail:

Telephone number:

Cell number:

EDUCATION: *(Begin with baccalaureate or other initial professional education/degree. If currently undertaking a degree, place current in the year column.)*

INSTITUTION AND LOCATION	DEGREE	YEAR	FIELD OF STUDY

PROFESSIONAL POSITIONS/EXPERIENCE

PROFESSIONAL REGISTRATIONS

PUBLICATIONS *(Last 5 years / Selected)*

SUPERVISION OF HIGHER DEGREES *(Last 5 years)*