

# The Royal New Zealand College of General Practitioners Research and Education Charitable Trust **APPLICATION FORM 2010**

## General Instructions

Please supply one signed and dated copy of the application on A4 paper. Applications must reach the Trust Secretary, PO Box 10440, Wellington 6143, four weeks before a Trust meeting. Therefore applications close at 5.00 pm on Friday, 7 May and 26 November 2010.

Last name: \_\_\_\_\_ Title: \_\_\_\_\_  
First name(s): \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_  
Town/City: \_\_\_\_\_  
Telephone: (Work) \_\_\_\_\_ (Home) \_\_\_\_\_  
Fax: \_\_\_\_\_ Email: \_\_\_\_\_  
Iwi Affiliation \_\_\_\_\_ Hapu \_\_\_\_\_  
(if relevant): \_\_\_\_\_ (if relevant): \_\_\_\_\_  
Ethnicity: \_\_\_\_\_

## Section 1

Present position (if relevant) \_\_\_\_\_  
Place where the proposed research and/or training will be undertaken. Please give full address.  
\_\_\_\_\_

Applicant's current mailing address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Host institution (if any) administering any award made (e.g. University etc.): \_\_\_\_\_  
\_\_\_\_\_

Title of Research Project: \_\_\_\_\_  
\_\_\_\_\_

**Please attach a brief abstract of research and/or training to be undertaken (250 words maximum)**

Award applied for:

Research and Education Charitable Trust

Other (specify) \_\_\_\_\_

Probable commencement date if successful: (dd/mm/yy) \_\_\_\_\_

Date of application: (dd/mm/yy) \_\_\_\_\_ Full time \_\_\_\_\_ % Part time \_\_\_\_\_ %

**Section 2 Biographical details** – do not attach a Curriculum Vitae

Degrees, Diplomas etc.	Year	Institution	Academic Field

Academic and research experience in chronological order (earliest date first)

(Use continuation page if necessary)

*From year*      *To year*

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General practice experience

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Publications and presentations

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**Section 3 Proposed Programme** – attach any letters of invitation following this page

Expected date of completion

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Proposed or actual research supervisor/collaborator (if relevant)

Title	Initial(s)	Surname	Institution

Names of two referees from whom we can request a report

Title	Initial(s)	Surname	Institution

Are you requesting, or do you have other support for the proposed project?

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.....

**Summary of proposed research and/or training programme.**

*Three pages maximum, excluding references. Insert extra pages as required.*

Relevance and importance of the project to General Practice:

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.....  
.....

*If the project is to be carried out overseas, the relevance of the research to New Zealand General Practice should be explained.*

**Research Projects should include the following sections:**

1. Background
2. Objectives
3. Methodology
4. Relevance and importance of the project to New Zealand General Practice
5. Budget of Project (itemise cost – salary, stationery, equipment, travel etc)
6. Dissemination of research results
7. Time table

**For Travel**

1. Objectives
2. Proposed itinerary
3. Significance of trip
4. Communication of learning to other GPs
5. Budget – (salary, travel etc)

**Section 4 Ethical Agreement**

Title	Initial(s)	Surname	Institution

Research title:

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- Ethics Committee approval(s) obtained and a copy of each enclosed
- Iwi approval obtained in hui, copy enclosed
- This is a multicentre research proposal
- Ethics Committee approval is being sought

List below Ethics Committee from which approval is being sought  
(state whether human or animal ethics).

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.....  
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Signed: \_\_\_\_\_ (Applicant) Date: \_\_\_\_\_

**(This information is confidential)**