



ANZAOMS Research & Education Foundation Inc as trustee for the ANZAOMS Research & Education Trust

APPLICATION FOR A RESEARCH GRANT

Please complete this form to apply for a research grant and send it to foundation@anzaoms.org along with all relevant supporting documentation attached. This form is provided as a Word document, given that application content varies in length from application to application. Please do not delete any question from this form, instead note the question is non applicable or further information is still to come if you are unable to complete it.

1. Full Name of Applicant (s)

- (a) Primary Researcher
- (b) Others

2. Title of Research Project

3. Address for Correspondence

Telephone Number

Home:

Work:

Fax:

4. Present Appointment and Institution (where applicable)

5. Academic Qualifications



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6. Brief Biographical Details (attach additional sheet(s) if required)

7a. What are the Aims of The Project?

7b. Detailed Description of the Project

A description of the materials and methods to be used and if appropriate, statistical procedures. Where human or animal subjects or biological specimens therefrom are used within the project, a certificate of ethical clearance from the appropriate authority is mandatory. (see Section 23)

8. Where is the work to be undertaken?

9. How many hours per week will Primary Applicant(s) devote to the project?



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10. Associated Investigators

(give names, appointments, academic qualifications and number of hours per week to be devoted to the project)

11. What Technical and Other Staff will be available to assist the Project?

12. Date of Commencement of Project:

Expected Date of Completion of Project:

13a. Funds Previously Granted for this Project?

ANZAOMS Research and Education	\$	Year
Other	\$	Year



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13b. Other Organisations Applied to for Grants?

14. Budget and Justification

	1st Year	2nd Year	3rd Year
Salaries	\$	\$	\$
- Assistant investigator			
- Technical Assistance			
- Secretarial Assistance			
- Others (please explain)			
Contract Services			
- Data Processing			
- Engineering			
- Other			
Equipment and Apparatus			
Major (over \$1,000)			
Minor (under \$1,000)			
Consumable Supplies			
Travel (will be funded only where necessary to carry out the project)			
TOTAL			
GRAND TOTAL			

Budget Justification



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15. Explanatory Notes on Budget

16. Other Research Programmes being undertaken or supervised by the applicant(s)

17. Names and Institutions of Two Referees

(1)

(2)

18. A Certificate of Head of Department where Applicant is to Work in an Institution or University Department

I certify that the project is appropriate to the general facilities in my Department/Institution and I am prepared to have the project carried out in that Department/Institution.

I understand that the applicant has received approval of the Research Ethics Committee (if applicable).

Signature

Name

Date

19. Resume of Existing Knowledge in the Field of Research

(include short bibliography)



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20. List of Published Work and Reports by Applicants

21. A Certificate of Ethical Clearance:

- (a) is appended to this application
- (b) will follow this application
- (c) is unnecessary

22. Signature(s) of Applicant(s)

The Applicant(s) by their execution of this application form acknowledge and accept the absolute discretion of the Directors of the Australian and New Zealand Association of Oral and Maxillofacial Surgeons Research and Education Foundation Trustees, to decide in any year which projects will receive grants from the fund the amount of those grants and their absolute discretion to make such decisions and they agree that they will not and have no right to challenge such decisions of the Directors of the Fund.

Signature(s): _____

Name(s): _____

Date: _____