

## RESEARCH GRANT APPLICATION FORM

Thank you for applying to STONZ for your research funding. STONZ are supporting research that guides us to work safer and smarter to ensure our patient care and progression to senior clinicians is evidence based.

Research grants are reviewed on a case by case basis currently therefore there is no due date. Your application will be reviewed by the STONZ executive who will advise within 28 days the outcome of your application. Research assistance and guidance will also be provided by the STONZ executive.

Deadlines outlined in this application must be adhered to. Breach of deadlines may require some or all of the grant to be repaid. We understand that research progress is unpredictable therefore if clearly communicated by the researcher to the STONZ executive alongside progress reports may allow for extensions.

There is an expectation that STONZ are acknowledged for their support in presentations and publications.

All the best with your research endeavours and please do not hesitate to make contact.

Dr Alex Boyle (research@stonz.co.nz)

## **SECTION 1.** Application details

Primary investigator:

Current clinical role:

Co investigator(s):

Supervising investigator(s):

Hospital/Organisation address:

Department:

Other sponsoring organisations:

## SECTION 2. Project details

Aim of the research project:

Relevant background of the project:

Intended methods in brief:

Expected results:

Duration and end dates of the project:

How will these results effect practice/your work environment?

Intentions for presentation and publication:

Total amount of funding required:

Itemised budget:

## **SECTION 3.** Declaration

Do you agree to your project being passed to another STONZ member should you wish to discontinue your project?

Yes No

All grant funding received will be used as intended unless authorised by STONZ.

Signed

Date

Please save this PDF and attach all supporting documents including study protocol and email to: research@stonz.co.nz