

Research and Development Fund Application Form

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|  | SUMMARY: |  |
| Applicant: | |  |
| Department: | |  |
| Institution: | |  |
| Mailing address: | |  |
| Phone: | |  |
| Email: | |  |
| Project title: | |  |

PROJECT:

Description:

How the project will benefit amputees:

|  |  |
| --- | --- |
| PROJECT: |  |
| Aim: |  |
| Method: |  |
| Timeline  *(include deliverables)*: |  |

|  |  |  |  |
| --- | --- | --- | --- |
| ETHICAL CONSIDERATIONS: | |  | |
| Ethics committee approval required: | YES | NO | If no, please explain |

|  |  |  |  |
| --- | --- | --- | --- |
| ETHICAL CONSIDERATIONS: | |  | |
| Ethics committee approval obtained: | YES | NO | Pending |

|  |  |  |  |
| --- | --- | --- | --- |
| HEALTH & SAFETY CONSIDERATIONS: | | |  |
| Health and Safety hazards/risks: | YES | NO | If yes, list the mitigating actions |
| Health and Safety committee approval required: | YES | NO | If no, please explain |
| Health and Safety committee approval  obtained: | YES | NO | Pending |

Grant requested: $............................

BUDGET:

Please describe measures you are planning around confidentiality and privacy considerations:

Is publication anticipated and if so, with whom:

Please enclose short one-page CVs for applicant and principal supervisors.

|  |  |  |  |
| --- | --- | --- | --- |
|  | SIGNATURE: |  | |
| Name: | | | |
| Signature: | | | Date: |

Please email all applications to: [research@nzals.co.nz](mailto:research@nzals.co.nz)