

THE PHARMACY RESEARCH TRUST OF NEW SOUTH WALES

Grant Application for 2012

Applications should be typewritten (10 point or greater) and sent to the Pharmaceutical Society of New South Wales, PO Box 162, St Leonards, NSW, 1590 or hand delivered to 82 Christie Street, St Leonards NSW 2065.

Due Date: 9th December 2011

1A	PROJECT TITLE:
1B	PROJECT CATEGORY: <input type="checkbox"/> A. Scholarship or Project Grant support (established investigator) <input type="checkbox"/> B. Seed funding (new investigator award)

		CHIEF INVESTIGATOR A	CHIEF INVESTIGATOR B (if applicable)
2	TITLE, INITIALS SURNAME FULL INSTITUTIONAL ADDRESS TELEPHONE FACSIMILE APPOINTMENT HELD YEAR APPOINTED		
3	ACADEMIC QUALIFICATIONS (CONFERRING INSTITUTIONS) DATE OF HIGHEST AWARD		
4	DATES OF ANY ANTICIPATED ABSENCE DURING THE GRANT PERIOD REASON:		
5	DAYS PER MONTH TO BE DEVOTED TO THIS PROJECT DAYS PER MONTH TO BE DEVOTED TO ALL OTHER PROJECTS		
6	COMMENCEMENT DATE OF PROJECT TOTAL FUNDING REQUESTED FOR EACH YEAR OF THIS PROJECT		
7	ASSOCIATE INVESTIGATORS (Name, Title, Institution, Qualifications) INVOLVEMENT IN THE PROJECT (Days per month)		

8	OTHER PERSONNEL AVAILABLE TO ASSIST THE PROJECT	
---	---	--

9	HAS SUPPORT BEEN SOUGHT FOR THE PROJECT FROM OTHER SOURCES (GIVE NAME AND DATE)	
---	---	--

10	ETHICS APPROVALS* Does this project include research involving animals? Y/N Does this project include research involving humans (use of questionnaires, drugs, etc) for which ethical clearance is required? Y/N Does this project involve organisms being genetically manipulated? Y/N Does this project involve the use of carcinogens or other highly toxic chemicals? Y/N <i>*If answer to any of these questions is Y (yes), appropriate clearance from the applicant's institution (or other relevant authority) must be provided before funding will be commenced.</i>	
----	---	--

11 A	FOR THIS PROJECT: RESEARCH SUPPORT (List separately the support received, requested or to be requested):				
	NAME OF ORGANISATION	2009	2010	2011	REQUESTED

B	FOR ALL RELATED PROJECTS: RESEARCH SUPPORT (List separately the support received, requested or to be requested):				
	NAME OF ORGANISATION	2009	2010	2011	REQUESTED

12	JUSTIFY YOUR REASON FOR REQUESTING SUPPORT FOR CATEGORIES A or B ABOVE.

13 SEVEN LINE SUMMARY OF THE AIMS AND SIGNIFICANCE OF THIS PROJECT.

14 RESEARCH PROPOSAL

A.	AIMS OF PROJECT (½ page) State the aims and potential significance of the proposal to pharmacy (pharmaceutical sciences or pharmacy practice).
B.	BACKGROUND, RESEARCH PLAN, REFERENCES CITED (not to exceed 3 pages total). Establish the context of the study, including key references to other work. Detail the research plan and methodology to be applied.
C.	BUDGET
D.	BRIEF BUDGET JUSTIFICATION
E.	TIMETABLE
F.	PUBLICATIONS OF CHIEF INVESTIGATOR(S) OVER THE PAST FIVE (5) YEARS (published or in press only).

15 CERTIFICATION TO BE SIGNED BY ALL APPLICANTS.

I/We certify that all details on this form are correct, and that where this application seeks funding for a project already supported by another grant, the precise relationship between the projects is clearly and accurately stated.

I/We understand and agree that:

- research which involves human or animal experimentation must be carried out in accordance with the guidelines laid down in the NHMRC Code of Practice;
- research which involves the use of recombinant nucleic acids constructed in vitro from sources which do not ordinarily recombine genetic information must be carried out in accordance with the guidelines laid down by the Recombinant DNA Monitoring Committee;
- research which involves the use of ionising radiation must have the risks involved assessed by a recognised Ethics, or Bio-safety Committee;
- work on this project (if approved for funding) will not commence until the appropriate approvals have been obtained and copies of those approvals have been supplied to the Research Committee.

I/We declare that all persons listed as Associate Investigators have agreed to take part in the proposed research.

Signature	Date
Chief Investigator 1.
Chief Investigator 2.

CERTIFICATION BY HEAD OF DEPARTMENT

I certify that the project can be accommodated within the general facilities in my Department, and that sufficient working and office space is available for any proposed additional staff. I am prepared to have the project carried out in my Department under the circumstances set out by the applicant.

I have noted the amount of time which the investigators will be devoting to the project and certify that it is appropriate to existing workloads.

I certify that all funds granted will be applied directly to the project, and will not be subject to any charges such as overheads or administrative costs

.....
(Signature of Head of Department)

.....
(Date)