

Application form

Research Grants Program

Research Implementation Grant Medical Radiation Technologists Board of Queensland



Medical Radiation Technologists Board of Queensland

Consult the Guidelines to Applicants, Research Funding Scheme, Medical Radiation Technologists Board of Queensland. Application to be submitted to the Office of Health Practitioners Registration Boards, GPO Box 2438 Brisbane Q 4001, by last Friday in February

Office Use only

File No:

Entered by:

Date:

Medical Radiation
Technologists Board
of Queensland
GPO Box 2438
BRISBANE QLD 4001

Level 8 Forestry House
160 Mary Street
Brisbane Q 4000

Phone:
61 7 3225 2505

Facsimile
61 7 3225 2527

Internet
www.mrtboard.qld.gov.au

Email
mrt@healthregboards.qld.gov.au

1. PROJECT TITLE

PRINCIPAL INVESTIGATOR

Title Dr Mr Ms Mrs Miss		
Family name		
Given name		
Postal address		
Email address		
Telephone	work	home
Organisation		
Department		
Position currently held		
Highest academic qualification		Year

CO-INVESTIGATORS (USE ADDITIONAL SHEET IF MORE THAN ONE)

Title Dr Mr Ms Mrs Miss		
Family name		
Given name		
Postal address		
Email address		
Telephone	work	home
Organisation		
Department		
Position currently held		
Highest academic qualification		Year

3. EXECUTIVE SUMMARY (OVERVIEW OF PROPOSAL OF NO MORE THAN 100 WORDS)

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4. PLEASE SUMMARISE THE AIMS OF THE RESEARCH, THE EXPECTED OUTCOMES, AND THE OVERALL SIGNIFICANCE OF THE PROJECT

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5. TOTAL FUNDS REQUESTED IN THIS APPLICATION

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6. LIST ALL SUPPORT RECEIVED OR REQUESTED (INDICATE AFTER PROJECT TITLE WHETHER RECEIVED OR PENDING) BY EACH PRINCIPAL INVESTIGATOR FOR THE PROJECT FOR THE YEARS INDICATED, FROM ALL FUNDING SOURCES.

Source of support	2006 \$	2007 \$	2008 \$

7. BUDGET

DETAILED BUDGET (List all items individually)	PRIORITY (eg. A, B etc.)	\$ AMOUNT REQUESTED 2009-11
PERSONNEL (include type of appointment and on-costs)		
TOTAL:		
EQUIPMENT (items costing more than \$1,000 each)		
TOTAL:		
CONSUMABLES (Including equipment items costing \$1,000 or less each)		
TOTAL:		



TRAVEL NB CONFERENCE EXPENSES ONLY 10%		
TOTAL:		
OTHER		
TOTAL:		
GRAND TOTAL		

8. CERTIFICATION (TO BE SIGNED BY ALL INVESTIGATORS)

I/We certify that all the details on this form are correct.

Signature		Date	/	/
1st investigator - Full Name				
Signature		Date	/	/
2nd investigator - Full Name				
Signature		Date	/	/
3rd investigator - Full Name				

9. AIMS, RESEARCH PLAN, JUSTIFICATION OF BUDGET, ROLES, TIMETABLE, RESEARCH RECORD, PUBLICATIONS (ATTACH AS ADDITIONAL PAGES).

In not more than three (3) pages (EXCLUDING the list of publications) address the following points (refer to the relevant Guidelines for assistance in covering these points):

- Aims and significance of the project
- Details of mentor - see item 10
- Research plan, methods and techniques
- Ethical clearances – certificate of ethical clearance from the appropriate authority must accompany application
- Justification of the budget
- Roles and responsibilities of the investigators
- Timetable – include duration of project in year/s
- Publication/dissemination of results
- Publications - list for all principal investigators all refereed publications for the past 5 years (use asterisks to identify publications directly related or relevant to this project)

If applicable these details must be attached to application

10 . RESEARCH MENTOR

I certify that I will offer support and guidance to the researcher

Name				
Signature		Date	/	/

