

THE NEW ZEALAND INSTITUTE OF MEDICAL LABORATORY SCIENCE RESEARCH GRANT APPLICATION FORM



Please ensure you complete this form in full. Incomplete applications will not be considered.

Principal Investigator:

<i>Name</i>	<i>Laboratory</i>
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Co-Investigator (if any):

<i>Name</i>	<i>Department</i>
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Project for which funding is sought: *(15 words maximum)*

Summary of funding requested (up to \$5000 in total):
(transfer values from Section 5a. Budget)

Materials and Running Costs	
Travel	
Other	
TOTAL	\$

1. Description of project: *(250 words maximum describing aims, background, and research questions)*

2. Proposed methodology: (250 words maximum describing methods, procedural steps, contribution of each participant; include timeline)

3. Expected outputs: (250 words maximum describing research outputs and their significance and originality)

4. Curriculum Vitae (Principal Investigator)

5a. Budget:

Provide full details of proposed expenditure in each category below, and transfer totals to summary table on cover page.

Materials and Running Costs

<i>Description</i>	<i>Amount</i>

Travel, Accommodation and other related costs (inc. travel insurance)

<i>Description</i>	<i>Amount</i>

Other

<i>Description</i>	<i>Amount</i>

5b. Budget justification:

Explain why requested items are essential to the project, with attention to any costs outside the general categories of assistance (see ‘Guidelines for Applicants’). Be as specific and detailed as possible within the space constraints (1 page maximum).

6a. Ethical approval:

Applicants should note that monies cannot be uplifted until the required Ethical Approval has been granted.

Does this research require ethical approval? Yes No

If Yes: has approval been sought? Yes No

Permission obtained from (name of person): _____

has approval been granted? Yes No

Permission obtained from (name of person): _____

6b. Research consultation with Māori:

Does this research require consultation with Māori?	Yes	No
If Yes: a. has consultation been sought?	Yes	No
Permission obtained from (name of person):	_____	
b. has consultation taken place?	Yes	No
Permission obtained from (name of person):	_____	

7. Signatories

Applicant (Principal Investigator):

I confirm that all information included in this application is true and correct.
If successful, I undertake to submit a brief report (250 words max) to the NZIMLS Executive Office within three (3) months of completion of this project.
I also confirm that I am a named principal investigator on this NZIMLS application only.

Name:

NZIMLS membership number:

Signature:

Date:

Head of Department: (required for individual applications only)

I confirm that this project can be managed within this staff member's workload.
I support this application:

Name:

Signature:

Date:

HoD additional comments:.....

NZIMLS OFFICE USE ONLY

Approved

Declined

Amount granted:

Date:

NZIMLS signatory:

Prerequisites for Applicants

1. The applicant must have been a Member of the New Zealand Institute of Medical Laboratory Science (Inc) for a minimum period of two (2) years.
2. The applicant must be a current financial member of the NZIMLS and must remain so for the duration of the research project.
3. The applicant must be currently employed in an IANZ accredited laboratory.
4. The Application Form must be fully completed.
5. The applicant is encouraged to supply a final written report, to be in hands of the NZIMLS Journal Editor within twelve (12) months of completion of project for consideration of publication.
6. The decision of the NZIMLS Council on the awarding of Grants is final and no correspondence will be entered into.