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**ANZAHPE Research Grant for Research in Health Professional Education 2024**

**Application Form**

**Project title:**

**Name of primary investigator:**

**Institution: Highest research qualification (primary investigator):**

**Other Investigators (maximum of 5):**

**Where project will be conducted:**

**Administering Institution:**

**Duration project:** Beginning date:Ending date

**Please attach the following:**

**The study proposal (2500 words maximum excluding Brief CVs) including**

* 1. **Title**
	2. **Brief description/Lay Summary**
	3. **Background** (includes need, significance, impact, and relevance including alignment to one or more ANZAHPE’s Strategic Goals: 1)*Support research and scholarship in health professions education, 2)Develop national and international networks, partnerships and collaborations, 3) Provide strategic leadership around key issues in health professions education, 4) Advocate for* equity *and justice in relation to health professions education*)
	4. **Research Aims/Question**
	5. **Research approach (including plan for data analysis)**
	6. **Expected Outcomes/Deliverables**
	7. **Budget with Rationale**
	8. **Timeline and Key Activities**
	9. **Brief CVs for Each Project Member (maximum ½ page per member relevant to the proposed project).**

**Ethical Considerations** in human experimentation: Where human subjects are involved, an applicant for a Research Grant must obtain certification from the appropriate body (Ethics Review Committee) of the institution where the work is done, that the project will be in accordance with the principles laid down in Australia National Health and Medical Research Council “Statement of Human Experimentation and Supplementary Notes” (1985) or the New Zealand equivalent. **Certification** will be required before funds are released.

**Agreement:** By signing below I as the applicant confirm, I am currently a financial member of ANZAHPE. I will abide by the conditions under which the ANZAHPE Research Grants are offered. That support of ANZAHPE will be acknowledged in any documents of publications resulting from this Research grant.

**Signature(s) of investigator(s):**

…………………………………………………………………..…… Date …………………..

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**Certification by head of department of institution:**

I certify that the project is appropriate to the facilities of the department/institution and that I am prepared to have the project carried out in this department/institution.

Name (block letters):

Department/Institution:

Signature: --------------------------------------------------------------- Date: ---------------------------