

New Zealand Society of Gastroenterology Research Grants

Application Form

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| Full Name | |
| Address | |
| Email | |
| Phone | |
| Supervisor, if relevant | |
| Suggested referee 1 <i>(include email address)</i> | |
| Suggested referee 2 <i>(include email address)</i> | |
| Applicant signature <i>(Electronic accepted)</i> | |
| Date | |

- *Please complete and attach budget (template on last page)*
- *Please also attach abstracts of clinical research by the applicant in the last 3 years*

Send completed application preferably by email to:

Anna Pears
Executive Officer
PO Box 10601
Wellington, 6143
Anna.Pears@racp.org.nz

PROJECT DETAILS *(not to exceed two pages and should include the following – expand sections as required)*

1. **Name of project:**
2. **Lay Abstract** *(250 words approximately)*
3. **Description of project**
 - a. **Scientific Background**
 - b. **Aims and significance of the project**
 - c. **Methodology, research plan and timelines**
 - d. **Clinical significance**
4. **Team expertise** *(supervisors)*
5. **Is this part of a larger project, if so, please explain the significance of this part of the project**

BUDGET

| | |
|-------------------------------------------------------|-----------|
| Name of Applicant: | |
| BUDGET ITEM(S) | \$ |
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| Funding source (if part of a larger project):: | |
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