

HKCFP Research Fellowship 2020



Application Form

APPLICANT DETAILS

1

Name	<input type="text"/>		
Organisation	<input type="text"/>		
Present Appointment	<input type="text"/>		
Address	<input type="text"/>		
Telephone	<input type="text"/>	Fax	<input type="text"/>
Email	<input type="text"/>		

2 **Which of the following applies to your higher degree studies?**

- I am currently enrolled in a PhD
- I am currently enrolled in a Masters
- I am currently enrolled in a MD
- I completed a PhD in (indicate year)
- I completed a Masters in
- I completed a MD in
- Other (explain in CV)

3 **HKCFP membership details**

Are you a current member of the HKCFP?

- No Member/Associate member Fellow

4 **Please attach a 2-page current curriculum vitae**

This should include qualifications, courses currently being undertaken, previous research experience, publications, grants currently held, etcetera. We understand that not all applicants will have publications or grants at this stage of their careers. Please note that any pages in excess of 2 as stipulated will be removed.

5 **Certification**

I hereby acknowledge that all information contained within this application is complete and accurate.

Signature _____ Date _____

PROJECT SUMMARY

6 Co-investigators

1) Name
Organisation
Present appointment
Address
Signature _____ Date _____

2) Name
Organisation
Present appointment
Address
Signature _____ Date _____

7 Project title

8 Project overview

Give a brief “lay person’s” description of the project. Summarise the aims, research design, methods and likely outcomes and benefits.

9 Project length (Funding is normally provided for a maximum of 18 months)

months

10 Budget total – see item 20(d)

\$

RESEARCH SUPERVISION

- 11 **Supervisor** (All applicants must be supported by a suitably qualified supervisor. Please attach curriculum vitae of the supervisor.)

I agree to supervise this research project.

Name	<input type="text"/>		
Present appointment	<input type="text"/>		
Name of institution	<input type="text"/>		
Address	<input type="text"/>		
Telephone	<input type="text"/>	Fax	<input type="text"/>
Email	<input type="text"/>		
Signature	_____	Date	_____

- 12 **I support this application and I certify that this organization has the facilities available to meet the needs of the project.**

Name	<input type="text"/>		
Position	<input type="text" value="Head of Family Medicine Unit/Department"/>		
Name of institution	<input type="text"/>		
Address	<input type="text"/>		
Telephone	<input type="text"/>	Fax	<input type="text"/>
Email	<input type="text"/>		
Signature	_____	Date	_____

RESEARCH PROPOSAL

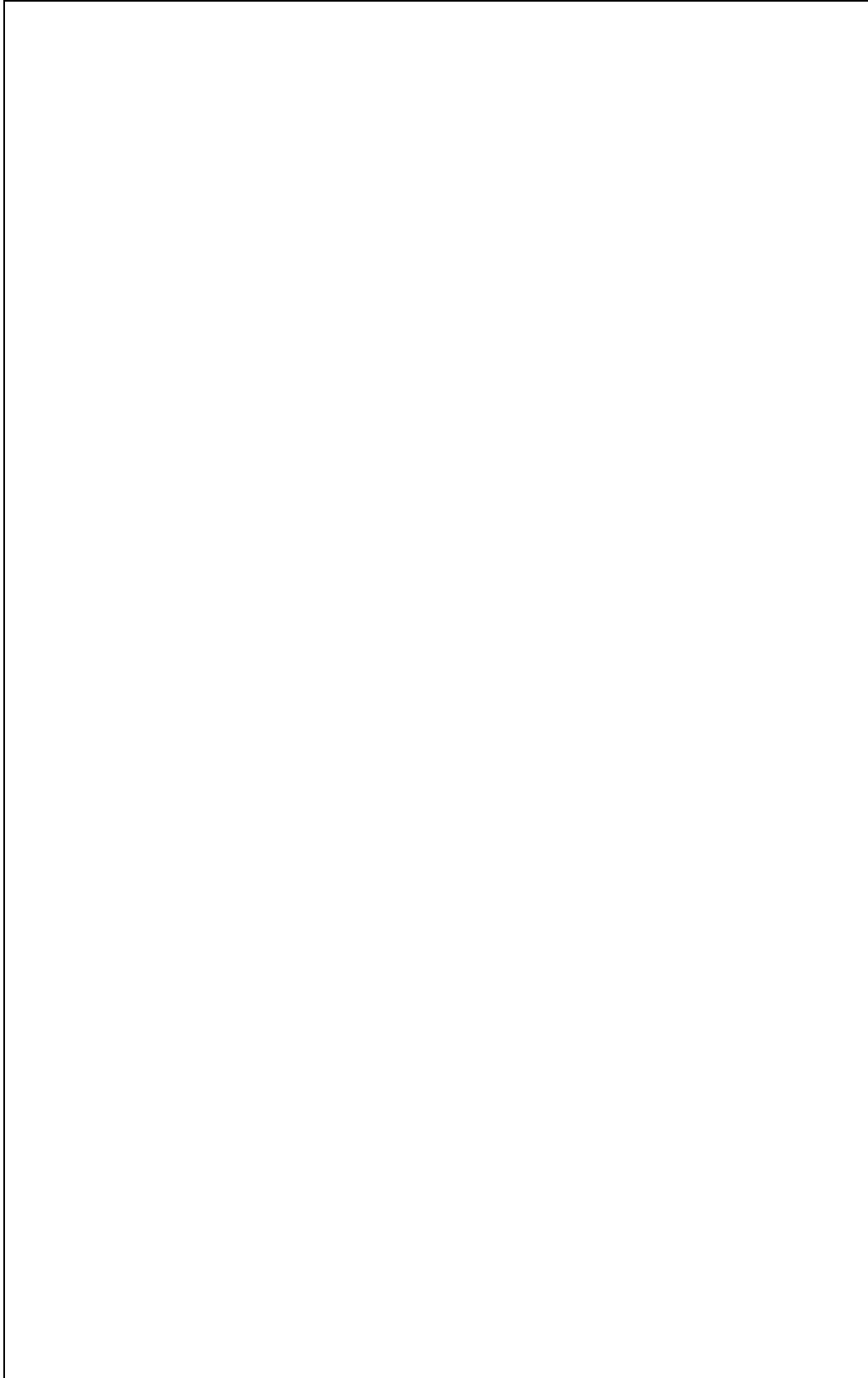
13 **Aim of the project**

14 **Reason for wishing to undertake this project and how it addresses an aspect of family medicine**

15 **Consultation with research groups or individuals**
List the research groups or individuals you have consulted

16 **Describe the benefits that can be expected from this project both personally to the researcher and to the body of family medicine/primary health care knowledge**

- 17 **Literature review** Provide a brief review of relevant literature including the background to the project. Indicate the scope of the literature review that has been done (even if this is only textbook reading), and indicate how the findings bear on this proposal. Include the findings of the two or three most relevant articles and a list of references as an appendix.

A large, empty rectangular box with a thin black border, intended for the student to write their literature review. The box is currently blank.

18 **Method**

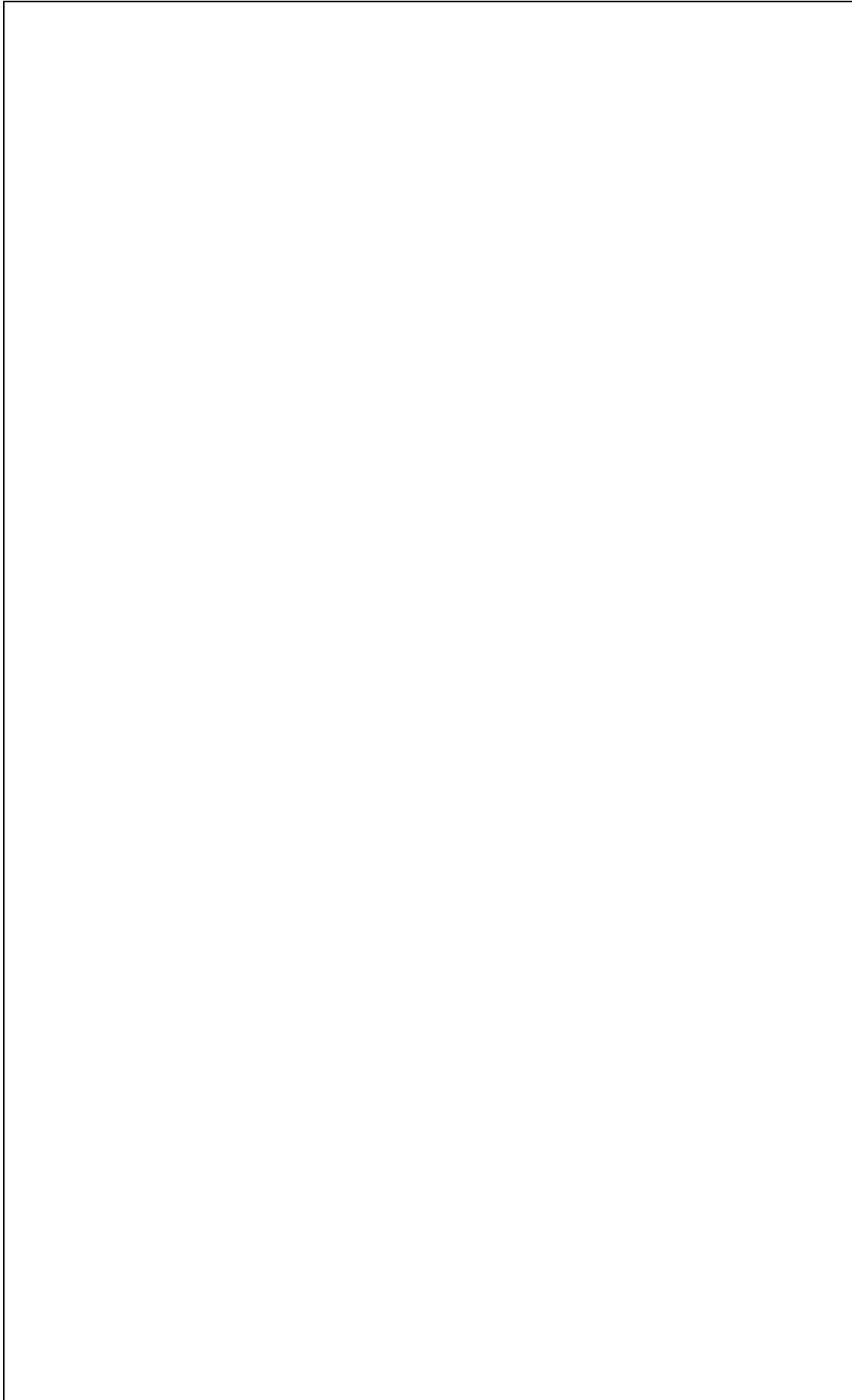
Describe the methods used to implement this research project.

Points to include:

- Research design
- Sampling methods – Who? How many and why? How selected?
- What will be measured and how?
- How will data be collected and analysed? By whom?
- Indicate the stages of the project and estimate the time needed for each stage
- What statistical analysis, if any required, will be done? If not required, state why.

This section continues over the page if extra space is required

Method continued

A large, empty rectangular box with a thin black border, occupying most of the page below the 'Method continued' header. It is currently blank, serving as a placeholder for content.

19 **Ethical considerations**

All successful research applications require ethical clearance from Ethics Committee of the supervising organization. Discuss the ethical safeguards which protect all participants, particularly matters of consent and confidentiality.

Name of proposed Ethics Committee

Date clearance expected

20 **Budget**

Please **discuss with your supervisor** and set out the amounts required under the relevant headings below.

(a) **Salaries** (For the year 2020/2021)

Position	Monthly salary	Fractional or % time*	Cost

*eg, if you work 6 days per week, and plan to spend 1 day per week on this research fellowship: $1/6=16.7\%$

SUB TOTAL \$ _____

Notes on salaries

Requests for professional salaries should not exceed \$ 2,400 per day. Personnel should be named where known. Where proposed personnel are unknown, indicate the basic qualifications envisaged for the position and the salary required.

No claims in respect of cost increases will be considered during the grant period.

The purpose of the funding is not to top up grants. Grants cannot be used to subsidise salary or to provide core salary for the chief or co-investigators.

(b) **Equipment**

	Itemise	Cost*
1		
2		
3		
4		
5		
6		
7		
8		
9		
9		
10		

*Quotation necessary if the cost of an item exceeds HK\$5,000

SUB TOTAL \$ _____

(c) **Maintenance**

	Itemise, eg survey and field expenses, printing, mailing, travel, etc	Cost*
1		
2		
3		
4		
5		
6		
7		
8		
9		
10		

*Quotation necessary if the cost of an item exceeds HK\$5,000

SUB TOTAL \$ _____

Notes on maintenance items: Enter those items not included within other categories, such as consumables (give details), printed materials, etc. Travel should cover survey or field expenses only. It should not include requests for conference travel expenses.

(d) **Total budget**

	Costs
Salaries	_____
Equipment	_____
Maintenance	_____
University infrastructure costs (if applicable)*	_____
TOTAL \$	_____

Please enter this total in item **10**

* Funding may be used to pay university infrastructure costs (up to 15% of the value of the grant) if required by the administering institutions.

END OF APPLICATION

PLEASE SEND:

- the completed application form,
- the signed terms and conditions of the HKCFP Research Fellowship,
- a curriculum vitae from the principle investigator, AND
- a curriculum vitae from the supervisor, to

Research Committee, The Hong Kong College of Family Physicians, Rm. 803-4,
HKAM Jockey Club Building, 99 Wong Chuk Hang Road, Aberdeen, Hong Kong

Tel: 2871 8899 Fax: 2866 0616

CLOSING DATE: 29 April 2020