HKCFP Research Fellowship 2023



Application Form

APPLICANT DETAILS			
1	Name		
	Organisation		
	Present Appointment		
	Address		
	Telephone	Fax	
	Email		
2	Which of the following	g 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 PhI	D in (indicate year)	
	I completed a Ma	sters in	
	I completed a MI	Din	
	Other (explain in C	 V)	
3	HKCFP membership		
	No Men	nber/Associate member	
4	Please attach a <u>2-page</u> 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

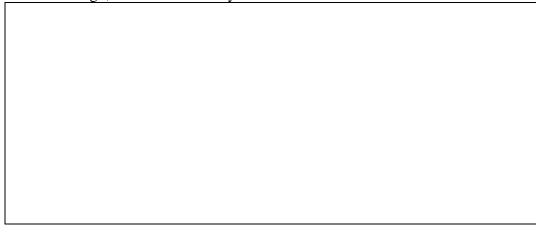
PROJECT SUMMARY

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	
Present appointment	
Name of institution	
Address	
Telephone	Fax
Email	
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	
Position	Head of Family Medicine Unit/Department
Name of institution	
Address	
Telephone	Fax
Email	
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 **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.

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.

Method continued

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 2023/2024)

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**

*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		
	*Or station measure if the cost of an item encode UV 5 000	

*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

EXTENDED CLOSING DATE: 26 April 2023