



## **FORMAT FOR APPLICATIONS AND ADMINISTRATIVE AGREEMENT FOR GRANTS IN AID OF RESEARCH**

The application for a grant-in aid of research should be typed, concise (restricted to no more than five pages exclusive of curriculum vitae) and addressed to the Secretary, Wellington Medical Research Foundation Inc, PO Box 51-211, Tawa, WELLINGTON 5249.

Applications for support of research will normally be made by the supervisor of the particular project whose research record will be taken into account in the Research Committee's deliberations. This stipulation does not prevent the appropriate recognition of an undergraduate or graduate student or other persons who will be appointed to work on the project but emphasises the line of accountability for funds which may be granted by the Foundation.

Applicants are required to provide responses under the headings shown below.

Twelve copies are required but only one requires all signatures.

**Applicants should particularly note that they,**

- a) *must arrange ethical review of any research proposals involving human subjects or animals.*
- b) *must ensure that their referees send their reports to comply with the timetable given (see paragraph 12).*
- c) *must ensure that the referees they name are not involved with their work, organisation or section at which the research work will be undertaken.*
- d) *must ensure that the Host Institution and the signatories are clearly identified on the Administrative Agreement.*

### **APPLICATION FOR GRANT IN AID OF RESEARCH**

#### **1 Personal Data**

Include the applicant's name, qualifications, position, address and telephone number.

#### **2 Title of Project**

#### **3 Specific Objectives**

Include one paragraph indicating briefly the specific objectives of the proposed research.

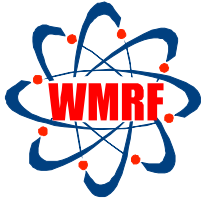
#### **4 Subject Review**

Include a brief background review of the problem, with references.

#### **5 Method and Research Plans**

Provide a brief description with references of how the problem is to be tackled, indicating experimental and statistical methods, animals etc to be used, precautions to be taken and justifying the number of specimens, or animal and human subjects to be studied.

- 6 **Potential Significance of Project**  
Indicate the potential significance of the project.
- 7 **Research site and Resources**  
Indicate location of research and available resources.
- 8 **Assistance Required**  
Indicate the nature of the assistance requested with justification. Please detail the amounts required. Sometimes it may only be possible to assist in part, therefore applicants should list priorities.
- 9 **Assistance Available**  
Indicate such other assistance as is already, or may be, available for the project including, financial etc.
- 10 **Time Available and Duration of Project**  
Indicate the estimated time to be spent by each person on the project expressed as a proportion of their total working hours. The estimated duration of the project should also be stated.
- 11 **Research Experience**  
Indicate research experience of the personnel, particularly in the field related to the project.
- 12 **Referees**  
State names, addresses and positions held by at least two referees. Send a copy of your application to each of your referees and request they send a report to the Secretary of the Foundation, regarding the scientific value and medical relevance of the proposal and the capacity of the investigator to conduct the research. Referees must not be involved with your work or organisation or section at which your research work will be undertaken. Substantial collaborators may write letters of support. The Chairman of the Research Advisory Committee may from time to time request a review from another independent referee. The Foundation attaches importance to the objectivity of referees.  
  
Referees reports should reach the Secretary PO Box 51-211, Tawa, Wellington 5249, **not later than the date which will be advised in the letter acknowledging the receipt of your application.**
- 13 **Ethical Review**  
Provide a statement to the effect that the proposed work involving human or animal experimentation has been approved by an appropriate committee. Funds cannot be allocated prior to ethical approval of the study but applications may be considered while ethical review is being completed.
- 14 **Curriculum Vitae**  
Append to each copy of the application an abbreviated CV of members of the project team, such CV not to exceed two pages.



**Wellington Medical Research Foundation Incorporated**

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PO Box 51 211, Tawa, Wellington 5249, NEW ZEALAND

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Fax: (04) 232 5494

Email: [info@wmrf.co.nz](mailto:info@wmrf.co.nz)

Website: [www.wmrf.co.nz](http://www.wmrf.co.nz)

**ADMINISTRATIVE AGREEMENT**

**Only one signed copy required with each application.**

- a) The applicant understands and agrees that any grant received as a result of this application is subject to the conditions of the Wellington Medical Research Foundation as set out in the information statement and that the grant funds will only be expended for the purpose described in the application. The applicant agrees to supply reports on progress of the work as required and on completion of the work.

*Signed*

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*(Applicant)*

*(Date)*

- b) The Head of Department approves this application and agrees to accept this research within the department.

*Signed*

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*(Date)*

- c) The institution agrees and undertakes to support the research outlined in this application.

*Signed*

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*(Date)*

*Host Institution*

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