RESEARCH PROJECT APPLICATION FORM

1. Project Information
Title of the Project: _____

Study Type: [ ] Intervention   [ ] Non-intervention   [ ] Other: _____

Academic Level: [ ] Undergraduate   [ ] Master   [ ] PhD   [ ] Other: _____

2. Investigators
Principal Investigator:
Name: _____
Qualifications: _____
Designation: _____
Official Address: _____
Telephone: _____   Email: _____
Signature: _____

Co-Investigator(s) / Supervisor(s):
Name: _____
Qualifications: _____
Designation: _____
Official Address: _____
Telephone: _____   Email: _____
Signature: _____

3. Research Details
3.1 Does this research involve collection/use of individual-level data? [ ] Yes   [ ] No

3.2 Does this research involve collection/use of community-level data? [ ] Yes   [ ] No

3.3 Are participants considered a vulnerable group? [ ] Yes   [ ] No

3.4 Is the risk to participants minimal? [ ] Yes   [ ] No

3.5 Does the research involve use of biological material? [ ] Yes   [ ] No

4. Nature of the Research Project
Type of Study:
[ ] Observational/Non-interventional
[ ] Clinical Trial
[ ] Other Intervention Study
[ ] Research Database
[ ] Other (specify): _____

5. Timeline & Registration
Start Date: _____   Completion Date: _____

Degree Awarding University (if applicable): _____

Registration Status: [ ] Registered   [ ] Pending
Registration Number: _____

6. Budget & Funding
Estimated Budget: [ ] >100,000   [ ] 100,000-10,000   [ ] 10,000-1,000   [ ] <1,000

Funding Status: [ ] Planning to apply   [ ] Decision pending   [ ] Funding secured   [ ] Self-funded

Funding Agency (if any): _____
Amount: _____

7. Collaborative Research
List Collaborating Institutions and their Roles:
1. _____
2. _____
3. _____

8. Ethical Considerations
Has ethical approval been requested? [ ] Yes   [ ] No
If Yes, Reference Number: _____   Date: _____

Has the project undergone scientific review? [ ] Yes   [ ] No

9. Declaration of Applicant
I hereby declare that all information provided in this application is correct and that the research will be conducted in accordance with ethical guidelines.

Signature of Principal Investigator: _____   Date: _____

10. Consent of Co-Investigators

We, the undersigned, confirm that we have agreed to participate as co-investigators in this project.

Name: _____ Institution: _____ Signature: _____

11. For Office Use Only

Application Number: _____ Date Received: _____

Reviewer 1: _____ Reviewer 2: _____

Reviewer 3: _____