

**CLINICAL PROJECT GRANT**

**APPLICATION**

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| **Applicants name/s:** | **Phone:** |
| **Address:** | **Contact email:** |
| **Workplace:**  | **Type of service:** |
| **Location:** | **Department:** |
| **Signature of workplace supervisor\* (if applicable):** | **Any other affiliated organisations:** |

\*Approval should be sought from the workplace supervisor if any aspects of the research will be conducted within work time, requires the use of workplace data or resources or if your workplace requires for any other reason.



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**APPLICATION**

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| **Name of clinical project** |
| **Project description, reason and other relevant background information (e.g. References, previous comparable studies, replication etc)** |
| **Clinical relevance** |
| **Methodology/ Plan (Including time frame)** |
| **Outcomes and evidence** |
| **Proposal for disseminating results to WA clinicians** |
| **Other plans for research results, is any e.g. Publication, thesis, follow up studies** |
| **Cost of project including hours, salaries and other costs (estimates will suffice initially)** |
| **Other funding contributing/sought for the project** |