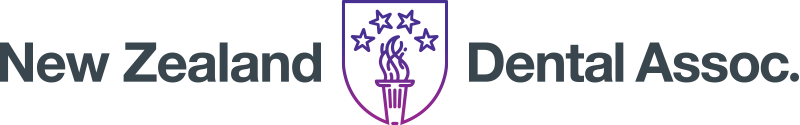
**Ministry of Health Oral Health Research Fund**

**Administered by the NZ Dental Research Foundation**

****

**Application for Project Grant**

**2020**

*(Guideline information is highlighted in yellow - please type over/delete all highlighted text)*

**Primary applicant**

**Project title**

**Section 1 - Summary of Application**

**Primary Applicant:**

*From 2020, the University requires the Primary Applicant to be a staff member of the University, in order to best meet our contractual reporting and administrative requirements. Unless there are extenuating circumstances, a student should not be Primary Applicant.*

* **Title/First name/Surname**

Position/Department/Institution/Address

(eg Sir John Walsh Research Institute

Faculty of Dentistry, University of Otago

PO Box 56, Dunedin 9054

New Zealand)

**E-mail:**

**Academic and/or research experience relevant to the project:**

**Role of this applicant in the project:**

**Working time (approx. % of this applicant’s time) devoted to the project:** %

**Co-applicants:** *(add/remove as required – all co-applicants must sign Section 7)*

*If the proposed research is part of a degree course for* ***any*** *of the applicants (eg DClinDent or PhD) then indicate which applicant(s), and list the degree and the year of the course the applicant(s) are in, as of the time of application.*

* **Title/First name/Surname**

Position/Department/Institution/Address

**E-mail:**

**Academic and/or research experience relevant to the project:**

**Role of this applicant in the project:**

**Working time (approx. % of this applicant’s time) devoted to the project:** %

* **Title/First name/Surname**

Position/Department/Institution/Address

**E-mail:**

**Academic and/or research experience relevant to the project:**

**Role of this applicant in the project:**

**Working time (approx. % of this applicant’s time) devoted to the project:** %

* **Title/First name/Surname**

Position/Department/Institution/Address

**E-mail:**

**Academic and/or research experience relevant to the project:**

**Role of this applicant in the project:**

**Working time (approx. % of this applicant’s time) devoted to the project:** %

**Title of Project**

Type here

**Summary of research**

*The Lay Summary of research must be intelligible to those not expert in the field of research proposed. The lay summary must not exceed 300 words. Recipients of awards can expect the lay summary to be circulated to the NZDRF Trustees and published in the NZ Dental Association membership newsletter, the NZDA News. The remaining sections of the application should be written for experts in the field and referenced appropriately.*

Type here

**Total support requested: $xx,xxx**

**Section 2 – Personal Data**

|  |
| --- |
| **Applicant 1** |

**Full name:**

**Position:**

**Qualifications:** Degree/Diploma University Year conferred Field

**Positions/Honours/Prizes**

* Year Award/honour/prize
* Year Award/honour/prize
* Year Award/honour/prize

**Academic/Research experience**

* Year-Year Position
* Year-Year Position
* Year-Year Position

**Number of Publications:** xx

**Recent publications** (max 5):

**Relevant previous research by applicant:**

|  |
| --- |
| **Applicant 2** |

**Full name:**

**Position:**

**Qualifications:** Degree/Diploma University Year conferred Field

**Positions/Honours/Prizes**

* Year Award/honour/prize
* Year Award/honour/prize
* Year Award/honour/prize

**Academic/Research experience**

* Year-Year Position
* Year-Year Position
* Year-Year Position

**Number of Publications:** xx

**Recent publications** (max 5):

**Relevant previous research by applicant:**

|  |
| --- |
| **Applicant 3** |

**Full name:**

**Position:**

**Qualifications:** Degree/Diploma University Year conferred Field

**Positions/Honours/Prizes**

* Year Award/honour/prize
* Year Award/honour/prize
* Year Award/honour/prize

**Academic/Research experience**

* Year-Year Position
* Year-Year Position
* Year-Year Position

**Number of Publications:** xx

**Recent publications** (max 5):

**Relevant previous research by applicant:**

|  |
| --- |
| **Applicant 4** |

**Full name:**

**Position:**

**Qualifications:** Degree/Diploma University Year conferred Field

**Positions/Honours/Prizes**

* Year Award/honour/prize
* Year Award/honour/prize
* Year Award/honour/prize

**Academic/Research experience**

* Year-Year Position
* Year-Year Position
* Year-Year Position

**Number of Publications:** xx

**Recent publications** (max 5):

**Relevant previous research by applicant:**

|  |
| --- |
| **Applicant 5** |

**Full name:**

**Position:**

**Qualifications:** Degree/Diploma University Year conferred Field

**Positions/Honours/Prizes**

* Year Award/honour/prize
* Year Award/honour/prize
* Year Award/honour/prize

**Academic/Research experience**

* Year-Year Position
* Year-Year Position
* Year-Year Position

**Number of Publications:** xx

**Recent publications** (max 5):

**Relevant previous research by applicant:**

*(add/remove Applicant CVs as required)*

**Section 3 – Proposed Investigation**

***No more than four (4) A4-sized pages****, covering Aims of investigation; Background; Literature review including results obtained by others with key references; Research design including specific objectives, research hypotheses, experimental approach, methodological detail and statistical analysis (where appropriate a power analysis is expected); and Significance of this research. Section headers are provided below to assist you with structuring your proposal.*

*If the investigation uses a questionnaire(s) then copies of questionnaire(s) should be included as an appendix to the application; there is no page limit to the size of the questionnaire(s).*

**Aims of Investigation**

Type here

**Background/Literature Review**

Type here

**Research Design**

SPECIFIC OBJECTIVES

RESEARCH HYPOTHESES

EXPERIMENTAL APPROACH

METHODOLOGICAL DETAIL

STATISTICAL ANALYSIS *(where appropriate a power analysis is expected)*

**Start date**

*eg 1 October 2020*

*By default, all projects will begin 1 October unless the applicant has a specific case for an alternative start date, which you will need to justify.*

**End date**

*eg 30 September 2022*

**Project duration**

*eg Two years*

*You are required to specify start/end dates and project duration. Two years duration is recommended for grant applications intended to support the research of first-year DClinDent students moving into their second year in 2021.*

**Project timeline**

Include a timeline (table or Gantt chart recommended) indicating key objectives/milestones and dates for your research project. This should be specific to the research project proposed for funding (i.e. omit include objectives related to degree progression eg thesis writing).

**Significance of this Research**

Type here

**Impact on oral health inequalities**

Describe the effect this research will have on oral health inequalities, with reference to the funding priorities of the Ministry of Health for their Oral Health Research Fund..

*Please note: the NZDRF and MoH must be satisfied that your proposal meets eligibility criteria before it will be considered for MoH OHRF funding, namely that the NZDRF are satisfied the proposal complies with the Fund guidelines, and that the proposal has focused on the priority or action areas identified in the Ministry’s strategic document Good Oral Health for All, for Life (2006) or Maternal and Child Oral Health – Systemic Review and Analysis. These priority areas are outlined on MoH OHRF page on the NZDRF website* [*https://www.nzda.org.nz/about-us/research-and-grants/oral-health-research-fund*](https://www.nzda.org.nz/about-us/research-and-grants/oral-health-research-fund)*, the MoH OHRF funding guidelines (pages 3/4) and the relevant MoH policy documents as above. Please ensure you make clear in your proposal how your research has relevance to MoH oral health priorities and will have impact on oral health inequalities.*

**References**

(not counted within the 4 page limit for Section 3)

**Section 4 – Supporting Information (including Budget)**

**Facilities available**

* Describe the facilities available to conduct this research (eg space, equipment)

**Details of grant requested**

*Itemise and justify each proposed item of expenditure; for example laboratory expenses must be itemised. Give relevant totals.*

**Direct salaries (i.e. those funded by this grant)**

*Salaries for each year: Applicant, other professional/scientific, technical, other e.g. clerical.*

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Name/Grade** | **Year 1** | **Year 2\*** | **Year 3\*** | **Total** |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
| **Salary-related costs** |  |  |  |  |

*Add/remove rows as necessary. \*If required by project duration. Indirect salaries (eg for existing staff whose salary does not depend on the project) and overheads are not supported by this fund and do not need to be included in this budget.*

**Detailed justification for direct salary request:**

**Equipment**

*Equipment: Individual items or ‘integrated systems’ costing over $500 (minor equipment under this figure can be included in Working Expenses). Quotations from suppliers are essential and must be appended. Items of equipment costing less than $500 are to be budgeted as working expenses. Application for equipment should include a statement of the expected rate of use by the applicant or other research workers.*

*The MoH fund does not usually support capital items or non-consumable items such as laptops or dental equipment which would usually be available within the service. See ‘Exclusions’ (p4 of MoH Guidelines) for more information.*

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Equipment** | **Year 1** | **Year 2\*** | **Year 3\*** | **Total** |
|  |  |  |  |  |

*Add/remove rows as necessary. \*If required by project duration*

**Detailed justification for equipment:**

**Working expenses**

*Working expenses: List each item of expenditure under the following headings: Materials and consumables. Computer charges. Technical services. ACC levies. Travel. Other costs (specify). Please note that NZDRF funding does not normally cover publication costs.*

*SJWRI Molecular Biosciences Laboratory shared usage fees should be included under general materials and consumables. Contact the MBL Director/Lab Manager for more information.*

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Materials and consumables** | **Year 1** | **Year 2\*** | **Year 3\*** | **Total** |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
| **Computer charges** | **Year 1** | **Year 2\*** | **Year 3\*** | **Total** |
|  |  |  |  |  |
|  |  |  |  |  |
| **Technical services** | **Year 1** | **Year 2\*** | **Year 3\*** | **Total** |
|  |  |  |  |  |
|  |  |  |  |  |
| **ACC levies** | **Year 1** | **Year 2\*** | **Year 3\*** | **Total** |
|  |  |  |  |  |
|  |  |  |  |  |
| **Travel** | **Year 1** | **Year 2\*** | **Year 3\*** | **Total** |
|  |  |  |  |  |
|  |  |  |  |  |
| **Other costs (specify)** | **Year 1** | **Year 2\*** | **Year 3\*** | **Total** |
|  |  |  |  |  |
|  |  |  |  |  |

*Add/remove rows as necessary. \*If required by project duration*

**Detailed justification for working expenses:**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **SUMMARY** | **Year 1** | **Year 2\*** | **Year 3\*** | **Total** |
| **Salaries (+ Sal Related Costs)** | $0 | $0 | $0 | **$0** |
| **Equipment** | $0 | $0 | $0 | **$0** |
| **Working expenses** | $0 | $0 | $0 | **$0** |
| **TOTAL** | **$0** | **$0** | **$0** | **$0** |

**Financial support already obtained for this project**

* Details of relevant grants/funding already in place for this project

**Other relevant application in progress for this project**

* Details of relevant application(s)

**Section 5 – List of Researchers in the Field**

*Provide the names, postal addresses and* ***e-mail*** *addresses of* ***four*** *(4) researchers who are experts in your area of study but* ***who are not involved in your project, with whom you have no research connection and should ideally be located outside of the organisation within which the study will be undertaken****. Include a brief statement of their contributions to the field. These people may be contacted as expert referees for your proposal.*

**Name and title**

Address 1

Address 2

Address 3

Tel. +

Fax +

**E-mail**

***Contribution to the field:***

**Name and title**

Address 1

Address 2

Address 3

Tel. +

Fax +

**E-mail**

***Contribution to the field:***

**Name and title**

Address 1

Address 2

Address 3

Tel. +

Fax +

**E-mail**

***Contribution to the field:***

**Name and title**

Address 1

Address 2

Address 3

Tel. +

Fax +

**E-mail**

***Contribution to the field:***

**Section 6 –Ethical and Privacy Agreements**

**Ethical Agreement**

Title of Project: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

You are *not* required to apply for Ethics Committee approval *prior* to submitting this grant application. However, the undersigned affirm that in any research project involving experimentation with animal or human subjects (or material), will subject the proposal to a properly constituted University or other recognised Ethics Committee for consideration by that group to ensure that it meets with appropriate ethical standards for such experimentation.

The undersigned also acknowledge that if a grant is awarded prior to ethics approval, the award is conditional on the NZDRF **receiving** evidence that ethical approval **has been approved** before the grant is activated.

**If ethical agreement is not required please state why.** Type here

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_

***Lead applicant***

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_

***Head of School, Faculty or Institution   
(eg Dean, Faculty of Dentistry)***

**Health Information Policy**

The Privacy Act 1993 imposes certain obligations on researchers. For example, if individuals can be identified in a report, permission must be obtained from each person; records concerning human subjects must be kept safe and secure; records collected for one purpose may not be used for another; and all personal research information must be destroyed when a project is complete.

The undersigned signify that all relevant requirements of the Health Information Privacy Code 1994 will be complied with in this research.

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_

***Lead applicant***

**Section 7 – Administrative Agreement**

1. It is understood and agreed by the undersigned that any grant received from the NZDRF will not be expended for any other purpose than that described in this application without the prior consent of the NZDRF.
2. The host institution agrees and undertakes to bear all risks and claims connected with any operation covered by this application and to indemnify and hold harmless the NZDRF against any and all liability suits, actions, demands, damages, costs or fees on account of death, injuries to persons or property, or any other losses resulting from or connected with any act or omission performed in the course of the research.
3. The host institution agrees and undertakes to support for the duration of any grant the work described in this application by making available accommodation, basic facilities for research and the services necessary for its fulfillment.

**We the undersigned have read the agreements above and undertake to abide by the conditions of this agreement in respect of any grant made by the NZDRF.**

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_

***Lead applicant***

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_

***Co-applicant***

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_

***Co-applicant***

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_

***Co-applicant*** (add/delete co-applicant signature spaces as required)

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_

***Head of Department (eg Director, SJWRI)***

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_

***Head of School, Faculty or Institution (eg Dean, Faculty of Dentistry)***

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_

***Authorised official on behalf of host Institution, University or District Health Board***