



THE COLLEGE OF SURGEONS OF HONG KONG

Application Form for Research Grant

(To be completed by applicant)

PERSONAL DETAILS

Name: _____

Address: _____

Contact Tel No. _____ Pager / Mobile: _____

Email: _____

Principal Hospital: _____

Supervisor: _____

Institution where the project is carried out: _____

PART I – RESEARCH PROPOSAL

1. Title of Project: _____

2. Total cost of the project: _____

(Estimated cost and resource implication of the whole project include only expenses arising directly from the proposed research.)

3. Applicant is Principle Investigator Co-Investigator *(please tick ✓ as appropriate)*

4. Background of research *(including the reasons and the relevant findings for undertaking this research)*

5. Research proposal

Proposed starting date: _____
completion date: _____

Is approval from ethics committee of institutional review board needed? Yes No

Is approval from ethics committee of institutional review board available? Yes No

6. Curriculum vitae of applicants

I certify that the information given is complete and accurate to the best of my knowledge.

Endorsement by supervisor: _____

Date: _____

Signed: _____

Date: _____