

hyperbarichealth & Divers Alert Network. Research Grants

APPLICATION FORM FOR RESEARCH GRANT

6 copies of this application must be lodged with:

HTNA Executive
PO Box 2056
Milton
QLD 4064
Australia

Closing date for applications: **17:00 on Friday, 19 May 2006.**

APPLICANT DETAILS

SURNAME: _____	GIVEN NAME: _____
HOST HYPERBARIC FACILITY: _____ (If applicable)	POSITION: _____
SIGNED APPROVAL FROM DEPARTMENT HEAD: (Department Head has confirmed that the research is approved by the host facility)	HTNA MEMBER SINCE: _____
NAME: _____ SIGNED: _____ DATE: ____/____/____	
RESEARCH AREA (Please circle) Diving Medicine Hyperbaric Medicine	TOTAL FUNDS REQUESTED IN THIS APPLICATION \$ _____

INVESTIGATOR DETAILS

Principle Investigator Details	Other Investigators' Details (If more than 2 investigators attach details)
Name: _____	Name: _____
Postal Address: _____ _____	Postal Address: _____ _____
Telephone: _____	Telephone: _____
E-Mail: _____	E-Mail: _____

PROJECT TITLE

PROJECT SUMMARY

(400 words maximum)

AIMS / EXPECTED OUTCOMES AND BENEFITS

(250 words maximum)

EXPECTED COMMENCEMENT AND COMPLETION DATE FOR PROJECT

Expected Commencement Date:

Expected Completion Date:

OTHER PROJECT TIMELINE CONSIDERATIONS

BUDGET INFORMATION

(Breakdown and justification of expenditure)

OTHER FINANCIAL SUPPORT FOR THE PROJECT

(Are any of the investigators applying for other support for the project? If so, give details)

ETHICS APPROVAL GRANTED

(Please attach copy)

Comments:

ETHICAL / STATUTORY REQUIREMENTS

Does the research involve:

- | | | | | |
|--|-----|--------------------------|----|--------------------------|
| a. Human subjects? | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| b. Social science data sets (e.g. questionnaires)? | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| c. Ionising radiation? | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| d. Use of biological materials? | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| e. Animal experimentation? | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| f. Genetic manipulation? | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| g. Importation of experimental organisms? | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |

CERTIFICATION OF PRINCIPLE INVESTIGATOR AND / OR RESEARCH GRANT APPLICANT

(If the Principle Investigator and Research Grant Applicant are not the same person, both must sign)

I certify to the best of my knowledge that:

1. all the details on this application are true and complete; and
2. I have complied with the guidelines for application and, if successful, I will accept the conditions of the Hyperbaric Health and Divers Alert Network Research Grant as specified by the Hyperbaric Technicians and Nurses Association; and
3. I understand and agree that all the statutory requirements, as itemized in this application form, must be met before payment for the proposed research can be made; and
4. all persons listed as Principle Investigators or Other Investigators in this application have agreed to participate in the proposed research; and
5. any ethics approval has been approved by an ethics committee that operates as per the National Health and Medical Research Council Guidelines for Ethics Committees.

Signatures of Principle Investigator / Research Grant Applicant

(Can be same person)

Principle Investigator's signature:

Date:

_____/_____/_____

Research Grant applicant's signature:

Date:

_____/_____/_____