**SRI LANKA MEDICAL ASSOCIATION**

**APPLICATION FOR SLMA RESEARCH GRANTS – 2016**

**Please select one:**

1. SLMA Research Grant
2. SLMA/ Glaxo Wellcome Research Grant
3. FAIRMED Foundation – SLMA Research Grant
4. Dr. Thistle Jayawardena SLMA Research Grant for Intensive and Critical Care
5. Institute for Health Policy – SLMA Research Grant

**PART 1 – ADMINISTRATIVE INFORMATION**

* 1. **Name of Principal Investigator and Institution affiliation**

Surname: First name(s): Title:

Full name of Institution:

Full postal address of Principal Investigator:

SLMA Membership number:

Telephone: Email: Fax:

* 1. **Title of Project:** *(120 characters maximum)*

**1.3a Proposed starting date:** **1.3b Estimated duration:**

**1.4 Summary:** *(Do not exceed 100 words)*

**1.5 Acceptance by the Principal Investigator**

If my application is successful, I shall be actively engaged in the project.

Signature of the Principal Investigator: Date:

**Declaration of institutional endorsement**

I confirm that I have read this application and that, if support is granted, the work will be accommodated in the Department/Institution. I also confirm that the Principal Investigator,

………………………………………………….…………… *(name)* is a full-time employee of this institution.

Responsible Administrative Authority

Signature: Date:

Surname & initials: Post:

Full name of Institution:

Full postal address:

Telephone: Fax:

Email:

**1.6 Institutional and national ethical clearance and approval** *(Required if the proposal involves research on human subjects, including collection of human blood or other human tissue samples)*

Is ethical clearance required? Yes No

If “yes”, is institutional ethical clearance document attached? Yes No

**1.7 Use of animals**

Are animals to be used in this project? Yes No

If “yes”, list species and estimated number:

**1.8. Supervisor (for SLMA Research Grant)**

**Declaration of supervisor**

I confirm that I have read this application / guidelines and that, if support is granted, the work will be done under my supervision in the Department/Institution. I also confirm that the Principal Investigator,

………………………………………………….…………… *(name)* is a full-time employee of this institution.

Signature: Date:

Surname & initials: Post:

**PART 2 - BUDGET**

**2.1 Budget Details**

1. Personnel: ………………………………………………

2. Supplies: ………………………………………………

3. Equipment: ………………………………………………

4. Animals: ………………………………………………

5. Patient costs: ………………………………………………

6. Travel: ………………………………………………

7. Other expenditures: ………………………………………………

**TOTAL: ………………………………………………**

Chief Financial Officer of the Institution

Name:

Signature: Date:

Principal Investigator

Name:

Signature: Date:

**2.3 Budget justification: 1** The budget should clearly reflect the planned activities and the costs required. Justify each and every budget line stating how the cost figures were derived in relation to the activities to be undertaken.

**2.2 Other support for the proposed project**

Is this research currently supported by any other funding agency? Yes No

If “yes”, give the name of the organization (s) and summarize and duration of support, with dates.

Is this or a substantially similar proposal currently being considered Yes No

If “yes”, by what organization (s)? By what date is a decision expected?

**PART 3 - PROJECT DESCRIPTION**

**3.1 Objectives and rationale**

**3.2 Methods**

*(including Study design, study setting, study population, sample size, sampling, data collection and analysis)*

**3.3 Ethical considerations for projects involving human subjects**

**3.4 Critical assessment and possible limitations of approach in relation to project objectives**

**GUIDELINES**

1. Applications are invited from SLMA members. Prospective applicants who are non-members should obtain the SLMA membership before submission of applications.
2. Preference will be given for proposals that could be completed with the maximum amount provided by the research grant.
3. All proposals should show evidence of - ethics clearance (EC) or application for EC.
4. The Principal investigator (PI) should come to an agreement with the SLMA on following:

The PI will complete the project and submit the final report within two years of signing the agreement. In the event of failing to do so, PI agrees to re pay the total amount of the research grant to SLMA within two months of passing the deadline.

The findings of the research should be submitted for annual SLMA sessions.

The PI should submit a progress report and financial statement every 6 months to the SLMA. Utilization of grant funds should commence within the first 6 months.

1. SLMA Committee on Research Promotion will appoint a panel to review and select suitable proposals for funding. The awards funded by other organizations (i.e. Fairmed Foundation Grant, Glaxo Wellcome Grant and Institute of Health Policy Grant) will have an observer from the respective organization in the review panel. Review Panel’s decision will be final.
2. The award/s will be officially announced at the Annual Scientific Sessions of the SLMA, at the function where other annual SLMA awards are announced.
3. The research will be monitored by the committee mentioned above. Monies will be allocated in suitable installments according to the progress of the research.
4. Papers and publications from the research will acknowledge the support of the SLMA.

9. Special notes:

SLMA Research Grant - More consideration will be given for young researchers at the beginning of their careers and for proposals on applied research that could be initiated (e.g. pilot study) or completed (e.g. audit) with the grant. Each applicant should nominate a supervisor acceptable to SLMA for the project e.g.- Senior lecturer and above in a university, Specialist medical officer in the relevant field of study in hospital/ institution.

Fairmed Foundation SLMA Grant - Preference will be given to projects on Leprosy and

Leishmaniasis. The selection criteria in addition to the technical soundness of the proposal:

 Relevance of the research project to Sri Lanka

 Relevance to control programmes operating in Sri Lanka

 Clarity in the identification of the problem

 Appropriateness of the methodology to be adopted

 Academic credentials of the applicant

 Ability to complete the project within a reasonable time period

 Multi center collaboration within Sri Lanka

Dr. Thistle Jayawardena SLMA Research Grant for Intensive and Critical Care - Research project should be relevant to the advancement of Intensive and Critical Care in Sri Lanka.

Institute for Health Policy – SLMA Research Grant – Research should be in the areas of health economics, health systems and policy research in Sri Lanka.

**PART 4 - SUBMISSION**

Please e mail the soft copy of the detailed proposal along with the scanned pdf version of the perfected application form to [slma@eureka.lk/](mailto:slma@eureka.lk/) office@slma.lk. Please hand over five printed / photocopied copies of the perfected application to SLMA office. Of these five copies, three copies should not have name, affiliation or anything else which would reveal the identity of the research team. This is to ensure anonymous review of the proposal.

**Office Use only**

1. Soft copy of the detail proposal is received via [slma@eureka.lk/](mailto:slma@eureka.lk/) office@slma.lk.
2. Soft copy of the detailed proposal without personal details
3. Scanned pdf soft copy of the perfected application is received via [slma@eureka.lk/](mailto:slma@eureka.lk/) office@slma.lk.
4. Five printed copies of perfected application are handed over to SLMA office

**ANNEX A. CURRICULUM VITAE OF APPLICANT** *(1 page maximum 1)*

1. Surname : Date of birth :

First name (s): Nationality:

Sex :

1. Degree(s) *(subjects, university or school, year)*
2. Posts held *(type of post, institution/faculty/department, dates)*
3. Recent publications: