

HONG KONG ORTHOPAEDIC ASSOCIATION
RESEARCH GRANT APPLICATION

PROJECT DETAILS

Principal Investigator: Title: _____ Surname: _____ First Name: _____

Institution & Department: _____ E-mail: _____

Co-Investigator(s) or Mentor (as appropriate):

Title	Name	Institution	Department
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Project title:

Proposed project period (YY/MM): _____ / _____ to _____ / _____ Duration (in months): _____

OBJECTIVES AND SIGNIFICANCE (Maximum 100 words)

RESEARCH PLAN AND METHODOLOGY (Maximum 500 words)

RESEARCH BUDGET			
Research support staff salaries	HK\$	General expenses/consumables	HK\$
Equipment	HK\$	Others	HK\$
TOTAL	HK\$		

Please provide detailed justifications for each category/item of the budget.

ETHICS APPROVAL

The projects requiring approval in the following areas

[Please mark 'X' in the appropriate box(es)]

a) Human research ethics Yes No

b) Animal research ethics Yes No

DECLARATION BY PRINCIPAL INVESTIGATOR

The undersigned hereby confirms acceptance of the terms and conditions set out in the 'Regulations Governing HKOA Research Grants', and confirms that the information contains in this application is full and accurate.

Principal Investigator (Signature) Date: _____

DECLARATION BY THE APPLICANT'S SUPERVISOR (FOR ORTHOPAEDIC TRAINEE)

I confirm that I have read this application, and :

[Please mark 'X' in the appropriate box(es)]

a) will make available the necessary infrastructural support for the project if it is funded; Yes No

b) I agree that the proposal is worthy of the support Yes No

Name: _____ Signature: _____ Date: _____