



**COLLEGE OF ANAESTHETISTS OF IRELAND**  
**RESEARCH PROJECT GRANT**

<b>Name &amp; position</b>			
<b>Address for correspondence</b>			
<b>Telephone no.</b>		<b>Email Address</b>	
<b>Title of project</b>			
<b>Proposed starting date of project</b>		<b>Proposed duration</b>	
<b>Head of Department administering project &amp; address</b>			
<b>Telephone no.</b>		<b>Email Address</b>	
<b>Name &amp; address of supervisor (if different)</b>			
<b>Telephone no.</b>		<b>Email Address</b>	
<b>Institution to administer grant if approved</b>			

## Financial summary

(Boxes will expand as you type).

	1st year	2nd year	3rd year
<b>Salary (state grade and include USC, PRSI &amp; superann.)</b>			
<b>Equipment (detail)</b> (include three competitive quotations for pricing)			
<b>Consumable items (detail)</b> (include three competitive quotations for pricing)			
<b>Overheads (detail)</b>			
<b>Annual totals</b>			
<b>Total</b>			

<b>Details of any funding sought and/or received from other sources</b>	
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### Authorised signatures

<b>Principal Applicant</b>	“I understand and agree to comply with the conditions of the award. If successful, I will be involved directly in the proposed research project.”	
	<b>Name</b>	
	<b>Signature</b>	
	<b>Date</b>	

<b>Head of Department</b>	“I confirm that: (i) I am willing to accept the above project in my Department in accordance with the conditions of the award; (ii) the description of the project has been reviewed to my satisfaction; (iii) that the resources listed above are necessary and sufficient for the successful completion of the project and not already currently available; (iv) and that the Applicant is capable of supervising the project adequately.”	
	<b>Name</b>	
	<b>Email</b> (if different to above)	
	<b>Signature</b>	
	<b>Date</b>	

<b>Institution Administrative Officer</b>	“I confirm that the details given in this application, including the staff gradings and salaries are correct. If successful, the grant will be administered by this institution in accordance with the award conditions. I accept that the funding partners will not contribute to any additional costs other than those specified in this form. I also agree that should any intellectual property rights or income to accrue from this work, this will be shared between the funding partners and the host institution.”	
	<b>Name, position &amp; address</b>	
	<b>Telephone no. &amp; email address</b>	
	<b>Signature</b>	
	<b>Date</b>	



**Attach the following to these front pages as appropriate as a single file (prefer .pdf):**

1. Scientific abstract (not more than 200 words)
2. Details of the project; Title, Aims/Hypothesis, Background, Experimental design and methods including statistical considerations and power analysis (where appropriate) and a list of references (not exceeding 2000 words excluding references)
3. A structured lay abstract of the proposed research (not more than 400 words)
4. One page curriculum vitae of applicants and all co-applicants with relevant publications highlighted
5. Confirmation that support facilities are available
6. Ethical approval / R&D status (including dates if applicable)
7. Financial confirmation from the institution administering the grant

#### **Submission**

Please email a soft copy of your application to Ms Sinead Byrne, Administrator at [sbyrne@coa.ie](mailto:sbyrne@coa.ie).

Also send **ORIGINAL AND THREE** copies (for committee use) of the complete **SIGNED** application to

Sinead Byrne  
College of Anaesthetists of Ireland  
22 Merrion Square North  
Dublin 2

#### **Closing date:**

Applications must be received by **Monday 6<sup>th</sup> November 2017**

Please be advised that incomplete, unsigned or late applications will **NOT** be considered.