##

## **POSTGRADUATE MEDICAL COUNCIL OF VICTORIA INC.**

## ***Instructions:***

## This template is to be used by applicants wishing to submit a proposal for the 2020 PMCV Research Grant. **Submissions are due by COB Monday 25 November, 2019.**

## **APPLICANT DETAILS**

|  |  |
| --- | --- |
| Name of Applicant  |  |
| Position/Title |  |
| Health service/location |  |
| Telephone Number |  |
| Email Address |  |

**If this application is made on behalf of a collaborative group / organisation please provide details for other applicants / team members:**

|  |  |
| --- | --- |
|  Name of Applicant  |  |
| Position/Title |  |
| Name of Applicant |  |
| Position/Title |  |
| Name of applicant |  |
| Position / Title |  |
| Name of applicant |  |
| Position / Title |  |

## **3. OVERVIEW OF RESEARCH PROJECT**

## (Note: The project should contribute to education and training of prevocational doctors)

## **Research Project/Title:**

## [Indicate the title of your research]

## **Synopsis**

## [Provide a brief description of the research project undertaken/or to be undertaken]. State why you think this project is important.

## **Aims and objectives**

## [Provide a brief outline of what the research project aims to achieve]. [Use dot points.]

 **3. Research question**

 [Outline briefly your research question(s).

**4. Project plan** Provide a brief description of the steps involved in undertaking the research project, your methodology (e.g literature review, survey, focus groups, education intervention and evaluation etc.) and the time frame for each step].

|  |  |
| --- | --- |
| Steps | By when? |
|  |  |

**5. Applicability and Transferability of the Outcomes**

[Outline how the outcomes of the Research Project are applicable and transferable to the broader prevocational medical education community].

**6. Research Project Timeframe:**

[Note: the project is required to be completed by 31 December 2020]

|  |  |
| --- | --- |
| Research Project commencement date |  |
| Research Project completion date  |  |

## **7. Ethics Approval:**

## [If relevant, describe process for Ethics Committee approval]

## **8. Endorsement and Acceptance of Conditions**

## I hereby understand and accept the conditions, including reporting / dissemination of findings, described in the call for submissions.

|  |  |
| --- | --- |
| Signature of Applicant |  |
| Name of Applicant  |  |
| Title/Office Held |  |
| Date |  |

## **Proposals can be submitted by email as follows:**

Ms Marilyn Bullen

Education Manager, PMCV

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Further information:

Ms Marilyn Bullen or Ms Carol Jordon

Phone: 03 9670 1066