Research Project Proposal Form

WHO SHOULD COMPLETE THIS FORM?
evDiDent members or potential members are invited to submit their research idea or concept to the eviDent committee.

WHAT HAPPENS ONCE YOU HAVE LODGED YOUR RESEARCH PROPOSAL?
Once the form has been submitted the eviDent Committee will consider the proposal against the following criteria:

• Is the research idea or concept a researchable question?
• Does it fit within our aims and objectives?
• Is the study fundable?

If the proposal meets the criteria, interest will be invited from eviDent's Chief Investigators and Associate Investigators. Once the project team is established you will be asked to complete a research protocol form for the eviDent DPBRN Committee to consider.

PART 1: ADMINISTRATIVE INFORMATION

1.1 Contact Information
Title: □ Dr □ A/Prof □ Prof □ Mr □ Ms □ Other [please specify] ...........

First Name: ..............................................................................................................................

Surname: .................................................................................................................................

Institution Affiliation
(if applicable):
...........................................................................................................................................

Address: .................................................................................................................................

Suburb: State: Postcode: .................................................................

Phone: .................................................................................................................................

Mobile: .................................................................................................................................

Fax: ........................................................................................................................................

Email: ....................................................................................................................................
PART 2: PROJECT DETAILS

2.1 Describe the problem/ research idea or concept

2.2 Describe what you hope to learn from the study

---

1 Key elements of this have been based on a design originally created by PEARL
https://web.emmes.com/study/pearl/studies/sug_frm.htm
2.3 Describe how the research project could be implemented within a practice setting
Research Project Proposal Form

2.4 Are you an eviDent member?

☐ Yes  ☐ No

2.5 Which title best describes you?  Tick as appropriate

☐ Chief Investigator  ☐ Associate Investigator  ☐ Member of the public

☐ Registered dental care provider  ☐ Other__________________________

2.6 Do you have a project team?

☐ Yes  ☐ No

If yes, please provide details:

<table>
<thead>
<tr>
<th>Full Name of Associate Investigator</th>
<th>Practice Suburb</th>
<th>eviDent Member</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>Please indicate Yes/ No</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

The eviDent DPBRN Coordinator may contact you for more information.

Please send your completed application form to:

Meaghan Quinn, eviDent DPBRN Coordinator  Tel: 03 8825 4603
Fax: 03 8825 4644
Post: PO Box 9015, SOUTH YARRA, VIC, 3141
Email: coordinator@evident.net.au

2. Chief Investigator: eviDent members who provide ‘the intellectual, administrative and ethical leadership’ to an eviDent research project or program.

Associate Investigator: eviDent members who have ‘intellectual input into the research and whose participation warrants inclusion of their name on publications’.

3 The University of Melbourne, Melbourne Research Office, Chief Investigator Responsibilities

4 NHMRC Project Grants Advice and Instructions to Applicants for funding commencing in 2010