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**SOMANZ ResEARCH GRANT 2021**

The SOMANZ Research Grant is designed to encourage research in the field of Obstetric Medicine. It is funded directly by the Society and a single award of A$10,000 is intended to be offered annually\*, or as often as finances permit, to members of the Society.

The grant is designed to fund either clinical or basic science research projects in the field of Obstetric Medicine, including pilot studies. Ideally the project should be completed within the 12 months following receipt of the award. Successful applicants should aim to present their research findings at an annual SOMANZ meeting within 3 years of receiving the award.

Applications will be judged by the SOMANZ Council according to the following criteria:

* Applicant must be a financial member of SOMANZ at the time of application
* Significance / Relevance of the Research to Obstetric Medicine
* Scientific Merit
* Track Record / Potential of the applicant

Applicants must complete the attached application form and submit electronically to the SOMANZ Secretariat:

Ms Suzie Neylon

Executive Officer, SOMANZ

145 Macquarie Street

Sydney NSW 2000

Email: sneylon@somanz.org

**Applications close on Monday 27 September 2021.**

**\*The SOMANZ Council reserve the right not to offer a grant if a suitable application is not received. **

**2021 SOMANZ Research GRANT Application**

Closing Date for Applications: **Monday** **27 September 2021**

**Applicant Details**

*Surname Given Names*

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*Title Date of Birth*

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|  |  |  |  |

*Address*

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*Telephone (home) Telephone (work) Mobile Fax*

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*Email*

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**Please confirm you are a current member of SOMANZ 🞎**

**Note: Only applications received from financial SOMANZ members will be accepted**

**Academic Qualifications**

*Degree/Diploma Institution Date Awarded*

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**Current Position(s) / Employment Details and Previous Significant/Relevant Position(s)**

*Position Institution Years*

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**Publications**

List up to 6 most Recent/Relevant Publications (name and date of publication) and/or Conference Presentations (name and date of conference) in which you have been involved.

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**Other Achievements**

List any other significant achievements (eg prizes, awards) etc.

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**Previous Funding**

Has this project previously received funding from other organisations?

**NO 🞎**

**YES 🞎**

Funding Organisation:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Amount $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

How will the current grant be used in contrast to other funding received?

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**Track Record in Relation to Opportunity**

Please provide any additional information related to your circumstances, work or research experience (for example a career break in which research was conducted, volunteer work, mentoring programs).

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**Details of the Project**

*Title*

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Institution where the project will be carried out

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| *Institution* |  |
| *Department* |  |
| *Supervisor* |  |

**Lay Description**

Briefly describe the research proposal in lay terms

(maximum of 100 words)

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**Hypotheses and Aims of the Project**

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**Significance of the Project and Relevance to Obstetric Medicine**

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**Background and Research Plan**

You may include a maximum of two pages for the Background and Research Plan. Relevant literature should be cited.

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**Feasibility and Timelines**

Please describe the feasibility of your proposed research and give an estimate of the expected length of the project

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**Ethics Approval**

Grants are conditional on Ethics Committee approval and a letter from the relevant Ethics Committee confirming approval for the proposed project must be provided.

*Name of Ethics Committee Providing Approval for the Project*

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Status of Approval:

[ ]  Approved (letter appended)

[ ]  Pending

If the project is not yet approved by your ethics committee please describe any ethical implications or concerns of your proposed research.

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**Budget**

Please provide an indication of your budget, listing the broad areas of anticipated expense(s) and particularly the planned use of this grant.

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**Declaration**

I declare that the information supplied by me is complete, true and correct in every particular.

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| --- | --- |
| *Full Name of Applicant* |  |
| *Email Address* |  |
| *Date of Application* |  |

|  |  |
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| *Full Name of Supervisor* |  |
| *Institution* |  |

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| *Full Name of Head of Department* |  |
| *Institution* |  |

Please tick this box to indicate that your application is fully supported [ ]

by your supervisor or head of department.

END