

AUSTRALIAN SOCIETY OF ORTHODONTISTS FOUNDATION FOR RESEARCH AND EDUCATION

SPECIAL RESEARCH DONATION Application Form Cover Sheet

Applicant's Name:

Title of Research Project:

Applicant's Position:
(e.g,Part-time Lecturer, Head of Dept. Private Practice)

Educational Institution:

Department:

Contact Address: Mail

Email

Contact Numbers: Telephone

Fax

Total Value of this Application:.....

I,....., the applicant, acknowledge that the Committee of the ASOFRE will determine the allocation of funds in their absolute discretion and I will acknowledge the ASOFRE's support in all written publications and other presentations arising from this project.

Signed: **Date:**

APPLICATION FORM FOR SPECIAL RESEARCH DONATION

1A	PROJECT TITLE				
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1B	NEW PROJECT	●	or	CONTINUATION OF PROJECT	● ASO FUNDED
					● NON-ASO FUNDED
1C	KEYWORDS:	(List up to five keywords)			

2A	PRIMARY APPLICANT			
	Surname and Title	Given Name	Qualifications	
	Appointment	Institution (if applicable)	Department (if applicable)	
	Contact Address (Street)	City	State and Postcode	
	Phone (Work)	Fax (Work)	Phone (Home/Mobile)	

2B	ASSOCIATE			
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	Surname and Title	Given Name	Qualifications
	Appointment	Institution (if applicable)	Department (if applicable)
	Contact Address (Street)	City	State and Postcode
	Phone (Work)	Fax (Work)	Phone (Home/Mobile)

2C	ASSOCIATE		
	Surname and Title	Given Name	Qualifications
	Appointment	Institution (if applicable)	Department (if applicable)
	Contact Address (Street)	City	State and Postcode
	Phone (Work)	Fax (Work)	Phone (Home)

2D	ASSOCIATE		

	Surname and Title		Given Name	Qualifications
	Appointment		Institution (if applicable)	Department (if applicable)
	Contact Address (Street)		City	State and Postcode
	Phone (Work)		Fax (Work)	Phone (Home)

3	BRIEF CURRICULUM VITAE
A	Primary Applicant
B	Associate
C	Associate

D	Associate

4	WHERE IS THE WORK TO BE UNDERTAKEN?
4A	ARE THE FACILITIES ADEQUATE?

5	HOW MANY HOURS PER WEEK, AVERAGED OUT OVER A YEAR OR THE LENGTH OF THE STUDY, WILL THE APPLICANT (S) DEVOTE TO THE PROJECT? Length of study:-_____		
	A Primary Applicant:	_____HOURS	
	B Associate:	_____HOURS	
	C Associate:	_____HOURS	

	D Associate:	_____ HOURS	
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6	WHAT TECHNICAL AND OTHER STAFF WILL BE AVAILABLE TO ASSIST THE PROJECT?

7	DURATION OF PROJECT		
	Commencement Date:	_____	Note: For projects designed to be managed in stages over more than one year, it is necessary to submit a progress report each year
	Anticipated Completion Date:	_____	

8	RESEARCH GRANTS OR DONATIONS HELD BY APPLICANT(S) IN LAST FIVE YEARS (ALL PROJECTS)				
	<u>Grantee(s)</u>	<u>Source of Funds</u>	<u>Project Title</u>	<u>Amount</u>	<u>Years</u>

11 BUDGET (FOR ONE YEAR)		
Mark with an "A" those costs that are absolutely essential for the project to proceed		(\$)
CONTRACT SERVICES		
Data Processing		
Engineering		
Other		
EQUIPMENT AND APPARATUS		
Major (over \$1000 but usually not more than \$5000)		
Minor (under \$1000)		

CONSUMABLE SUPPLIES		
TRAVEL (will only be funded where necessary to carry out the project)		
OTHER		
TOTAL		
GRAND TOTAL NB: Figures must agree with item 12		

12 EXPLANATORY NOTES ON BUDGET	
SHOW CLEARLY UNDER APPROPRIATE HEADINGS HOW THE AMOUNTS WERE CALCULATED. THIS MUST, FOR EXAMPLE, INCLUDE AN ESTIMATE OF HOW MANY CONSUMABLE SUPPLIES ARE NEEDED AND THE COST PER ITEM.	
	(\$)

13 WHAT ARE THE AIMS OF THE PROJECT?

20 SIGNATURE(S) OF APPLICANT(S)	
THE APPLICANT (S) BY THE EXECUTION OF THIS APPLICATION FORM SHALL (A) ACKNOWLEDGE AND ACCEPT THE ABSOLUTE DISCRETION OF THE COMMITTEE OF ASOFRE TO DECIDE IN ANY YEAR WHICH PROJECTS WILL RECEIVE DONATIONS FROM THE FOUNDATION AND THE SIZE OF THOSE DONATIONS AND THEIR ABSOLUTE DISCRETION TO USE WHATEVER MEANS, METHODS AND CRITERIA THEY CONSIDER APPROPRIATE TO MAKE SUCH DECISIONS; AND (B) AGREE THAT AN APPLICANT DOES NOT NOW OR IN THE FUTURE HAVE A RIGHT TO CHALLENGE SUCH DECISIONS OF THE COMMITTEE OF THE FOUNDATION.	
SIGNATURE(S) _____	

_____ DATE _____

21 CERTIFICATE OF HEAD OF DEPARTMENT WHERE APPLICANT IS TO WORK IN AN INSTITUTION OR UNIVERSITY (NOT REQUIRED FOR RESEARCH UNDERTAKEN IN A PRIVATE PRACTICE)

I CERTIFY THAT THE PROJECT IS APPROPRIATE TO THE GENERAL FACILITIES IN MY DEPARTMENT/INSTITUTION AND I AM PREPARED TO HAVE THE PROJECT CARRIED OUT IN THAT DEPARTMENT/INSTITUTION. I HAVE NOTED THE CONTENTS OF ITEM 19 REGARDING ETHICS APPROVAL

SIGNATURE _____

NAME _____ DATE _____