# AM-ETHOS Duke-NUS Medical Student Fellowship (Duke-NUS MSF) Grant Call FY2023

# Application Form Checklist

**Your application should include the following:**(Note: Double click on the grey boxes and select ‘Checked’ under Default Value in the pop-up box.)

Overview of Research/Scholarly Project

Category of Research/Scholarly Project

Fieldof Research/Scholarly Project

Ethics and Biosafety Declaration

Details of Research/Scholarly Project

Proposed Budget

Justifications of Proposed Budget

Milestones and Performance Indicators

Applicants & Collaborators *(if applicable)*

Declaration of Medical Student and Academic Clinical Programme (ACP) Mentor

Curriculum Vitae and PDPA Consent Form of Medical Student and Academic Clinical Programme (ACP) Mentor (Form P2A & P2B)

**GRANT APPLICATION FORM**

|  |
| --- |
| Please read the following instructions carefully prior to submitting the forms:   * Proposal should be typed in **Arial font, size 11 and single-spaced**. All sections in the application form **must be filled**. Indicate “NA” wherever applicable. * Submit a soft copy of your completed application form in Microsoft Word format and a copy of your endorsed application form in Portable Document Format (PDF). * Late, incomplete or inappropriately filled applications will be disqualified. * As part of and to enhance the learning process, the Duke-NUS Medical Student applicant is encouraged to consult his/her Academic Clinical Programme (ACP) Mentor for advice to jointly complete these forms. |

**OVERVIEW OF RESEARCH/SCHOLARLY PROJECT**

**Date:** Click here to enter text.

**Name of Medical Student:** Click here to enter text.

**Student No.:** Click here to enter text.

**Name of ACP Mentor:** Click here to enter text.

**Designation of ACP Mentor:** Click here to enter text.

**ACP:** Click here to enter text.

**ACP Mentor’s Department & Address:** Click here to enter text.

**ACP Mentor’s Host Institution:** Click here to enter text.

*(Please refer R3 List of Academic Clinical Programmes and Host institutions- Annex 3)*

**Name of ACP / Duke-NUS Research Co-Mentor:** Click here to enter text.

*(If applicable)*

**Designation of ACP / Duke-NUS Research Co-Mentor:** Click here to enter text.

*(If applicable)*

**Title of Research/Scholarly Project:**

Click here to enter text.

**Location of Research:**

Click here to enter text.

**Comments:**

Click here to enter text.

**FOR OFFICIAL USE**

**GRANT NO: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**1 CATEGORY OF RESEARCH/SCHOLARLY PROJECT**

Clinical Research

Translational Research

Other Research (please specify, e.g. Meta-analysis, Medical education research, Epidemiology, Population health and Global health studies etc.):

Other Scholarly Activities (please specify, e.g. Health Innovation, Public Health Policy, Medical Education-Curriculum Proposal, etc.):

**2** **FIELD OF RESEARCH/SCHOLARLY PROJECT**

(Please refer to R2 Grant Administration Guidelines Research Field Codes List – Annex 1 and select only one)

Research Field & Code Number: Click here to enter text.

**3 ETHICS AND BIOSAFETY DECLARATION**

(Approved grant funding disbursement is subjected to ethics and biosafety approval)

Please tick, where appropriate, if the study involves the following:

|  |  |  |
| --- | --- | --- |
| Human Subject(s) | Yes | No |
| Use of Human Tissues or Cells | Yes | No |
| Animal Experimentation | Yes | No |
| Requirement for Containment | Yes | No |
| Has an IRB been approved? | Yes | No | In Progress | Not Applicable |

**4 DETAILS OF RESEARCH/SCHOLARLY PROJECT *(Maximum 5 pages, where possible)***

(A) **Abstract of Research/Scholarly Project** (not more than 400 words)

Please provide a brief summary of the project which includes the background information for your research, objectives, approach and methodology, its significance, including its importance to science or medicine, and any other relevant information.

(B) **Significance of the Research/Scholarly Project - Compulsory Information (Maximum 1 page, where possible)**

Discuss the clinical or other significances of the Research/Scholarly Project, e.g. how the results may benefit or change patient care, improve the current understanding of a clinical condition or improve the diagnostic tools currently available, etc.

Explain how this Grant will help to enhance or facilitate the Medical Student’s project.

Explain (in one paragraph), if applicable, how this Grant may increase the chances of securing further funding.

Explain (in one paragraph), if applicable, the long term goal of this project.

(C) **Detailed Experimental Plan (Maximum 3 pages, where possible)**

The aims, hypothesis, approach and research plan should be described in detail. Information should include specific objective(s), clinical significance, hypothesis, preliminary studies. Give references as appropriate.

References, diagrams and pictures can be attached as a separate Annex (not inclusive of the 3 page limit). However, not all Annexes may be assessed by the JOAM-Academic Programmes Management Department (APMD).

Elaborate (in three paragraphs) the **role of the Medical Student** in the Research/Scholarly project.

**Applications that require sample size calculation, sampling methods, database design, data cleaning, statistical analysis**, etc is **best reviewed by a qualified biostatistician prior to submission.** Please state name, institution, designation and provide signature of biostatistician, if a biostatistician is consulted.

Name of Biostatistician (if consulted) : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Institution & Designation : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature & Date : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

5 PROPOSED BUDGET

Please prepare the budget carefully and provide justifications in Section 6. Only expenses directly related to the Research/Scholarly project are allowed. Manpower support are not allowable under this Fellowship.

**Please refer to R2 Grant Administration Guidelines - Annex 2 for a list of fundable/non-fundable items**.

1. **Capital Equipment Support**

This category is for General purpose IT and communication equipment.

Any IT related purchase must be relevant to the project scope and in accordance with the IT policy of the ACP Mentor’s host institution.

|  |  |  |  |
| --- | --- | --- | --- |
| **S/N** | **Qty** | **Description** | **Amount** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
| **Total for Capital Equipment Support** | | |  |

1. **Other Operating Expenses**

This category includes subscription to books and software relevant to the research/scholarly project within the funding period, transportation, publications, purchase of temporary manpower services etc.

For subscription of software / journal etc., funding for the subscription is restricted to the duration of the grant period (i.e. Amount to be claimed will be pro-rated to within the funding period as necessary and software must be purchased within funding period).

Please also note that “miscellaneous” expense should not exceed 10% of the total grant amount.

For global health projects, please note that travel costs are not allowable under this Fellowship, only project costs are allowable. Please contact SDGHI for any travel-related queries.

|  |  |  |  |
| --- | --- | --- | --- |
| **S/N** | **Qty** | **Description** | **Amount** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
| **Total for Other Operating Expenses** | | |  |

**Grand Total of Budget Required:**

|  |  |
| --- | --- |
| **Grand Total (A + B)** | **Amount** |
| **Grand Total** |  |

**6 JUSTIFICATIONS OF PROPOSED BUDGET**

1. **Capital Equipment Support**
2. **Other Operating Expenses**

**7 PROPOSED BUDGET FOR GLOBAL HEALTH PROJECTS UNDER SDGHI MSRA**

For students who have concurrently applied for the SDGHI Medical Student Research Award (MSRA) for your Global Health Project, please fill in the table below for costs that are covered under the SDGHI MSRA for our information. The SDGHI MSRA will be administered by SDGHI.

|  |  |  |  |
| --- | --- | --- | --- |
| **S/N** | **Description of Expense** | **Amount in SGD** | **Justification of Expense** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
| **TOTAL EXPENSES IN SGD** | |  | |

**8 MILESTONES AND PERFORMANCE INDICATORS**

(A) **MILESTONES**

Indicate the milestones stated below to assess the progress of the Research/Scholarly project. Please note that the progress of the project will be taken into consideration for continued funds disbursement. (Please add more rows where applicable)

|  |  |
| --- | --- |
| **Milestones** | **Targeted Completion Date** |
|  |  |
|  |  |

(B) **PERFORMANCE INDICATORS**

Indicate the expected annual targets for the project. State “NA” where not applicable. Please note that the annual targets will be tracked to assess the progress of the project.

|  |  |  |
| --- | --- | --- |
| **Performance Indicators** | | **Targeted Number** |
| Patient Recruitment | Sample size of study population |  |
| Patients recruited |  |
| Patients who completed the trial |  |
| Publications | Papers published in peer-reviewed journals with Journal Impact Factor value > 3.5 |  |
| Papers published in peer-reviewed journals with Journal Impact Factor value < 3.5 |  |
| Papers published in local, cluster or institution journals e.g. Proceedings of Singapore Healthcare etc |  |
| Conference Presentations | Poster/Oral Presentations at international conferences |  |
| Invited Lectures (International conferences) |  |
| Poster/Oral Presentations at local conferences |  |
| Invited Lectures (Local conferences) |  |
| Presentation Award (State Oral/ Poster) |  |
| Awards | Awards for research at international level |  |
| Awards for research at national level |  |
| Awards for research at cluster level |  |
| Patents / Intellectual Property | Invention disclosures |  |
| Patents filed |  |
| Patents granted |  |
| Patents commercialized |  |
| Manpower | Postdoctoral researchers hired |  |
| PhD research students trained |  |
| Masters research students trained |  |
| Industry relevance | Spin-off companies registered |  |
| Commercialization of new product/process |  |
| Royalty and licensing agreement revenues |  |
| Others  (Please specify) |  |  |

**9 APPLICANTS**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Principal Investigator (Medical Student)** |  | **Student No.** |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
| **Co-Investigator (ACP Mentor)** |  | **Designation** |  | **Department** |  | **ACP and Institution** |
|  |  |  |  |  |  |  |

**10 ACP CO-MENTOR / Duke-NUS Research Co-Mentor** (if applicable)

The ACP Co-Mentor / Duke-NUS Research Co-Mentor should be directly involved in the project.

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **ACP Co-Mentor /  Research Co-Mentor** |  | **Designation** |  | **Department** |  | **ACP/ Institution** |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |

**11 DECLARATION OF THE MEDICAL STUDENT AND ACP MENTOR**

The undersigned agree(s) to:

* Abide by the conditions governing the award of the AM-ETHOS Duke-NUS Medical Student Fellowship (Duke-NUS MSF) grant and the review procedures.
* Ensure that the research/scholarly project complies with all the laws, rules and regulations pertaining to human and animal ethics, including the Singapore Good Clinical Practice guidelines.
* Ensure that the funds provided are used for the appropriate purposes.
* Submit supporting documents of ethics approval granted by the relevant Ethics Committee for studies involving human subjects, human tissues/cells and/or animals.
* Accept responsibility for the scientific conduct of the project and compliance to all rules and regulations on animal and human ethics, including the Singapore Good Clinical Practice guidelines.
* Submit the required research report/financial documentation if the AM-ETHOS Duke-NUS MSF Grant is awarded as a result of this application.
* Obtain all the necessary approvals required from the relevant authorities as part of carrying out this research/scholarly project.
* Acknowledge that JOAM-Academic Programmes Management Department (APMD) has the right to terminate the grant if any of the following occurs:
  + Applicant requests for significant change to the approved protocol
  + Unsatisfactory, inaccurate or no progress report
  + Ethics approval has been terminated by relevant Ethics Committee
* Allow the JOAM-Academic Programmes Management Department (APMD) to use the data provided in this application form and the attached documents for the purpose of administering and reviewing the application. Data will be made available to those who reasonably needs to know within the SingHealth Duke-NUS AMC, including the reviewers and administrators.
* Allow the information provided in the Medical Student’s Curriculum Vitae to be reproduced and/or shared within the SingHealth Duke-NUS AMC for purposes of talent development.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Medical Student Signature of ACP Mentor

Name: Name:

Date: Date: