1. **Introduction:**

Name of Applicant: ­­­­­­­­­­­­­­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Department / Institution: ­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Current Job Grade: Assoc Consultant Consultant (year \_\_) Senior Consultant (year \_\_)

Others: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Research Qualification(s) Obtained:  MD-PhD  PhD  MCI  Others: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. **Description of applicant:**

*(To include information about the candidate’s professional qualifications, clinical and academic experience, work attitude and performance, as well as justification of candidate’s nomination.)*

1. **Departmental plan for applicant’s research trajectory / plan**

*(To include information on candidate’s past research activities and how candidate’s future research trajectory is in alignment with the departmental and / or the ACP’s research strategic goals)*

1. **Departmental NCSS Records:**

Current number of inflight NCSS awardees in the department:

Nil

1 Year of award:­­­­­­­­­­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

2 Years of award:­­­­­­­­­­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

3 Years of award:­­­­­­­­­­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Description of progress of past and inflight NCSS awardees:

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1. **Describe the department’s plan to support applicant’s research endeavours if the applicant is successful in receiving the NCRS Award.**
2. **Endorsement by Head of Department:**

**I would like to nominate the above applicant for consideration of the NCRS Award****.**

**I am aware of the need to provide appropriate support and protected time for the successful NCRS applicant to ensure that he / she is given adequate resources to achieve the expected deliverables.**

☐ I will provide the appropriate support and have planned to provide the following FTE as protected time for his / her NCRS related work:  0.2 FTE ☐ 0.3 FTE ☐ 0.4 FTE ☐ Others: \_\_\_\_\_\_\_\_

☐ I have read the candidate’s research write-up and career development plan, and I am supportive of the candidate’s application and his / her long-term career plan.

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

**Signature and Name of Head of Department:**

**Department:**

**Date:**

1. **Title of Research Proposal**
2. **NCRS Categories & Types of Research**

(Please refer to information sheet regarding requirements and deliverables of various categories)

**(a) Categories of NCRS:** ☐ NCSA ☐ NCIA

**(b) Type of research**: ☐ Translational & clinical research (TCR) ☐ Biomedical devices

☐ Digital Tech (incl. AI) ☐ Health service research (HSR)

☐ Others: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. **Please indicate your plan, if any, in pursuing a PhD course:**

Currently doing a PhD

Concurrently applying for PhD

Planning to apply for PhD in future

Not planning to apply for PhD

Completed PhD

**For applicants currently doing a PhD / concurrently applying for PhD / planning to apply for PhD in future,**

* 1. **Please provide an Abstract, and specify the Funding Agency and Application ID, of the PhD.**

|  |  |
| --- | --- |
| **Funding Agency** |  |
| **Application ID** |  |

* 1. **Kindly indicate how this NCRS research proposal is related, if applicable, to the PhD research.**

1. **Research Proposal**

(Please complete **Section 4-I for NCSA applicants**; and **Section 4-II for NCIA applicants**)

**4-I. Research Proposal (for NCSA applicants)** *(5-pages - excluding the reference section)*

1. **Abstract**
2. **Specific Aims & Hypothesis**
3. **Background & Clinical significance**
4. **Preliminary studies**
5. **Methods/Approach**
6. **References**

**4-II. Research Proposal (for NCIA applicants)** *(5 pages - excluding the reference section)*

1. **Abstract**
2. **Background & Preclinical / Clinical Need**
3. **Description of Solution**
4. **Competitive Advantage of Solution**
5. **Collaborations**
6. **Impact and Translation Pathway**

***(Public health impact, patient-related outcomes, value proposition)***

1. **Intellectual Property Management**
2. **Follow-on Development and Commercialisation Plan**
3. **References**
4. **Longer-term research plan in this subject area, if any, beyond the proposed research project, if the proposed project is successfully funded.** *(describe how the PI plan to take this research forward upon successful completion of the proposed project, if funded)*
5. **Indicate if this proposal is new, or a resubmission of a previous Nurturing Clinician Scientist Scheme (NCSS) / Nurturing Clinician Researcher Scheme (NCRS) application.**

New submission

Resubmission

**For resubmitted applications,** please **highlight the differences / revisions from the previous application.**

**7. Appointed Mentor** (to be filled up by appointed mentor):

1. **Details of appointed mentor** *(To include Name, Institution, Department and Designation)*
2. **Appointed mentor to describe he / she will be able to nurture the candidate in the proposed project and in career development.** *(Please include mentor’s relevant experience in the proposed research and in mentoring, including names of previous mentees, if any)*
3. **Elaborate details of mentoring plan. including specific development plans for candidate / mentee** *(eg. frequency of meetings with mentor, proposed course or workshop to be attended by mentee, etc.)*
4. **Acknowledgment by Applicant’s Mentor**

**I have discussed with the applicant / my mentee about his / her research development plan pertaining to the proposed project & beyond. I am ready to guide him / her in the above-proposed project and serve as his / her research mentor for the next 3 years, if he / she is awarded the NCRS grant.**

**I have read and reviewed the Research Write-up.**

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

**Signature and Name of Mentor**

**Date:**

**8. Budget**

1. **Detailed budget (To the nearest SGD dollar)**

*\** *Please refer to AM Funding Guidelines for more information on the supportable items.*

*# FTE stands for full-time equivalent and it represents the number of working hours required to complete a job.*

*1 FTE is equivalent to 2,184 man-hours a year.*

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| **OVERALL BUDGET** | | | **YEAR 1** | **YEAR 2** | **YEAR 3** | **TOTAL (S$)** |
| **# MANPOWER** | | | | | | |
| **JOB TITLE** | **FTE** | **Man- hours** |  | | | |
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| **SUBTOTAL** | | |  |  |  |  |
| **OTHER OPERATING EXPENSES** | | | | | | |
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| **SUBTOTAL** | | |  |  |  |  |
| **CAPITAL EQUIPMENT** | | | | | | |
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| **SUBTOTAL** | | |  |  |  |  |
| **GRAND TOTAL** | | |  |  |  |  |

1. **Details & Justifications of budget requested (To the nearest SGD dollar):**
2. **Justification for Manpower***\** *Please budget for all the manpower required for the project including part-time personnel and shared manpower resources. State whether they are existing institution personnel or new staff to be recruited. The cost should include Salaries, CPF and fringe benefits including medical, dental, contribution to welfare fund, etc. as per the established policies of the employing institution.*

*1 FTE is equivalent to 2,184 man-hours a year.*

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| **S/N** | **JOB TITLE** | **JOB DESCRIPTION** | **FTE** | **Man- Hours** | **EXISTING (E)**  **/ NEW (N)** | **JUSTIFICATION** | **TOTAL (S$)** |
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1. **Justification for Other Operating Expenses**

*\*All expenses entailed in conducting and executing the proposed project may be included.*

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| **S/N** | **ITEM LISTING** | **ITEM DESCRIPTION** | **JUSTIFICATION** | **TOTAL (S$)** |
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|  |  |  | **GRAND TOTAL** |  |

1. **Justification for Capital Equipment***\** *Please budget for all capital equipment you need to purchase to carry out the project. Indicate sharing of equipment with other projects, if any.* *You are encouraged to tap on central resources, where available, on a pay-per-use basis, the cost of which may be budgeted under Other Operating Expenses.*

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| **S/N** | **QTY** | **CAPITAL EQUIPMENT** | **JUSTIFICATION** | **% ESTIMATED UTLISATION RATE (EQUIPMENT > $100,000)** | **UNIT COST (S$)** | **TOTAL (S$)** |
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**(c) In-kind contributions & additional funding sources (Where required)**

*\*If* ***any in-kind support or other additional funding sources*** *(e.g. external, institution or SingHealth Foundation grants, etc.) are being used to supplement this project / initiative, please summarize them here. These should include any manpower, supplies, equipment or financial support to be used for the project / initiative but are not included in the budget request. If there are no in-kind contributions, please state "Not Applicable".*

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**(d) Business/Sustainability Planning***(e.g., if there are plans to apply for external or National grants, or if project has commercialisation potential or potential to file for patent, please summarize the plans here.)*

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1. **Milestones***\*Please propose milestones for assessment of the project’s progress and shade the appropriate boxes.*

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| **MIILESTONES** | **TARGETED DURATION**  *(Based on duration of project)* | | | | | | | | | | | |
| **YEAR 1** | | | | **YEAR 2** | | | | **YEAR 3** | | | |
| **Q1** | **Q2** | **Q3** | **Q4** | **Q1** | **Q2** | **Q3** | **Q4** | **Q1** | **Q2** | **Q3** | **Q4** |
| *E.g. Milestone 1 (please replace)* |  |  |  |  |  |  |  |  |  |  |  |  |
| *E.g. Milestone 2 (please replace)* |  |  |  |  |  |  |  |  |  |  |  |  |
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1. **Performance indicators** *(Please refer to the* ***NCRS Infosheet for deliverables*** *for NCSA and NCIA)**\*In this section, please list the expected outcomes and measurable deliverables that the project / initiative will achieve.*

*Publishing or presenting "X" number of papers / journals / presentation at a national, regional or international conference can be included as secondary deliverables.*

|  |  |
| --- | --- |
| **PERFORMANCE INDICATORS** | **INDICATE NUMBER/VALUE** |
|
| *E.g. To apply for a national funded grant before end of award* |  |
| *E.g. Number of invention disclosures filed* |  |
| *E.g. Number of Patents applications filed* |  |
| *E.g. Number of licenses acquired* |  |
| *E.g. New technology or processes commercialized* |  |
| *E.g. Joint programs/ projects with higher institutes of learning* |  |
| *E.g. Presentations at local/ international conferences* |  |
| *E.g. Papers published in local/ international journals* |  |

1. **Declaration by Applicant**

**☐ I have prepared the above research write-up, and have discussed with my mentor about my research career development plan pertaining to the proposed project & beyond.**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Signature and Name of Applicant**

**Date:**

1. **Personal Details:**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Dr / Assistant Prof / Associate Prof / Prof\* (Underline Surname)** | | | | | Please attach photo |
|  | | | | |
| **Current Institution and Department** | | | | |
| **Designation** | | | | |
| **NRIC** | **Gender:** M / F\* | **Citizenship** | | **Singapore PR** | |
| Last 3 digits + Alphabet of Applicant’s NRIC | **Age:** |  | | Yes / No\* | |
| **Office Address** |  | | | | |
| **Email** |  | | | | |
| **Academic Grade** | Assistant Professor / Associate Professor / Professor\* | | | | |
| **Clinical Grade** | Registrar / Associate Consultant / Consultant / Senior Consultant\* | | | | |
| **Contact number** | **Office:** | | **Mobile:** | | |
| **Fax:** | |  | | |

*\*Please cancel accordingly.*

1. **Academic Qualifications**

*Candidate is required to provide the date in which they completed their specialist training, on top of other academic qualifications.*

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| Name of Institution | Degree obtained | Date obtained (dd/mm/yyyy) |
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1. **Research Qualification**

*Candidate is required to provide details of intended and / or achieved Research Qualifications e.g. PhD, MCI, MPH etc. and its start and end dates.*

|  |
| --- |
| Intended course(s) and its start and end dates: |

|  |  |  |
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| Name of Institution | Degree obtained | Date obtained (dd/mm/yyyy) |
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1. **Career History:**
2. **Current Employment**
3. **Past Employment**

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| --- | --- | --- | --- | --- |
| Name of Institution | Department | From | To | Position/Level of appointment |
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1. **Awards/Patents held, if any:**

*Please provide details of awards received.*

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| --- | --- |
| Name of Award/Patent | Year awarded |
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1. **List of Publications** (include the impact factor for each):

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| List of Publication |
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1. **Current Research Activities (max ½ page)**
2. **List of Invited Talks:**
3. **Conference Proceedings:**
4. **Other Duties:**

*(E.g. Organisational Activities, Teaching Activities, Conference Organizer, Committee members)*

1. **Other Support:**
2. **Grants held (as PI):**

|  |  |  |  |  |  |
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| **S/N** | **Funding Agency** | **Project Title** | **Funding Amount (S$)** | **Start Date** | **End Date** |
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1. **Grants currently applied for (as PI):**

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| **S/N** | **Funding Agency** | **Project Title** | **Funding Amount (S$)** | **Start Date** | **End Date** |
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**c. Plans to apply for national grants (as PI) in the next 6 months.**

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| **S/N** | **Funding Agency** | **Project Title** | **Funding Amount (S$)** | **Start Date** | **End Date** |
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1. **Career Development Plan for the next 5 - 7 years**

*(Applicant to describe your plans for academic upgrades (eg. PhD program), short- to mid- term research development plans, and longer-term career aspirations)*

1. **My immediate next steps following the successful application of the NCRS Grant**
   1. Upon successful application of the NCRS grant, as agreed by my HOD, I plan to spend

☐ 0.2 FTE ☐ 0.3 FTE ☐ 0.4 FTE ☐ Others: \_\_\_\_\_\_ in my research / NCRS – related activities.

* 1. In the next 2-3 years, I plan to apply for the following category of NRMC grants:
     1. **NMRC Talent Development Award** (which backfills salary and expects committed FTE in research; <https://www.nmrc.gov.sg/grants/talent-development>)

Transition Award (TA)Clinician Scientist Award (CSA)

NMRC Research Training Fellowship (RTF) , for:

PhD in \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Masters in \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Research attachment

Clinician Innovator Award (CIA) or its equivalent

Health Promotion, Preventive / Population Health and Health Services Research (HPHSR) Clinician Scientist Award (HCSA)

* + 1. **Individual Research Grant** (with no backfill for salary and specific request of time commitment)

New Investigator Grant (CS-IRG-NIG)

(<https://www.nmrc.gov.sg/grants/competitive-research-grants/cs-irg-nig>)

* + 1. **Other NMRC grant**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(c) In the next 2-3 years, I plan to apply for other research grant support:

Yes, Internal / institutional Grant: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_­

External Funding Agencies: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

No, the reason is: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Signature and Name of Applicant**

**Date**

**Endorsement by ACP Chair**

**☐ I have reviewed the HOD’s nomination form and the applicant’s career development plan, which aligns with the ACP strategic plan. I am therefore supportive of this NCRS nomination.**

**Name:** Click here to enter text. **Designation: Academic Chair**

**Date:**