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

**I would like to support the above applicant for consideration of the CIV Development Award****.**

**I am aware of the need to provide appropriate support and protected time for the successful CIV Development Award 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 research 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. **Endorsement by Research Director / Head of SDDC *(if applicable)*:**

**I would like to support the above applicant for consideration of the CIV Development Award.**

☐ 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.

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**Signature and Name of Research Director / Head of SDDC:**

**Department:**

**Date:**

**PART I: OVERALL RESEARCH DETAILS**

1. **TITLE OF RESEARCH PROPOSAL**
2. **OVERALL RESEARCH FOCUS**

*(Describe the nature of the research programme that you are aiming to develop. Include details such as:*

*a) existing and potential collaborators and partners and b) components of the research programme with proportions anticipated at the end of the grant by % (e.g. clinical, HSR, innovation, trials, etc.)*

1. **POTENTIAL IMPACT**

*(Please provide estimated data and details on how the research platform will improve the health system (directly or indirectly), in terms of cost savings, time savings, improved care outcomes, improved patient experience, etc.)*

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|  | |
| *No. of patients who may benefit from the proposed solution within a year (when implemented and scaled)* |  |
| *No. of healthcare professionals who may benefit from the proposed solution within a year (in terms of FTE savings, time savings, when implemented and scaled)* |  |
| *Other benefits within a year from the proposed solution (when implemented and scaled)* |  |

1. **ALIGNMENT WITH GOALS OF ACADEMIC MEDICINE**

*(Describe how this research platform will relate to ACP(s), SDDC(s), SRPs and other research groups in the SingHealth Duke-NUS Academic Medical Centre, and aligns with goals of Academic Medicine.)*

1. **SUSTAINABILITY PLANS**

*(Explain how the future anticipated research platform will be funded after this initial tranche and with specifics how you will go about getting this funding – please specify plans for applications / submissions with target timelines)*

**PART II: INDIVIDUAL RESEARCH PROJECT PROPOSAL *(up to 3 projects)***

*(To provide details on 1-3 specific projects which this grant will support in order to build the anticipated research platform)*

1. **Project Title of Project 1:**
2. **ABSTRACT / EXECUTIVE SUMMARY**

*(Limit the content to 300 words and do not include any diagrams in this section. To include information on how this is an important component of the overall research platform plan.)*

1. **SPECIFIC AIMS AND** **HYPOTHESIS**
2. **BACKGROUND / RATIONALE**

*(To include the gap that this project is aiming to fill.)*

1. **METHOD(S)**
2. **LIST OF REFERENCE(S)**
3. **LIST OF ATTACHMENT(S)**
4. **Project Title of Project 2:**

*\*Please indicate N.A if not applicable.*

1. **ABSTRACT / EXECUTIVE SUMMARY**

*(Limit the content to 300 words and do not include any diagrams in this section. To include information on how this is an important component of the overall research platform plan.)*

1. **SPECIFIC AIMS AND HYPOTHESIS**
2. **BACKGROUND / RATIONALE**

*(To include the gap that this project is aiming to fill.)*

1. **METHOD(S)**
2. **LIST OF REFERENCE(S)**
3. **LIST OF ATTACHMENT(S)**
4. **Project Title of Project 3:**

*\*Please indicate N.A if not applicable.*

1. **ABSTRACT / EXECUTIVE SUMMARY**

*(Limit the content to 300 words and do not include any diagrams in this section. To include information on how this is an important component of the overall research platform plan.)*

1. **SPECIFIC AIMS AND HYPOTHESIS**
2. **BACKGROUND / RATIONALE**

*(To include the gap that this project is aiming to fill.)*

1. **METHOD(S)**
2. **LIST OF REFERENCE(S)**
3. **LIST OF ATTACHMENT(S)**
4. **Appointed Mentor** (to be filled up by appointed mentor):
5. **Details of appointed mentor** *(To include Name, Institution, Department and Designation)*
6. **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)*
7. **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.)*
8. **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:**

1. **BUDGET** *(To the nearest dollar)*

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

*^Please indicate which project the item(s) will support e.g. Research Consumables – Project 1*

*#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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|  |  |  |  |  |  | **GRAND TOTAL** |  |

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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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 CIVDA****. Please do not use the current list in the table as they are examples for reference only)**\*In this section, please list the expected outcomes and measurable deliverables that the project / initiative will achieve.* ***Please include a minimum of 2 deliverables where at least one covers academic outcomes e.g. publication, presentation. Other deliverables should reflect the project’s aim / mission in improving the health system and envisaged impact for patients and healthcare professionals.***

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| **PERFORMANCE INDICATORS** | **INDICATE NUMBER/VALUE** |
|
| *E.g. KPI(s) should reflect how implementing the project will improve in terms of outcome or cost effectiveness.* |  |
| *E.g. Project’s academic outcomes such as publications and journals, should be included as part of overall project deliverables.* |  |
| *E.g. Awards for research at national and international level* |  |
| *E.g. Grant applications for future funding* |  |
| *E.g. Partnerships with other ACPs/Institutions/Industry etc.* |  |
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1. **OTHER SUPPORTS** *(if applicable)*
2. **LIST OF FUNDING APPLIED OF SIMILAR OR OVERLAPPING INTENT**

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| **S/N** | **FUNDING AGENCY** | **NAME OF**  **FUNDING SCHEME** | **AMOUNT APPLYING FOR (S$)** | **EXPECTED DATE FOR RELEASE OF OUTCOMES** | **PROJECT TITLE**  *(Where applicable)* |
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1. **IN-KIND CONTRIBUTIONS &/OR MATCHING FUNDS FROM INSTITUTIONS**

*(Please include details of contribution from institutions which will be a key consideration in the review and assessment of the programme)*

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|  | **YEAR 1** | **YEAR 2** | **YEAR 3** | **YEAR 4** | **YEAR 5** | **TOTAL** |
| MANPOWER |  |  |  |  |  |  |
| OTHER OPERATING EXPENSES |  |  |  |  |  |  |
| CAPITAL EQUIPMENT |  |  |  |  |  |  |
| **TOTAL** |  |  |  |  |  |  |

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1. **Personal Details:**

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| --- | --- | --- | --- | --- | --- |
| **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.*

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| 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):**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **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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1. **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 3 - 5 years**

*(Applicant to describe your plans for short- to mid- term research development plans, and longer-term career aspirations)*

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

☐ 0.2 FTE ☐ 0.3 FTE ☐ 0.4 FTE ☐ Others: \_\_\_\_\_\_ in my research-related activities.

* 1. In the next 2-3 years, I plan to apply for the following category of NRMC grants:
     1. **NMRC Competitive Research Grant: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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

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

(c) In the next 2-3 years, I plan to apply for other research grant support to develop a supported platform for my specific research focus:

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

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

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

**☐ I have prepared the above research write-up, and have discussed with my Head of Department / ACP Chair / Research Director / Head of SDDC *(if applicable)* about my research career development plan pertaining to the proposed project & beyond.**

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

**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 CIV Development Award application.**

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

**Date:**