



The Royal New Zealand
College of General Practitioners
Te Whare Tohu Rata o Aotearoa

The Royal New Zealand College of General Practitioners Research and Education Committee Grant Application Form

Personal Details

| Personal Information | |
|----------------------|--|
| Surname | |
| First | |
| Title | |
| MCNZ (if applicable) | |

| Contact details | |
|-----------------|--|
| Mailing address | |
| Phone (work) | |
| Mobile | |
| Email | |

| Biographical details | |
|--|--|
| Degree (Year, Institution, Academic field) | |
| General Practice experience | |

Alternatively you can attached your CV to satisfy the section

| Previous REC or RECT applications | |
|--|--|
| Have you received a grant from REC or RECT in the last five years? | |

Research Project

| Details of research project | |
|--|--|
| Title | |
| Institution supervising research (if applicable) | |
| Ethics number (if applicable) | |
| Is any other organisation contributing to your research? | |
| Amount requested | |

Please attach an outline of the research project including:

1. Background
2. Objectives
3. Methodology
4. Relevance and importance of the project to New Zealand General Practice
5. Budget of project (itemise cost – salary, stationary, equipment, travel etc)
6. Dissemination of research results
7. Timetable
8. Ethics approval

Reporting back to the College (All applicants complete this section)

| Disseminating research | |
|--|--|
| Please explain how you will share your research with College members (publication in a journal, presentation at College conference, report on College’s website, report) | |
| Expected date REC can share research on website | |

Name of two people supporting your application (All applicants complete this section)

| Name | |
|----------|--|
| Position | |
| Phone | |
| Email | |
| Date | |

| Name | |
|----------|--|
| Position | |
| Phone | |
| Email | |
| Date | |

Please note the Committee may contact either of your support people for further information about your research.

Declaration of Conflicts of Interest

Any organisation requires clear rules and procedures governing the management of potential conflicts of interest. College staff, contractors and officials have several professional and personal interests and roles. Conflicts of interest or the possible perception of conflicts of interest sometimes cannot be avoided and can arise without anyone being at fault. They need not cause problems when they are promptly disclosed and well-managed.

To ensure the College manages this effectively, we ask that you complete this declaration and review it on a regular basis, updating annually or as required. This information will be stored on the College's Declaration of Conflicts of Interest Register.

| | |
|-----------------|--|
| Name | |
| Position | |

Declaration of Conflicts of Interest

The Applicant will notify the College of any potential or actual conflict of interest relevant to the Application.

The Applicant will promptly notify the College of any complaint, criminal charges, inquiry or investigation into their professional conduct or competence (or, where applicable, into the professional conduct or competence of the Applicant's Representative) if such occurs during the period of this research.

The College has been made aware of any personal or professional relationships the Applicant (or, where applicable, the Applicant's Representative) may have that could potentially be perceived as a conflict of interest in the Applicant completing the research under this application.

Signed:

Date:

Please email completed form to REC@rnzcgp.org.nz

Thank you