**Faculty Support for Research in Education (FSRE)**

**2023 Application Form**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Applicant & Project Information** | | | | |
| **Principal Investigator:** | | | | |
| **Name:** |  | | | |
| **Email:** |  | | **Extension:** |  |
| **Department:** |  | | | |
| **Rank** (e.g. Asst Prof, Fellow, Graduate Student): | |  | | |
| **ORCID ID:** | |  | | |

|  |  |  |
| --- | --- | --- |
| **Co-Investigators (insert additional rows if necessary):** | | |
| **Name** | **Rank** | **Department** |
|  |  |  |
|  |  |  |
|  |  |  |

|  |  |  |
| --- | --- | --- |
| **Mentor/Supervisor (if applicable):**  If the PI is a graduate student, postdoc or fellow, a faculty member from the Schulich School of Medicine & Dentistry must be identified as the Mentor/Supervisor. | | |
| **Name** | **Rank** | **Department** |
|  |  |  |

|  |  |
| --- | --- |
| **Project Information:** | |
| **Title of Project:** |  |
| **Total Amount Requested:** | $ |

|  |  |  |  |
| --- | --- | --- | --- |
| **Certification Information** | | | |
| *If this research will involve any of the following certifications, place an* ***X*** *in the appropriate box, and corresponding Approval # if known. The necessary certification must be met in accordance with Western’s policies.* ***Funds will be released only after receiving confirmation that researchers have obtained all required certifications or approvals required by Western.*** *If this is not applicable to your project, please check N/A.* | | | |
| **Human:** | **Animal:** | **Biohazard:** | **N/A** |
| **Approval #:** | **Approval #:** | **Approval #:** |  |

|  |  |
| --- | --- |
| **ROLA Information** | |
| **ROLA Proposal ID #:** |  |

|  |
| --- |
| **Lay Summary (200 words maximum)** |
|  |

|  |
| --- |
| **Proposal Description** |
| Attach a project description (maximum 3 pages, single spaced).   * Use 12-point Times New Roman, minimum 2 cm (3/4 inch) margins * References, figures/charts, surveys, and consent forms, may be added as an appendix (if necessary), and do not count towards the 3-page limit.   **Include the following items:**   * Background   + What is the problem?   + What is already known about the problem?   + What gap will this study address?   + Why does resolving this gap matter?   + Relevance to local strategic goals * Study Purpose / Research Questions * Research design/methodology (include details on data collection procedures, data analysis and timeline) * Anticipated products/outcomes * Plans for dissemination of results and/or future research   . |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | |  | | | | |
|  | **Budget** | | | | |
| Complete the table below and the budget justification. Additional lines may be added to the table, as necessary. Provide details for any other sources of support for the proposed project. | | | | | |
|  | | | **FSRE $** | **Other Sources $** | **Total $** |
| **Salaries and Benefits** | | |  |  |  |
|  | | |  |  |  |
| **Materials and Supplies** | | |  |  |  |
|  | | |  |  |  |
| **Services:** | | |  |  |  |
| Transcription: | | |  |  |  |
| Other: | | |  |  |  |
|  | | |  |  |  |
| **Other Expenses (specify):** | | |  |  |  |
|  | | |  |  |  |
| **Total Amount Requested:**  *The maximum allowable request is $10,000* | | |  |  |  |

|  |
| --- |
| **Budget Justification:**  *Note: As a reminder, the following costs are* ***not eligible****:*   * + *tuition costs for study in a graduate program (e.g., MEd, MSc)*   + *salary support for faculty members*   + *conference travel or travel costs related to the dissemination of research findings*   + *software fees if Western already has a license for equivalent software that Schulich researchers can access for free* |

|  |
| --- |
| **Signature Page** |

Signature of Applicant: Date:

*Signature of Mentor/Supervisor (if applicable): Date:*

Signature of Department Chair: Date:

|  |
| --- |
| **Attachments** |

1. **CV ATTACHMENT**

* **Option 1 (new):** Submit an **ORCID ID in place of a CV and up to one-page document (max) that includes information not found in ORCID ID you feel is important to include** (eg.Trainee supervision). Your ORCID page should highlight information relevant to the support of this application including current grants and recent publications. If you do not have an ORCID ID, go to <https://orcid.org/>, and check out <https://support.orcid.org/hc/en-us> for support. Contact Lee-Ann Briere at [lbriere2@uwo.ca](mailto:lbriere2@uwo.ca) should you have any questions.
* **Option 2: FSRE Biosketch (**max. 5 pages**)**

1. **LETTER OF SUPPORT FROM DEPARTMENT/DIVISION CHAIR**

Letter of support from the Chair of the relevant Schulich Medicine & Dentistry department/division which:

* 1. Outlines the importance of the project to the department, division (if applicable) and Schulich Medicine & Dentistry.
  2. Includes a statement of the nature of the commitment of the department or division to the project.

1. **LETTER OF SUPPORT FROM MENTOR/SUPERVISOR *(If applicable*)**

If a Mentor/Supervisor is listed, include a letter of support from the Mentor/Supervisor indicating the role they will play in the project.