**Centre for Studies in Family Medicine\_Research Committee**

**FORM 3: REQUEST FOR SUPPORT OF RESIDENT RESEARCH PROJECT**

Please note that the process from submission to approval may take up to four months. In addition, funding requests are only considered in March, May and November each year. (see Document 3)

**INSTRUCTIONS:**

**One Centre only**

If requesting support from ONE centre only, please send this form directly to the individual centre (contact information below).

**More than One Centre**

If requesting support from more than one academic centre, please send this form to Maureen Kennedy, Centre for Studies in Family Medicine\_Research Committee (contact information below)

|  |  |  |  |
| --- | --- | --- | --- |
| **NAME** | **PHONE/FAX** | **EMAIL** | **ADDRESS** |
| Dr. Robyn Moxley | 519.433.8424 f. 519.433.5796 | robyn.moxley@gmail.com | Victoria Family Medical Centre60 Chesley AvenueLondon, Ontario N5Z 2C1 |
| Dr. Saadia Hameed | 519.672.9660 x. 67255f. 519.672-7727 | shameed6@uwo.ca | St. Joseph’s Family Medical Centre 346 Platt’s LaneLondon, ON N6G 1J1 |
| Dr. Sonny Cejic | 519.472.9672f. 519.657-1766 | scejic@uwo.ca | Byron Family Medical Centre1228 Commissioners Rd. W.London, ON N6K 1C7 |
| Dr. Kyle Carter  | 519.264.2800f. 519.264-2742 | kwcarter519@gmail.com | Southwest Middlesex Health CentreRR#5, 22262 Mill RoadMt. Brydges, ON N0L 1W0 |
| Dr. Michael Craig | 519.666.1610f. 519.666.0281 | m.craigmd22@gmail.com | Middlesex Centre Family Medical Clinic36 Heritage Dr, Ilderton, ON N0M 2A0 |
| Maureen Kennedy  | 519.661.2111x 22059f. 519.858-5029 | mkennedy@uwo.ca | Centre for Studies in Family Medicine, Western, WCPHFM, 1465 Richmond St. 2nd floor, Rm 2138London, ON N6G 2M1 |
| Ms. Joanne Gibb | 519.661.2111x.86611f. 519.661-3878 | Joanne.Gibb@schulich.uwo.ca | Dept. of Family Medicine, Western,Western Centre for Public Health and Family Medicine, WCPHFM Rm. 1009London, ON N6G 2M1 |

|  |  |  |
| --- | --- | --- |
| Date:  | PGY:  | Site (eg. BFMC): |
| Applicant Name:  | Email:  |

1. Other resident research team members:

|  |  |  |  |
| --- | --- | --- | --- |
| **Name** | **PGY** | **Site** | **Faculty Advisor** |
|  |  |  |  |
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1. Title of Research Project:
2. Do you have Ethics approval?

[ ]  Yes – continue to question 3; **attach copy of the one-page ethics approval**

[ ]  Submitted, not yet approved; continue to question 3; **forward copy of 1 page ethics approval once received**

[ ]  Not yet submitted – **do not complete/submit this Form 3 Request for Support**

1. Principal Investigator(s)(include Institutional Affiliations and email address):
2. Primary Contact Person (s):

Name:

Address:

Phone:

Email:

1. Please check which centre(s) will be involved:

[ ]  Victoria FMC [ ]  St. Joseph’s FMC [ ]  Byron FMC [ ]  Southwest Middlesex HC [ ]  Ilderton

[ ]  Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Is this a request to survey the Western Family Medicine Residents?

[ ]  Yes [ ]  No

1. Have members of the Department of Family Medicine been involved in preparation of the research question, intervention, questionnaire etc.? ❑ Yes ❑ No

If yes, please describe involvement (and provide names of those who have been

or who will be involved). **[Adapt from REB section 1.3 and 1.4]**

1. Will family physicians/providers be involved in providing data (i.e. data from physicians)?
2. [ ]  Yes [ ]  No

If yes, how many family physicians in each centre will be recruited?

1. Will family physicians be asked to facilitate the collection of patient data?

[ ]  Yes [ ]  No

If yes, how many patients in each centre will be recruited?\_\_\_\_\_\_\_

1. Overall, how much time will the study require of participating physicians?
2. Project duration:

Estimated start date of project: (mm/yyyy)

Estimated complete date: (mm/yyyy)

1. Stage of project:

[ ]  Pilot project [ ]  Continuation of previous work [ ]  New research

1. Brief Description of Project, including background, research question/hypothesis, research objectives, literature review, and reference list.

**(Attach separately - maximum 2 pages**) **[REB sections 2.5, 2.6]**

1. Brief Description of Methodology, including recruitment, data collection and analysis

**(Attach separately - maximum 1 page - plus all relevant measures) [REB sections 2.7, 2.13, 2.15, 2.20, 2.22, 2.23, 2.24]**

1. List any resources to be provided to centre(s), such as financial support, equipment, photocopying/mailing support, research assistant:
2. List any resources required, including involvement/participation required of centre(s)’ staff members (Please list tasks by staff member and time estimates):
3. How will the results of the research project be helpful to family physicians, patients, the Department of Family Medicine, or the research community in general? (Please describe.) **[Similar to REB sections 11.1, 11.2]**
4. Will the results be shared with:

[ ]  the physicians/providers or patients involved in the research

[ ]  other family physicians and health care providers

[ ]  research colleagues

1. Please describe plans for using or sharing results of the research following the project (presentations, workshops, media release, newsletters, publications etc.), including any specific plans to share the results with participating centre(s). [Keep in mind: Resident project day, FMF, and other conferences]
2. For Funding requests :

Do you have and/or have you already been awarded other sources of funding? If yes, please describe funding source, and amount below.

[ ]  Yes [ ]  No

Have you applied for other sources of funding? If yes, please describe funding source and amount below.

[ ]  Yes [ ]  No

**FUNDING REQUESTS:** The Department of Family Medicine has funding available from the Research Trust Fund for its faculty, residents and Masters and PhD of Clinical Sciences graduate students although it is expected that other sources for funding will be sought prior to applying to the Research Trust Fund. Please specify items and related amounts (e.g. photocopying, supplies, postage) along with total budget amount requested

**(Attach separately - maximum one page budget)**

See Document 3 for additional information on funding for residents.

|  |  |
| --- | --- |
| **Print Full Name of Resident** | **Signature of Resident** |
| **Print Full Name of Supervisor**  | **Signature of Supervisor**  |

Signed signature page must be included with application.

Application Instructions: email, fax or mail this Form to :

**Centre for Studies in Family Medicine\_Research Committee**

**Western Centre for Public Health and Family Medicine**

**1456 Richmond St. Second floor (Rm. 2138)**

**London, ON N6G 2M1**

**Attention: Ms. Maureen Kennedy**

**p: 509.661.2111 x 22059**

**f: 519.858.5029**

**e: Maureen.Kennedy@schulich.uwo.ca**