

## RESEARCH COMMITTEE – REQUEST FOR SUPPORT OF RESEARCH PROJECT

Please note that the process from submission to approval may take up to four months.

### INSTRUCTIONS:

- If you do not have Ethics approval or if you have not submitted an application for Ethics approval, **do not complete and submit this request, as it will not be accepted.**
- In order to request support for “**Funding**”, **you must be a member of the Department of Family Medicine**, please complete this application fully and submit.
- If you are applying for **Recruitment at Academic Centres - Resource Intensive\*** – Please complete this application and submit.

\*Takes clinic resources including physicians/residents/staff -- e.g. pulling patient charts, request to survey or interview others, e.g. Nurse practitioners, pediatricians, patients, pharmacists.

1) What is your applicant status?

**Department of Family Medicine:**

- Faculty Member
- Resident
- Graduate Student
- Undergraduate Student
- Other, please specify:

**External Applicant:**

- Faculty Member
- Resident
- Graduate Student
- Undergraduate Student
- Other, please specify:

If you **selected Student** above, when is your anticipated graduation date?

If you are **an external applicant** (not within the Department of Family Medicine, UWO) please indicate your current affiliation. E.g. university or organization

2) What are you applying for? **Check all that apply.**

- Funding (*Must be a member of the Department of Family Medicine*)
- Resource Intensive Recruitment\* at Academic Centres  
(\*Takes clinic resources including physicians/residents/staff -- e.g. pulling patient charts, request to survey or interview others, e.g. Nurse practitioners, pediatricians, patients, pharmacists).
- Survey or Interview DFM Residents
- Survey or Interview DFM Clinical Faculty

3) Principal Investigator(s): *(Please include Institutional Affiliations and email address)*

<b>Principal Investigator(s):</b>	
<b>Address:</b>	
<b>Email:</b>	
<b>Phone/Fax:</b>	

4) Primary Contact Person(s): *(If different from Applicant Name, e.g., Project Coordinator)*

<b>Primary Contact Name:</b>	
<b>Address:</b>	
<b>Email:</b>	
<b>Phone/Fax:</b>	

5) Please list all department research team members including resident research team members:

<b>Name</b>	<b>Site</b>	<b>Status (Faculty/Resident/Student)</b>

6) Title of Research Project:

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7) Do you have Ethics approval?

- Yes – continue to question 12; ***(Attach copy of the one-page ethics approval)***
- Submitted, not yet approved; continue to question 12; ***(forward copy of 1 page ethics approval once received)***
- Not yet submitted – **do not complete/submit this request, as it will not be accepted.**

8) Please check which Academic Centre(s) will be involved:

- Byron FMC                       Fowler Kennedy Sport Medicine Clinic  
 Middlesex Centre FMC             Palliative Care                       Southwest Middlesex HC  
 St. Joseph's FMC                 Victoria FMC                         West Middlesex HC  
 Other Core Teaching Sites, *please specify:*

9) 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).

10) Will family physicians/providers be involved in providing data (e.g., data from physicians)?

- Yes       No

**If yes**, how many family physicians/providers in each Centre will be recruited?

- Not Applicable

11) Will family physicians/providers be asked to facilitate the collection of patient data?

- Yes       No

**If yes**, how many patients in each Centre will be recruited?

12) Overall, how much time will the study require of participating physicians/providers?

13) Project duration:

Estimated start date of project:  (mm/yyyy)

Estimated complete date:  (mm/yyyy)

14) Stage of project:

- Pilot project       Continuation of previous work       New research

15) **Please attach a 2-3 Page Project Summary** to include: background, research question/hypothesis, research objectives, methodology (including recruitment, data collection and analysis), literature review, and reference list.

16) **For resource intensive recruitment only**, list any resources to be provided to Centre(s), such as financial support, equipment, photocopying/ mailing support, research assistant. For all other studies, enter N/A:

17) **For resource intensive recruitment only**, list any resources required, including involvement/participation of Centre(s)' staff members. Please list tasks by staff member and time estimates. For all other studies, enter N/A:

18) 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).*

**REQUESTS FOR FUNDING:**

***(Funding is only considered for members of the Department of Family Medicine)***

- 19) The Department of Family Medicine has funding available from the Research Trust Fund for its faculty, residents, and Master 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 1 for additional information on funding.***

- 20) Do you have other sources of funding?  Yes  No

**If yes, please describe the funding source, and amount below.**

- 21) Have you applied for other sources of funding?  Yes  No

**If yes, please describe the funding source and amount below.**

➤ **SIGNED SIGNATURE PAGE MUST BE INCLUDED WITH APPLICATION.**

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Print Full Name of Applicant

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Signature of Applicant

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Print Full Name of Supervisor  
*(if applicable)*

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Signature of Supervisor

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Date Submitted

**Instructions:**

Once complete, please email, fax, or mail all required documentation to:

**Centre for Studies in Family Medicine  
Western Centre for Public Health and Family Medicine  
1465 Richmond St. Second floor (Rm. 2138)  
London, ON N6G 2M1  
Attention: Kim Champion (Research Committee Coordinator)**

**p: 509.661.2111 x 22059**

**f: 519.858.5029**

**e: [kim.champion@schulich.uwo.ca](mailto:kim.champion@schulich.uwo.ca)**