***Western University***

### Department of Surgery

**McLachlin Resident Research Grant**

**Application Form – Part 2**

**Instructions: Complete this research proposal form and upload it in question 15 of the on-line application form which contains all of the APPLICANT & PROJECT FUNDING INFORMATION**

**PART A – THE FOLLOWING SECTIONS MUST BE COMPLETED BY THE RESIDENT:**

**OUTLINE OF PROPOSED RESEARCH STUDY**

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| **1. Background (1/2 page maximum, include references as applicable):** |
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| **2. Purpose of the research (objectives & hypothesis) (1/2-page maximum):** |
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| **3. Experimental plan or design, sample size justification, expected results & potential pitfalls (1-page maximum):**  **An additional 1 page of supporting figures/tables and 1 page of references may be included.** |
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| **4. Is sex as a biological variable taken into account in the research design, methods, analysis and interpretation, and/or dissemination of findings? (Yes or No):** |
| **5. Is gender as a socio-cultural factor taken into account in the research design, methods, analysis and interpretation, and/or dissemination of findings? (Yes or No):** |
| **6. If you answered yes to either question 4 or 5 please describe how sex and/or gender considerations will be integrated into your research proposal. If you answered no, please explain why sex and/or gender are not applicable to your research proposal (limit of 2000 characters).** |
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| **7. Describe how the principles of Equity, Diversity, Inclusion and Decolonization are addressed through this research proposal.** |
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| **8. Outline the impact that this research will have on the Department of Surgery (500 words maximum)** |
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| **8. Please provide a 500-word summary briefly describing your long-term career plans and research objectives:** |
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**PART B – SECTION TO BE COMPLETED BY SUPERVISOR**

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| **9. Outline your role as the Supervisor:** |
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**PART C – SIGNATURE SECTION**

**Note: 1) Signature by the Principal Investigator/applicant attests to the fact that all supervisor(s) have reviewed the application and are in agreement with its content.**

**2) Signature of the Division Chair/Chief, Residency Program Director as well as the Supervisor attest to the fact that the applicant is a member of the Clinical Department and the Division supports the proposed project.**

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| Signature of Applicant | Printed Name of Applicant | Date |
|  |  |  |
| Signature of Division Chair/Chief | Printed Name of Chief/Chair of Division | Date |
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| Signature of Residency Program Director | Printed Name of Residency Program Director | Date |
|  |  |  |
| Signature of Supervisor | Printed Name of Supervisor | Date |

**Submission Instructions:** Applications are due by **October 23, 2023 at 11:59 PM.** Upload this completed research project proposal form in question 15 of the on-line MRRG application form which contains all of the APPLICANT & PROJECT FUNDING INFORMATION. The on-line form is available at the following link: <https://www.schulich.uwo.ca/surgery/research/internal_research_grants/IRF_and_RRG_Application%20Forms_and_Guidelines.html>