



**AUSTRALIAN PERIODONTOLOGY RESEARCH FOUNDATION**  
*Building a Stronger Foundation for Teeth*

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**APPLICATION FOR RESEARCH GRANT**

Please submit six typed copies

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**1A PROJECT TITLE**

**1B HAVE FUNDS FOR THIS PROJECT BEEN REQUESTED FROM ANOTHER SOURCE? IF YES, PLEASE PROVIDE DETAILS, JUSTIFICATION FOR FURTHER FUNDING FROM THE APRF AND INDICATE IF YOU ARE IN AGREEMENT TO THE APRF CONTACTING THE OTHER FUNDING BODY TO DETERMINE THE LEVEL OF FUNDING GRANTED.**

**2A PRIMARY APPLICANT**

SURNAME AND TITLE	GIVEN NAME	QUALIFICATIONS
APPOINTMENT/PRACTICE TYPE	INSTITUTION (IF APPLICABLE)	DEPARTMENT (IF APPLICABLE)
CONTACT ADDRESS (STREET)	CITY	STATE AND POSTCODE
PHONE (WORK)	FAX (WORK)	PHONE (HOME)

**2B ASSOCIATE**

SURNAME AND TITLE	GIVEN NAME	QUALIFICATIONS
APPOINTMENT/PRACTICE TYPE	INSTITUTION (IF APPLICABLE)	DEPARTMENT (IF APPLICABLE)
CONTACT ADDRESS (STREET)	CITY	STATE AND POSTCODE
PHONE (WORK)	FAX (WORK)	PHONE (HOME)

## **2C ASSOCIATE**

SURNAME AND TITLE	GIVEN NAME	QUALIFICATIONS
APPOINTMENT/PRACTICE TYPE	INSTITUTION (IF APPLICABLE)	DEPARTMENT (IF APPLICABLE)
CONTACT ADDRESS (STREET)	CITY	STATE AND POSTCODE
PHONE (WORK)	FAX (WORK)	PHONE (HOME)

## **2D ASSOCIATE**

SURNAME AND TITLE	GIVEN NAME	QUALIFICATIONS
APPOINTMENT/PRACTICE TYPE	INSTITUTION (IF APPLICABLE)	DEPARTMENT (IF APPLICABLE)
CONTACT ADDRESS (STREET)	CITY	STATE AND POSTCODE
PHONE (WORK)	FAX (WORK)	PHONE (HOME)

## **3 BRIEF CURRICULUM VITAE**

A. PRIMARY APPLICANT

B. ASSOCIATE

C. ASSOCIATE

D. ASSOCIATE

**4 WHERE IS YOUR WORK TO BE UNDERTAKEN?**

**5 HOW MANY HOURS PER WEEK WILL THE APPLICANT(S) DEVOTE TO THE PROJECT?**

- |    |                   |     |
|----|-------------------|-----|
| A. | PRIMARY APPLICANT | HRS |
| B. | ASSOCIATE         | HRS |
| C. | ASSOCIATE         | HRS |
| D. | ASSOCIATE         | HRS |

**6 WHAT TECHNICAL AND OTHER STAFF WILL BE AVAILABLE TO ASSIST THE PROJECT?**

**7 DURATION OF PROJECT**

COMMENCEMENT DATE / /200

ANTICIPATED COMPLETION DATE / /200

**8 RESEARCH GRANTS HELD BY APPLICANT(S) IN LAST FIVE YEARS (ALL PROJECTS)**

Grantee(s)	Source of Funds	Project Title	Amount	Years

**9 RESEARCH GRANTS CURRENTLY HELD BY APPLICANTS (ALL PROJECTS)**

Grantee(s)	Source of Funds	Project Title	Amount	Years

**10 RESEARCH GRANTS UNDER CONSIDERATION (ALL PROJECTS)**

Grantee(s)	Source of Funds	Project Title	Amount	Years

## 11 BUDGET (FOR ONE YEAR)

Mark with an "A" those costs that are absolutely essential for the Project to proceed.

(\$)

### CONTRACT SERVICES

Data Processing

Engineering

Other

### EQUIPMENT AND APPARATUS

Major (over \$1000)

Minor (under \$1000)

### CONSUMABLE SUPPLIES

### TRAVEL

(will be funded only where necessary to carry out the project)

NIL

OTHER

GRAND TOTAL \$ \_\_\_\_\_  
(NB: Figures must agree with item 12)

## 12 EXPLANATORY NOTES ON BUDGET

Show clearly under appropriate headings how the requested amounts were calculated. This must, for example, include an estimate of how many consumable supplies are needed and the cost per item.

**13 WHAT ARE THE AIMS OF THE PROJECT?**

**14 WHY DO YOU CONSIDER THEM IMPORTANT AND WHAT IS THEIR PERIODONTAL RELEVANCE?**

**15 DETAILED DESCRIPTION OF THE PROJECT  
(INCLUDING RESUME OF EXISTING KNOWLEDGE IN THE RELEVANT FIELD)**

Provide a description of the materials and methods to be used and, if appropriate, the statistical procedures, (your description should not exceed five A4 pages).

Where human or animal subjects or biological specimens therefrom are used with the project, a certificate of ethical clearance from the appropriate authority is mandatory (see item 18).

**16 REFERENCES RELEVANT TO ITEM 15 ABOVE**

**17 LIST OF PUBLISHED WORK AND REPORTS BY APPLICANT(S) (IN THE LAST FIVE YEARS ONLY)**

(Please append the list if the space provided here is insufficient) abstracts and proceedings should **not** be listed.

**18 A CERTIFICATE OF ETHICAL CLEARANCE**

- (1) IS APPENDED
- (2) WILL FOLLOW THIS APPLICATION
- (3) IS UNNECESSARY  (IF SO, PLEASE SPECIFY WHY)

**19 SIGNATURE(S) OF APPLICANT(S)**

The applicant(s) by the execution of this application form acknowledges and accepts the absolute discretion of the Directors of the **Australian Periodontology Research Foundation** to decide in any year which projects will receive grants from the Foundation. The size of those grants and to use whatever means, methods and criteria they consider appropriate to make such decisions, and agrees that he or she will not, and has no right to, challenge such decisions of the Directors of the Foundation.

SIGNATURE(S) \_\_\_\_\_  
\_\_\_\_\_

DATE: \_\_\_\_\_

**20 CERTIFICATE OF HEAD OF DEPARTMENT WHERE APPLICANT IS TO WORK IN AN INSTITUTION OR UNIVERSITY DEPARTMENT (NOT REQUIRED FOR RESEARCH UNDERTAKEN IN A PRIVATE PRACTICE)**

I certify that the project is appropriate to the general facilities in my department/institution and I am prepared to have the project carried out in that department/institution. I have noted the contents of item 18 regarding ethics approval.

SIGNATURE: \_\_\_\_\_

NAME: \_\_\_\_\_

DATE: \_\_\_\_\_

Return applications to: Professor Mark Bartold  
Australian Periodontology Research Foundation  
c/o CACDRC  
School of Dentistry  
UNIVERSITY OF ADELAIDE SA 5005