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**APPLICATION FORM**

**GENERAL INFORMATION**

Investigator Name:

Department:

Position:

Email:

Telephone:

Co-Investigators:

**Type of Support Requested (check all that apply):**

1 - Advisory Services

* 1-hour advisory consultations with FHS CRSU staff (e.g. research associate, statistician, research methodologist)

2 - Collaboration Services

* research associate
* statistician
* research methodologist

3 - Clinical Research Management Services

* full clinical research team

**PROJECT OVERVIEW**

Project Title:

Brief study question or hypothesis (max 500 words):

Rationale for study question (max 250 words):

Location where the project will take place? (e.g. MUMC, JH, General, SJHH, all sites across Hamilton):

Is the project a multi-centre project?

* No
* Yes

Ethics approval for project?

* in progress/review
* approved
* to be submitted
* not applicable

Estimated Project Timeline:

What is the current funding status of the project?

* Applied
* Granted/Funded
* Unfunded
* Actively reapplying for funding
* Funding included in another research project
* Internship (some salary funded externally)
* Operational project/account

Project Proposal (max. 1-page):