



## AAPSM Research Grant – Application Form

### 1. Investigators details:

#### Primary investigator

Name:

University affiliation:

Qualifications:

AAPSM Membership Number:

Email address:

#### Associate investigator(s) (please provide details for each investigator)

Name:

University affiliation:

Qualifications:

Email address:

#### Justification of the roles of each investigator on the research project

### 2. Project title:

### 3. Aims of Research:

### 4. Background (including project rationale):

### 5. Methodology (including instrumentation, data collection protocol, ethical issues, sample size justification and intended statistical analysis):

### 6. Relevance of the Research to Sports Podiatry

**7. Benefits derived from the Research**

**8. Research timeline** (*provide evidence that the project can be completed within 24 months*)

**9. Research Budget** (*provide any details of other existing grants or funding, including any provisions for unexpected costs*)

**10. Declarations of conflict of interest**

**Applicant declaration**

**I hereby declare that the research grant application submitted has been approved by all investigators and that the details provided in this application are correct to the best of my knowledge. I declare that I have not withheld information relevant to the review of this application and I have declared all potential conflicts of interest that exist.**

**Principal Investigator name:**

**Principal investigator signature:.....**

**Date :        /        /**