



香港急症科醫學院
HONG KONG COLLEGE OF
EMERGENCY MEDICINE

Project ID: _____ #

HKCEM Research Fund

(This form should be type-written. Please use additional page(s) where necessary.)

1. Project Title:

2. Nature(s) of the Project:

3. Name(s) and Academic Affiliation(s) of Applicant(s):

	Name	Post	Unit/Department/ Institution
Principal Investigator [PI]: (with title)			
Co-Investigator(s) [Co-I(s)]: (with title)			

4. Allocation Requested from HKCEM Research Committee Funding:

Total cost of the project:

- (a) Staff
- (b) Equipment
- (c) General Expenses

HK\$
HK\$
HK\$
HK\$

Other research funds secured from other sources

5. Funding Information:

Name of Research Grant: HKCEM Research Fund	<input type="checkbox"/>	<input type="checkbox"/>
Name of Sponsor: _____	Country: _____	
Fund Start Date: ____ (DD) ____ (MM) ____ (YY)	Fund End Date: ____ (DD) ____ (MM) ____ (YY)	Bursary A/C No.: _____
Amount Applied: _____	Amount Awarded: _____	

6. Abstract of the Project (maximum 250 words):

Please "✓". First Submission Updated/Revised Version

Empty box for writing the abstract.

7. Background and significance of study, and similar work done locally or elsewhere (maximum 1 A-4 page)

8. Research objective, plan and methodology (maximum 2 A-4 pages):

9. Date to start:

Date to complete:

10. Research Budget (HK\$): (Please use additional sheet(s) where necessary.)

Item	Budget Amount	
	Proposed	Allocated
Staff Cost - Technician :		
Research Assistant:		
Equipment -		
Consumables -		
Travel Expenses -		
General Expenses (Please specify.) -		
Others (Please specify.) -		
Total Amount (HK\$):		

11. Justifications of research budget requested:

12. Has similar submission(s) been made to seek funding? Yes No

If yes, please state the funding agency and the funding programme:

Title of Project [if different from Item 1 of Part I above]

Date (month/year) of application:

Outcome:

13. Has funding been approved from any other programme? Yes No

If yes, please state the funding agency and the funding programme:

Title of Project [if different from Item 1 of Part I above]

Date (month/year) of application:

Outcome:

14. Name(s) of collaborating agencies, if any:

Has agreement been sought from the collaborating agencies? Yes No

15. I/We certify that the information given is complete and accurate to the best of my/our knowledge.

Name of Investigator : _____ **Signature** : _____ **Date** : _____

Name of Co-investigator : _____ **Signature** : _____ **Date** : _____

Name of Co-investigator : _____ **Signature** : _____ **Date** : _____

(Add more names if necessary)

16. DECLARATION OF RESEARCH ETHICS/SAFETY

(Please tick '√' as appropriate)

I have examined the research proposal and confirm that the approval of the appropriate authority(ies) has been/will be obtained in respect of the following :

	Approval not required	Approval required	Approval being sought#	Approval obtained
(i) Human research ethics	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(ii) Animal research ethics	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(iii) Survey research ethics	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(iv) Biological safety	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(v) Ionizing radiation safety	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(vi) Non-ionizing radiation safety	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(vii) Chemical safety	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

PI Signature : _____

Name : _____
(in BLOCK letters)

Date : _____