



# Research Project Proposal Form

## WHO SHOULD COMPLETE THIS FORM?

eviDent members or potential members are invited to submit their research idea or concept to the eviDent DPBRN Committee.

## WHAT HAPPENS ONCE YOU HAVE LODGED YOUR RESEARCH PROPOSAL?

Once the form has been submitted the eviDent DPBRN Committee will consider the proposal against the following criteria:

- Is the research idea or concept a researchable question?
- Does it fit within our aims and objectives?
- Is the study fundable?

If the proposal meets the criteria, interest will be invited from eviDent’s Chief Investigators and Associate Investigators. Once the project team is established you will be asked to complete a research protocol form for the eviDent DPBRN Committee to consider.

## PART 1: ADMINISTRATIVE INFORMATION

### 1.1 Contact Information

Title:  Dr  A/Prof  Prof  Mr  Ms  Other [please specify] .....

First Name: \_\_\_\_\_

Surname: \_\_\_\_\_

Institution Affiliation (if applicable):  
\_\_\_\_\_  
\_\_\_\_\_

Address: \_\_\_\_\_

Suburb: \_\_\_\_\_ State: \_\_\_\_\_ Postcode: \_\_\_\_\_

Phone: \_\_\_\_\_ Mobile: \_\_\_\_\_

Fax: \_\_\_\_\_

Email: \_\_\_\_\_

# Research Project Proposal Form

## PART 2: PROJECT DETAILS<sup>1</sup>

### 2.1 Describe the problem/ research idea or concept

### 2.2 Describe what you hope to learn from the study

<sup>1</sup> Key elements of this have been based on a design originally created by PEARL  
[https://web.emmes.com/study/pearl/studies/sug\\_frm.htm](https://web.emmes.com/study/pearl/studies/sug_frm.htm)



# Research Project Proposal Form

2.3 Describe how the research project could be implemented within a practice setting

# Research Project Proposal Form

2.4 Are you an eviDent member?  Yes  No

2.5 Which title best describes you? Tick as appropriate

Chief Investigator<sup>2</sup>  Associate Investigator<sup>2</sup>  Member of the public

Research Collaborator<sup>2</sup>  Registered dental care provider

Other \_\_\_\_\_

2.6 Do you have a project team?

Yes  No

If yes, please provide details:

| Full Name | Practice Suburb | eviDent Member<br>Please indicate Yes/ No |
|-----------|-----------------|---|
|           |                 |   |
|           |                 |   |
|           |                 |   |
|           |                 |   |
|           |                 |   |
|           |                 |   |
|           |                 |   |
|           |                 |   |

The **eviDent** Executive Officer may contact you for more information.

Please send your completed application form to:

**Meaghan Quinn, eviDent Executive Officer** Tel: 03 8825 4603  
**Fax:** 03 8825 4644 **Post:** PO Box 9015, SOUTH YARRA, VIC, 3141  
**Email:** [ask@evident.net.au](mailto:ask@evident.net.au)

- 
2. **Chief Investigator:** eviDent members who provide ‘the intellectual, administrative and ethical leadership’<sup>2</sup> to an eviDent research project or program<sup>3</sup>.  
**Associate Investigator:** eviDent members who have ‘intellectual input into the research and whose participation warrants inclusion of their name on publications’<sup>4</sup>.  
<sup>3</sup> The University of Melbourne, Melbourne Research Office, Chief Investigator Responsibilities <http://www.research.unimelb.edu.au/azservices/ci>  
<sup>4</sup>NHMRC Project Grants Advice and Instructions to Applicants for funding commencing in 2010 [http://www.nhmrc.gov.au/grants/apply/projects/\\_files/Advice%20and%20Instructions%20to%20Applicants%20for%20funding%20commencing%20in%202010.pdf](http://www.nhmrc.gov.au/grants/apply/projects/_files/Advice%20and%20Instructions%20to%20Applicants%20for%20funding%20commencing%20in%202010.pdf)  
**Research Collaborator:** eviDent members who are not eligible to be Chief or Associate Investigators, but who are closely involved with different aspects of eviDent projects.