

Scholarly Project proposal form – Other project

*To be completed by trainees submitting a Scholarly Project proposal under the Fellowship Regulations 2012.*

Please submit this form to the College’s examination department. **Email:** [scholarly@ranzcp.org](mailto:scholarly@ranzcp.org)

**Approval to complete an equivalent other project can only be granted by the Scholarly Project Subcommittee. Please ensure you are familiar with the Scholarly Project Policy and Procedure.**

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| --- | --- | --- | --- | --- |
| RANZCP ID | .......................................................................... | | |  |
| Trainee name | .......................................................................... | | |  |
| Contact address\* *(please indicate)* | | 🞎 Personal | 🞎 Business |  |
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| Mobile phone\* | .......................................................................... | | |  |
| Email address\* | .......................................................................... | | |  |
| \*Your details will be updated on the College database if they don’t match the existing records. | | | | |
| **Co-author details *(if applicable)*** | | | | |
| RANZCP ID | .......................................................................... | | |  |
| Trainee name | .......................................................................... | | |  |
| Contact address\* *(please indicate)* | | 🞎 Personal | 🞎 Business |  |
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| Mobile phone\* | .......................................................................... | | |  |
| Email address\* | .......................................................................... | | |  |
| Trainees must apply to the Scholarly Project Subcommittee for approval to collaborate on a shared project with more than one other trainee. | | | | |

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| **Co-researcher details *(if applicable)*** | | |
| Name | .......................................................................... |  |
| Position/title, organisation | .......................................................................... |  |
| Mobile phone | .......................................................................... |  |
| Email address | .......................................................................... |  |
| Trainees may co-research a Scholarly Project with a person from another discipline; however the trainee must substantially contribute to all areas of the project and the trainee’s role must be clearly articulated and detailed in this proposal. | | |

SCHOLARLY PROJECT SUPERVISOR INFORMATION

|  |  |  |
| --- | --- | --- |
| Principal supervisor name (print) | ................................................................ |  |
| RANZCP ID | ................................................................ |  |
| Signature | ................................................................ | Date .................................. |
| Position/title, organisation | ................................................................................................................... | |
| Mobile phone | ................................................................ |  |
| Email address | ................................................................ |  |
| **Co-supervisor name *(if applicable)*** |  |  |
| ................................................................ |  |
| RANZCP ID *(if applicable)* | ................................................................ |  |
| Signature | ................................................................ | Date .................................. |
| Position/title, organisation | ................................................................................................................... | |
| Mobile phone | ................................................................ |  |
| Email address | ................................................................ |  |

ETHICS INFORMATION

|  |  |
| --- | --- |
| Local research ethics approval required? *(select one)* | 🞎 Yes, attached |
| 🞎 Yes, requested; application attached |
| 🞎 Not required; letter/statement attached |

PROJECT DETAILS

Please complete all sections below.

**Proposed project title**

**Aims and methods of the project**

**Project question and/or hypothesis**

**Current and relevant literature/critical appraisal linked to the main objectives/aim**

**Anticipated outcomes and clinical practice implications**

**Project findings dissemination/publication expectations**

TRAINEE DECLARATION

I/We have read and understood the Scholarly Project Policy and Procedure and believe my/our project will comply with the Scholarly Project requirements.

*Please select applicable:*

🞎 This project is my/our own independent undertaking.

🞎 This project is part of a major research project. (Further information has been provided to ensure the trainee contribution will fulfil the criteria.)

|  |  |  |
| --- | --- | --- |
| Trainee signature | ................................................................................ | Date .................................. |
| **Co-author *(if applicable)*** | | |
| Trainee signature | ................................................................................ | Date .................................. |

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| --- | --- | --- | --- | --- |
| *BTC use only* |  | | | |
| Date proposal received | .................................................................... | | |  |
|  | | | | |
| *The BTC has reviewed the above Scholarly Project proposal and reached the following decision:* (BTCs may conditionally approve a proposal pending ethics committee approval.) | | | | |
| 🞎 Approved | 🞎 Conditionally approved | | 🞎 Not approved | |
| Local research ethics approval | | | | |
| 🞎 Granted | 🞎 Pending | Date ………………. | 🞎 Not required | |
|  |  | |  | |
| BTC zone | ................................................................. | |  | |
| BTC representative name (print) | ................................................................. | |  | |
| Signature | ................................................................. | | Date ................................... | |