



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. Note: this form is also available [online](#).

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: _____

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PART 2: PROJECT DETAILS

2.1 Describe the problem/ research idea or concept

2.2 Describe what you hope to learn from the study

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

2.4 Are you an eviDent member? Yes No

2.5 Which title best describes you?¹ Tick as appropriate

Chief Investigator Associate Investigator Member of the public

Research Collaborator Research Affiliate

Registered dental care provider Other _____

¹ **Chief Investigator:** eviDent members who provide 'the intellectual, administrative and ethical leadership'¹ to an eviDent research project or program.

Associate Investigator: eviDent members who are registered and practising dentists and have 'intellectual input into the research and whose participation warrants inclusion of their name on publications'¹.

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.

Research Affiliate: eviDent members who voluntarily respond to eviDent surveys and/ or participate in retrospective studies by allowing members of eviDent project teams to attend their practice and collect relevant data

¹ The University of Melbourne, Melbourne Research Office, Chief Investigator Responsibilities
<http://www.research.unimelb.edu.au/azservices/ci>

¹ NHMRC Project Grants Advice and Instructions to Applicants for funding commencing in 2010



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2.6 Do you have a project team?

- Yes No

If yes, please provide details:

Full Name	Practice Suburb	eviDent Member Please indicate Yes/ No

We may contact you for more information.

Please send your completed application form to:

Meaghan Quinn, CEO, eviDent Foundation Tel: 03 8825 4603
Fax: 03 8825 4644 **Post:** PO Box 9015, SOUTH YARRA, VIC, 3141
Email: ask@evident.net.au