**Clinician Researcher Training Program**

**Research Plan Form**

1. **PROJECT TITLE**

|  |
| --- |
|  |

1. **APPLICANT NAME(S)**

**Candidate Information**

|  |  |
| --- | --- |
| **Title** |  |
| **First Name** |  |
| **Surname** |  |

(Insert rows as required)

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Investigator** | **Title** | **First Name** | **Surname** | **Organisational Unit / Affiliation(s)** |
| Principal Supervisor |  |  |  |  |
| Associate Advisor |  |  |  |  |

1. **STRATEGIC AREA addressed by this project**

Infectious disease management and preventions ☐ Cancer control and care

Surgery and surgical outcomes  Other priority area

Please provide details of research strategic alignment (100 word maximum)

|  |
| --- |
|  |

1. **PROJECT PLAN**

Please provide a brief project plan for your proposed research, in plain English.

**BACKGROUND (300 word maximum)**

|  |
| --- |
|  |

**OBJECTIVES (100-200 words)**

|  |
| --- |
|  |

**METHODS (300 words maximum)**

|  |
| --- |
|  |

**SIGNIFICANCE OF THE RESEARCH OUTCOMES (200 words maximum)**

|  |
| --- |
|  |

**SUPPORTS NEEDED FOR THE PROGRAM (200 words maximum)**

|  |
| --- |
| e.g., access to resources, infrastructure, any additional expertise to achieve the proposed outcomes. |

1. **CERTIFICATION OF Applicant**

|  |
| --- |
| I certify that:   1. To the best of my knowledge, all the details on this application form are true and complete. 2. I will comply with all necessary policies and procedures in discharging my responsibilities under this program. 3. I understand and agree that all ethical clearances must be met before the proposed research can commence. 4. All parties identified in the application have agreed to its submission and proper inquiries have been made and I am satisfied that all investigators on this proposal meet the eligibility criteria as specified. |
| **Signature of Applicant:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Date**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

1. **Submission guidance for CRTP applicants**

Please submit a completed and signed **Research Plan** form as a component of your CRTP application pack.

Please provide all components of the CRTP application documents as PDFs and name your files like this:   **LASTNAME\_firstname\_document-name.pdf**

Submit your CRTP application to [med.adr@uq.edu.au](mailto:med.research@uq.edu.au) by 5pm AEST on 23 November 2022.