



## **APPLICATION FOR RESEARCH AWARD**

**FUNDING YEAR:**

Grant awards of up to \$15,000 are available for post-doctoral students, university faculty or clinicians conducting research on EMDR.

### **1. PROJECT TITLE:**

**State scientific title of project. Be concise but informative.**

### **2. AIMS OF THE PROJECT:**

**List the specific aims and potential significance of the project.  
Hypothesis to be tested should be clearly stated.**

### **3. LAY DESCRIPTION:**

**Briefly describe the research proposal in lay terms**

#### 4. BACKGROUND AND RESEARCH PLAN:

##### Background

##### Study design

Include:

Participants

Inclusion/exclusion criteria

Measures

Clinical Interventions

Length of study

**5. REFERENCES TO THE WORK OF OTHER SCIENTISTS (relevant to this project):**

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**6 CHIEF INVESTIGATORS:**

Chief Investigator A will be considered the contact point for the project grant, and will be understood to be acting for and in concurrence with all Chief Investigators.

	<b>SURNAME</b>	<b>INITIALS</b>	<b>TITLE</b>
<b>A</b>			
<b>B</b>			
<b>C</b>			
<b>D</b>			

**7 CHIEF INVESTIGATORS DETAILS:**

	<b>SURNAME</b>	<b>INITIALS</b>	<b>TITLE</b>
<b>A</b>			

**CURRENT APPOINTMENT:**

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**CURRENT WORK CONTACT DETAILS**


TELEPHONE

FAX

EMAIL

**ACADEMIC QUALIFICATIONS:**

YEAR

CONFERRING INSTITUTION

DEGREE


SURNAME

INITIALS

TITLE

**B**

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DEGREE

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SURNAME	INITIALS	TITLE

**CURRENT APPOINTMENT:**

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**CURRENT WORK CONTACT DETAILS**


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FAX

EMAIL

**ACADEMIC QUALIFICATIONS:**

YEAR

CONFERRING INSTITUTION

DEGREE

YEAR	CONFERRING INSTITUTION	DEGREE

**8 PUBLICATIONS OF CHIEF INVESTIGATORS (if applicable)**

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**9 PARTICIPANTS OTHER THAN CHIEF INVESTIGATORS INVOLVED IN RESEARCH PROJECT**

	<b>SURNAME</b>	<b>INITIALS</b>	<b>TITLE</b>
<b>A</b>			
<b>B</b>			
<b>C</b>			
<b>D</b>			

**10 a ) BUDGET**

**DETAILED BUDGET OF ENTIRE RESEARCH PROJECT:**

<b>ITEM</b>	<b>AMOUNT REQUESTED</b> \$
<b>TOTAL</b>	

**DETAILED BUDGET OF MONIES/FUNDING REQUESTED FROM EMDRAA:**

<b>ITEM</b>	<b>AMOUNT REQUESTED</b> \$
<b>TOTAL</b>	<b>\$</b>

**10 (b) JUSTIFICATION OF THE BUDGET:**

**10 (c) OTHER FUNDING AGENCIES:**

Complete below if seeking support from this project from any other funding agency. Please enter the name and address of each agency.

**11. CLEARANCE REQUIREMENTS:**

	YES (please tick)	NO (please tick)
Relevant ethics approval application lodged		
Ethics application and letter of approval attached		
Certification by head of department (if applicable)		
Certification by head of administering institution (if applicable)		

**SIGNATURES OF CHIEF INVESTIGATORS:**

	<b>NAME</b>	<b>SIGNATURE</b>	<b>DATE</b>
<b>A</b>			
<b>B</b>			
<b>C</b>			
<b>D</b>			

**NOTE TO APPLICANTS: Please ensure that you have:**

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- **Send an electronic copy to [secretary@emdraa.org](mailto:secretary@emdraa.org)**
  - **Saved an electronic copy of this application for your own records.**
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