| RESEARCH PROPOSAL APPLICATION  SUICIDE PREVENTION |
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Please refer to the **Guide for Applicants** and the **Checklist for Applicants** for additional information.

1. **Basic Information**

| Title of Research: |  | | |
| --- | --- | --- | --- |
| Amount of Grant applied for (inclusive of any applicable GST): |  | | |
| Commencement date |  | Expected completion date |  |

1. **Contact details of Principal Investigator**

|  |  |  |  |
| --- | --- | --- | --- |
| Full Name and title |  | | |
| PO Box or Street No |  | | |
| City & Post Code |  | | |
| Organisation |  | Department |  |
| Telephone |  | Email |  |

1. **Names and addresses of any additional investigators**

|  |  |  |  |
| --- | --- | --- | --- |
| Full Name and title |  | | |
| Organisation |  | Department |  |
| Telephone |  | Email |  |

Copy and paste the above table if there is more than one additional investigator

1. **Proposed Research**

Write no more than 4 pages (plus references). Use the following headings for your proposal.

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| 1. A summary of the significant mental health issues being addressed and the outcomes of the research |
| 1. The objectives of the research and the research questions to be addressed |
| 1. The justification for the research (rationale, prior literature, etc) |
| 1. The proposed methodology and timeline of the research, covering design and participants |
| 1. The relationship (if any) between this project and other current projects undertaken by the researchers (attach other documents as required) |
| 1. The extent to which this research addresses issues relevant to Maori and to cultural minority groups in New Zealand |
| 1. The expected outputs (publications, dissemination events, etc) |

1. **The names and contact details of up to three referees (we may contact the referees about this research)**

|  |  |  |  |
| --- | --- | --- | --- |
| Full Name and title |  | | |
| Organisation |  | Department |  |
| Telephone |  | Email |  |

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| --- | --- | --- | --- |
| Full Name and title |  | | |
| Organisation |  | Department |  |
| Telephone |  | Email |  |

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| Full Name and title |  | | |
| Organisation |  | Department |  |
| Telephone |  | Email |  |

1. **Financial Information**

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| 1. Budget: Please include a basic budget for the research project. Indicate how an Oakley Foundation grant would be used. |
| 1. Please provide information about other successful applications and/or pending applications for funding related to this project, including details of the amounts received/applied for and when pending decisions will be known.   If other pending applications *are not* successful, but you do receive funding from Oakley Foundation, will your project be able to proceed, and how will your plans be affected?  If other pending applications *are* successful, will you still require funding from Oakley Foundation? |

1. **Administrative requirements**

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| 1. Has appropriate Ethics Approval been applied for? | Yes | No | Please provide a copy of any approval that has been received |
|  |  |
| 1. Has an Administrative Agreement been authorised? | Yes | No | Please provide a copy of the signed agreement |
|  |  |
| 1. Do you consent to basic information about your application being published on the Foundation’s website if your application is successful? | Yes | No | If ‘no’, please explain why. |
| 1. A CV of the principal investigator of no more than 5 pages must be included. | | | |
| 1. All of the required documentation for your application should be emailed in Word or pdf format to [oakleymentalhealth@malnz.co.nz](mailto:oakleymentalhealth@malnz.co.nz). | | | |