|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| C:\Users\a0024516\Documents\Research Day 2016\Logos\Wits - Logo - Colloquial - Extended - Full Colour.jpg C:\Users\a0024516\Documents\Research Day 2016\Logos\fhslogosquare.jpg  **University of the Witwatersrand, Johannesburg**  **FACULTY OF HEALTH SCIENCES**  **Application for the Iris Ellen Hodges research grants in 2025**  **This application form covers all applications for:**  **1. Iris Ellen Hodges Cardio-vascular Research Trust, and**  **2. Iris Ellen Hodges Stress and Emotional Problems**  **CLOSING DATE: 13 February 2025**  **GUIDELINES FOR APPLICANTS:**  **Please read and follow these guidelines carefully.**   * **Applications will only be considered if they are correctly completed in keeping with the requested information.** * **Applications will be ranked according to clarity of presentation, motivation of the research being contemplated, description of the hypotheses or objectives being investigated, the methodology being utilized and the detailed budget being applied for.** * **Applications will only be considered from established researchers, who are members/ joint members of staff of the Faculty of Health Sciences at the University of the Witwatersrand.**   **Please note that the amount of funding available for disbursement in 2025 will be dependent on the allocated budget from the University and the FRO.**   * Complete this form to apply for one of the grants listed on the following page. Only one project application will be considered from an individual. * The Iris Ellen Hodges Trust grants are intended to support more ***established* researchers** with larger grants than are available from the FRC grants. The research areas must be in the fields of cardiovascular research or stress related research. ***Grant amounts from Iris Ellen Hodges may be up to R50,000.*** * **Note that staff must apply to the NRF or MRC for individual grants if they are eligible to do so before funding will be made available from Faculty sources. The applicant must indicate in the application whether or not he/she has applied to the NRF or MRC and if not the reasons for not applying must be given.** * **Applicants must indicate any grants that have been received or applied for (but whose outcome is not known) for the year of application for any of the applicant’s research, as this may influence whether or not an award is made.** * **Please complete this form electronically. No hand-written applications will be accepted. Submit the electronic copy of the application to Mr M. Meela –** [Research.Health@wits.ac.za](mailto:Research.Health@wits.ac.za)**.** * None of these grants supports conference travel or training courses, although one may apply for funding of travel for field trips, use of facilities elsewhere, or other activities related to data collection, rather than presentation of research data. Travel between or to the formal Johannesburg teaching hospitals will not be considered in requests for travel funding. There is a separate form, available from the Faculty Research Office, for applications for conference travel funds. If the applicant is normally resident outside of Johannesburg, transport to and from home (country of origin) will not be considered. * Grants do not provide funding for the preparation of research reports, binding of theses, library charges, making copies of articles, Article Processing Charges, etc. and funding for statistical support will only be considered if well motivated and not available through the biostatistical services within the Faculty Research Office. The Committee believes that most statistical analyses should be done by the applicant, and if not then the FRO has biostatisticians to assist researchers. Applications for the funding of computers and statistical programmes are normally not considered. If requested, these must be strongly motivated for. * Applicants must provide succinct and clear information on the rationale for the study, the aims, objectives and the methods to be employed. Inadequate information will result in the funding request not being approved. * Budget requests must be **well motivated** with a clear indication of the items and costs of the items being applied for. A blanket amount for running expenses will not be acceptable. Clear motivations for travel or assistance costs must be included where appropriate. | | | | | | | |
| Mark in the table below the grant(s) which you wish to apply for. | | | | | | | |
| Iris Ellen Hodges Cardio-vascular Research Trust | | | | | | |  |
| Iris Ellen Hodges Trust – Stress and Emotional Problems | | | | | | |  |
| Have you previously received funding from any of these grants? | | | | | | | |
| Yes |  | No |  | If yes, indicate the most recent year for which you received funding: | | | |
| If you have received funding previously, please state grant, all years for which funding was received, and amounts awarded below. Please attach a progress report to the application, if funding had been received from the Fund in the previous two years. | | | | | | | |
| **Grant** | | | | | **Year** | **Amount awarded** | |
|  | | | | |  |  | |
|  | | | | |  |  | |
|  | | | | |  |  | |
|  | | | | |  |  | |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **SECTION 1 – BIOGRAPHICAL** | | | | | |
| * 1. **All Applicants** | | | | | |
| Family name | |  | | | |
| Given names | |  | | | |
| Title | |  | Current position in University |  | |
| Telephone number | |  | | | |
| Fax number | |  | | | |
| Cell number | |  | | | |
| E-mail address | |  | | | |
| School | |  | | | |
| Department | |  | | | |
| Hospital (if applicable) | |  | | | |
| Physical Address (Office) | |  | | | |
| **Academic qualifications** | | | | | |
| **Degree(s)/diploma(s)** | **University/Institution** | | | | **Year of graduation** |
|  |  | | | |  |

|  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **1.2. Staff applicants (to be completed by all staff at lecturer/ researcher level or above, including joint or honorary appointees)** | | | | | | | | | | | | |
| Staff number | | | | |  | | | | | | | |
| School | | | | |  | | | | | | | |
| Department | | | | |  | | | | | | | |
| First year of appointment | | | | |  | | | | | | | |
| Current position with date of appointment | | | | |  | | | | | | | |
| Joint staff | | | | | Yes | |  | No | |  | |  |
| If “Yes”, other employer | | | | |  | | | | | | | |
| Member of a research entity (e.g. Group, Unit or Programme) formally recognised by University Research Committee or Faculty Research Committee | | | | | | | | | | | | |
| Yes |  | | No |  | |  | | | | | | |
| If “Yes”, please provide | | | | | | | | | | | | |
| Name of entity | | |  | | | | | | Head of entity | | |  |
| **Occupation since graduation (including posts at this University)** | | | | | | | | | | | | |
| **Year(s)** | | **Name of employer** | | | | | | | | | **Position held** | |
|  | |  | | | | | | | | |  | |

|  |  |
| --- | --- |
| **SECTION 2 – RECENT RESEARCH OUTPUT** | |
| In support of your application, please provide in the table below a list of research publications, conferences to which you personally contributed (i.e. personally presented a paper or poster, or chaired a session etc.), details (names, degrees, year of graduation) of doctoral and masters students who have graduated under your supervision, and any other relevant and assessable research outputs, **for the last three years (2022 – 2024) only*.*** *(The Committee will make adjustments for researchers at the beginning of their research career; students will not be expected to have many outputs)* | |
|  | |
| If you have no relevant research outputs yet, tick this box |  |

|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **SECTION 3 - PROJECT DESCRIPTION**  *(Font case for Section 3 not less than 10-point)* | | | | | | | | | | | |
| Project title | | |  | | | | | | | | |
| Main aim/s of the project: (Not more than 200 words) | | | | | | | | | | | |
|  | | | | | | | | | | | |
| Where will the research be carried out | | | | | | | | | | | |
|  | | | | | | | | | | | |
| Have you applied to the NRF or MRC for funding for this project for 2025 | | | | | | | | | | | |
| Yes |  | No | |  | To which agency did you apply |  | | | | | |
| If you answered No to the question above, please provide reasons why you did not apply | | | | | | | | | | | |
|  | | | | | | | | | | | |
| **3.1. Project description. Is this a new project?** | | | | | | | **Yes** |  | **No** |  |  |
| *(Please note that reviewers will pay particular attention to the proposal, and require that the methodology to be employed is clearly outlined. Please complete the following sections for all projects)* | | | | | | | | | | | |
| **Background** *(In not more than 300 words explain the background to your project, and justify the scientific basis for doing the project*. *You should motivate clearly the relevance and importance of the proposed study, as available funds are limited and will be given first to those projects which are well motivated)* | | | | | | | | | | | |
|  | | | | | | | | | | | |
| **Key background literature references.** *(Give full bibliographic details for up to five key references)* | | | | | | | | | | | |
|  | | | | | | | | | | | |
| **Protocol** (*In not more than 2 pages, describe how you intend to carry out the project. Please do not refer to an attached protocol or proposal)*  *The methodology must be detailed and include sample size calculations where appropriate. The statistical analyses expected to be used should be outlined. Do not provide the protocol as an appendix.* | | | | | | | | | | | |
|  | | | | | | | | | | | |
| **Proposed collaborators** *(Identify the staff and students who will be working with you on the project, if known. Identify the institutions of any collaborators not from the University of the Witwatersrand).* | | | | | | | | | | | |
|  | | | | | | | | | | | |
| **3.2. Renewal of ongoing project**  **Progress report**  ***(Progress report should include all the points outlined below. Failure to provide such information will result in the progress report considered inadequate and may jeopardise the success of your application)***  All applicants who have received funding from the Iris Ellen Hodges Grants and/or wish to have a second or subsequent year of financial support for an ongoing project are required to submit a progress report with this application. While a progress report may include any other information the applicant considers relevant, it must contain:   * The original main aim of the project * The names of the principal and any other investigators (including students) involved in the study * A list of publications or other formal outputs which have arisen directly out of the work carried out to date **and** a description of the work carried out to date * Details of any unforeseen impediments to progress and how these have been or will be surmounted * The name of the grant(s) from which you received funding for the project in 2024 * An outline of expenditure to date on the project from the grant(s) (6-8 lines would normally be adequate) * If the research you have undertaken, in addition to any other outputs, has enhanced the public stature of the University, or contributed to public awareness of research, an indication of how it has done so.   *A progress report should not normally exceed two A4 pages in length. Attach the progress report as an addendum to this application.* | | | | | | | | | | | |
| **Plans for the extension/continuation of the ongoing project in 2025 if you received funding for the project in 2024** *(In not more than 15 lines, state how you intend to advance your project in the coming year)* | | | | | | | | | | | |
|  | | | | | | | | | | | |

|  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **SECTION 4 – ETHICAL AND BIOSAFETY CLEARANCE** | | | | | | | | | | | | |
| Do you already have ethical clearance/waiver for the project | | | | | | Yes | |  | No | |  | |
| If yes, give the clearance number | | | | | |  | | | | | | |
| If you do not yet have clearance, to which Ethics committee will you be applying | | | | | | | | | | | | |
|  | | | | | | | | | | | | |
| ***(Note that no funding will be released until you provide the Faculty’s Research Office with a clearance number)*** | | | | | | | | | | | | |
| Does your project involve the use of recombinant DNA | | | | | Yes | |  | | | No | |  |
| *According to the guidelines used by the University Biosafety Committee (which are the same as those of the National Institutes of Health in the USA), projects involving the use of* recombinant DNA *must be:*   1. *submitted for approval to the University Biosafety Committee;* 2. *carried out in a laboratory that has been inspected, and approved, for genetic experimentation).* | | | | | | | | | | | | |
| Does your project have other biosafety hazards (e.g. use of live pathogenic organisms or dangerous pathogens) which may require attention by the University Biosafety Committee | | | | | | | | | | | | |
| Yes |  | No |  |  | | | | | | | | |
| If your answer to either of the above questions is yes, submit, as an attachment, evidence that you have addressed the issues with the University Biosafety Committee.  *(Application forms for experimentation involving recombinant DNA, or a biosafety hazards are available from the office of the Deputy Registrar (Academic & Research) 10th Floor, Senate House)*  *(Note that projects involving ionizing radiation may be conducted only in facilities approved for that purpose)* | | | | | | | | | | | | |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **SECTION 5 – BUDGET** | | | | | | |
| **5.1. Project costs**  *Please submit realistic estimates of full costs, even though the Faculty Research Committee has limits to what it can provide (amounts from Iris Ellen Hodges may be up to R50,000). Please itemize operating expenses; the Committee will not consider applications without a breakdown of expenses or clear evidence of guestimates. Do not just state running expenses and an amount.* | | | | | | |
| **Operating funds (please itemize and provide actual costs – not estimates or thumb sucks)** | | | | ***Rands*** | | |
|  | | | |  | | |
|  | | | |  | | |
|  | | | |  | | |
|  | | | |  | | |
|  | | | |  | | |
|  | | | |  | | |
| ***Sub total*** | | | |  | | |
| **Capital funds (capital items in excess of R5,000 per item and expected to last for several years)**  **These must be clearly motivated for.** | | | |  | | |
|  | | | |  | | |
|  | | | |  | | |
|  | | | |  | | |
|  | | | |  | | |
|  | | | |  | | |
|  | | | |  | | |
|  | | | |  | | |
|  | | | |  | | |
| ***Sub total*** | | | |  | | |
| **Grand total** | | | |  | | |
| **5.2. Funding requested in this application** *(Please specify for which of the items in 5.1 you are applying).* The amount requested should be in line with the indicated award amounts (see guidelines). If this section is not completed, no funds will be allocated. | | | | | | |
| **Operating** | | **Capital** | | | **Total** | |
|  | |  | | |  | |
| **5.3. Funding from external sources**  *(Please list the funding you or your supervisor have requested or received for this project or any other research you are conducting, from science councils, e.g. MRC and NRF, other agencies and the private sector, for 2025.* | | | | | | |
| **Year** | **Source** | | **Requested** | | | **Received** |
|  |  | |  | | |  |
| If the funds you receive from the Iris Ellen Hodges grants, together with any funding you may have from external sources, do not match the full estimated cost of the project, how will you make up the deficit, or modify the project? | | | | | | |
|  | | | | | | |
| **5.4. Justification for extended support**  The Iris Ellen Hodges Grant is normally not awarded to any staff member for longer than three years, irrespective of the project. If you have been funded for three years, and wish to apply for a further grant, and believe that circumstances justify extended support, please submit **a separate motivation** (one A4 page maximum) explaining the circumstances. Applications for extended support will not be entertained without evidence of commensurate research output from previous support. | | | | | | |

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **SECTION 6 – AUTHENTICATION**  *(All applications require signatures at 6.1, 6.2. and at either 6.3 or 6.4. Staff who are members of recognised entities require a signature at 6.2 as well)* | | | | | | | | | | | | | |
| **6.1. Applicant**  I certify that the information I have given in this application is accurate to the best of my knowledge. | | | | | | | | | | | | | |
| **Signature** | |  | | | | | **Date** | |  | | | | |
| **6.2. Research entity (for applicants who are staff members of a recognised entity)** | | | | | | | | | | | | | |
| The applicant is a member of staff attached to my research entity, and joined the entity as a staff member in the year | | | | | | | | | | | | |  |
| The project falls within the mandate of the entity, and, if funded, will be able to be carried out within the entity. I recommend the application. | | | | | | | | | | | | | |
| **Signature: Head of entity** | | | |  | | | | **Date** | | | |  | |
| **6.3. Department (for applicants from Schools with Departments)** | | | | | | | | | | | | | |
| The project is compatible with the Department’s research enterprise, and will be able to be carried out, if funded. I recommend the application | | | | | | | | | | | | | |
| **Signature: Head/Research coordinator** | | | | |  | | | | **Date** | |  | | |
| **6.4. School (The application should be signed by the Head of School)** | | | | | | | | | | | | | |
| The project is compatible with the School’s research enterprise, and will be able to be carried out, if funded. I recommend the application. | | | | | | | | | | | | | |
| **Signature: Head of School** | | |  | | | | | **Date** | | |  | | |
| *In Schools which have Departments, the application must be signed by both the Head or Research Coordinator of the Department and the Head of School.* | | | | | | | | | | | | | |
| **Recommendation for first-time applicant** *(Omit if applicant has applied previously to any of the grants listed.* *To be completed by the head/research coordinator of research entity, or department, or school, or Assistant Dean (Research) if applicant is Head of School).* Please describe the contribution which the applicant is making, or has the potential to make, to the University’s research output. | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | |
| **Name** |  | | | | | **Position** | | | |  | | | |
| **Signature** |  | | | | | **Date** | | | |  | | | |

|  |  |
| --- | --- |
| **SECTION 7 – CHECK LIST**  **NOTE: The application will not be considered if sections and requesting information are missing. Please ensure all requested documentation is provided.** | |
| Please ensure that the following are attached. | |
| Record of research output for last 3 years |  |
| Motivation for any capital equipment requested |  |
| Proof of ethical clearance or waiver (where necessary) |  |
| Proof of University Biosafety Committee engagement (where necessary) |  |
| Justification for receiving funding for more than three years (where applicable) |  |
| Progress Report if previous Iris Ellen Hodges funding has been received. |  |
|  | |
| **Submit the electronic copy of the application to:**  Mr M. Meela  E-mail: [Research.Health@wits.ac.za](mailto:Research.Health@wits.ac.za)  Tel: 0117172023 | |