



Wound
Ostomy and
Continence
Nurses
Society

**CENTER FOR CLINICAL INVESTIGATION of WOCN SOCIETY
RESEARCH GRANT APPLICATION FORM**

Please complete all items. Type or print legibly.

Name of grant to which you are applying: _____

Title of research project: _____

Your name: _____

Academic degrees: _____

Current professional certification: _____

Home address: _____

Current employer: _____

Employer address: _____

Preferred mailing address:

Home Work

Work phone: _____

Home phone: _____

Fax number: _____

Email: _____

Registered Nurse: Yes No

License Number/State: _____

WOCN Member: Yes No

License Number/State: _____

Please type the following information on a separate page.

Biosketch of Principal Investigator

- A. Name and credentials
- B. Education (post-high school through present: institution, location, dates of attendance, degree, date degree was awarded)
- C. Professional employment (title of position(s), address of employer, inclusive dates, certifications and dates)
- D. Publications
- E. Any previous research experience (including funded research where you were the investigator, years, funder, and monetary amount of grant; role as a data collector on others projects; briefly describe type and level of experience/participation)

Co-Investigators/Personnel

List any co-investigators and attach a biosketch for each, as above. Include a statement, limited to one paragraph in length, about the qualifications/strengths of the research team.

Total Budget of Project (total amount requested): \$ _____

Budget Line Items

- A. Supplies \$ _____
- B. Equipment \$ _____
- C. Photocopying \$ _____
- D. Services (e.g., printing, data entry, etc.) \$ _____
- E. Postage \$ _____
- F. Consultants \$ _____
- G. Technical support staff \$ _____
- H. Computer-related (e.g., software) \$ _____
- I. Other costs \$ _____
- J. Indirect costs (no greater than 10% of total) \$ _____

Budget Justification

Please type a brief explanation of costs for all line items in budget.

Human Subjects

If human subjects will be involved or medical record information of human subjects will be used, briefly explain the risks related to the study and how you will protect the safety and confidentiality of human subjects or their information

Scientific and Funding Overlap

Explain if there is any overlap of the proposed project with other funds/grants received by the principal investigator or study team

Receipt of Funds

Will the principal investigator be accepting the funds directly or will they be accepted via your employment institution? _____

If the latter, name and contact information of person to whom funds should be sent:

*Instructions for Submissions to
Center for Clinical Investigation of WOCN Society Grants Program*

- All sections of the application form must be completed. Incomplete applications will not be reviewed.
- The body of the research proposal may not be longer than 10 double-spaced pages, using 1-inch margins and 12-pt font Arial or Times New Roman. The application form and the reference pages are not counted as part of the 10 pages allowed for the body of the proposal. Biographical, budget, institutional review board approval letters and other Appendix materials are considered part of the application form and not included in the page limit.
- The research proposal must be in the following format:
 - The **Research Question** to be answered (a purpose statement or research aims and, if relevant, hypotheses may also be included in addition to the research question).
 - **Brief Introduction**
 - Address the need to do the study, significance of the proposed research question, relation of the topic to the priority area of grant, and relevance/potential utility of the findings to WOC nursing.
 - **Brief review of literature** that provides context/background to the need for the study and its significance;
 - Summarize the existing published literature and identify the gap in knowledge that the proposed study answers.
 - **Materials and Methods** (how the proposed research will be conducted). Include a description of the:
 - Study design
 - Number and required characteristics of subjects to be studied and strategies for recruiting them
 - Procedures that will be used to obtain the data and/or administer a proposed intervention
 - The plan to analyze the data (e.g. statistical tests you plan to use or qualitative analysis procedures)
 - Potential problems and how you plan to address/avoid them
- An Appendix may be included and the following materials are permitted:
 - Letter of agreement to participate in study from institution in which study will be conducted or letter of agreement from Director of the clinical practice from which subjects will be recruited;
 - Letter of agreement from consultants;
 - Approval from institutional review board/ethics committee;
 - Letter of support from a research mentor on the project if applicable;
 - Data collection instruments that are not readily accessible in the public domain/literature.

- Original and 6 hard copies and a disk containing an electronic copy in MS Word format should be submitted by February 16, 2007 to:

Center for Clinical Investigation of WOCN
Society
c/o Heather Wood
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