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CAMRT Research Fellowship Grant Application

A complete submission must be submitted electronically to professionalpractice@camrt.ca by the deadline.

Proposal Information

Proposal Title

Attach a Curriculum Vitae (CV) for the Research Fellow and Primary Supervisor listed below (see end of form).

Research Fellow Candidate		
Last name	First name	CAMRT member No.
Department and Institution		
Institution Address		
Telephone	Fax	Email

Supervisor(s), if multiple supervisors, list primary first		
Last name (primary)	First name	
Department and Institution		
Telephone	Fax	Email
Last name	First name	
Department and Institution		
Telephone	Fax	Email

Research Team Member(s), including any known mentorship with student or early-career MRT		
Last name	First name	Role
Department and Institution		
Telephone	Fax	Email
Last name	First name	
Department and Institution		
Telephone	Fax	Email

Budget Statement		
Total amount of research fellowship funds requested, up to a maximum of \$30,000: Note: that an itemized budget must appear in the Research Proposal.		\$
Has this proposed research project received funding from another source? (Yes / No) (Applications <u>will</u> be considered for projects that have applied for or received funding from another source.)		
If YES , list funding received, approved and requested:		
Source	Amount (\$)	Date funding approved or anticipated decision date

Summary of Relevant Experience

This section is intended to succinctly describe how the clinical, research or technical experiences and skills of the **Research Fellow and Supervisor(s)** will contribute to the success of the research proposal and outline each person’s role. Note that the CV for the *Research Fellow and Primary Supervisor only* should be attached at the end of the form.
[Responses are limited to the space below; max 500 words]

Abstract

Provide a non-technical abstract of the research proposal summarizing the research problem, the purpose, the scientific/methodological approach, anticipated/potential findings, and the potential significance/impact of the research. It should be written in a non-scientific, non-expert language understandable to the general medical radiation technology community.

[Responses are limited to the space below; max 300 words]

Note: If this proposal is successful, this abstract may be reproduced in CAMRT promotional materials.

Significance of the Research

Describe the significance of the proposed research, how it aligns with the CAMRT’s research priorities as listed on the CAMRT Research Fellowship webpage (Proposal Eligibility subsection). *[Responses are limited to the space below; max 350 words]*

Ethical Considerations

The Research Fellow is responsible for the ethical conduct of the study when data is collected from human subjects (e.g., patients, staff, students etc.). This includes complying with their institution’s research policies and procedures, obtaining Research Ethics Board (REB) approval, obtaining subject consent, and proper storage and disposal of data and/or personal health information.

If unsure whether REB approval or subject consent is required, the Research Granting Committee may be contacted prior to the application deadline (professionalpractice@camrt.ca), or the *Tri-Council Policy Statement* ([Chapter 3 – The Consent Process](#)) can be used as a guide.

For the proposed study *(check all that apply):*

- REB approval is required and has been granted, **or**
- REB approval is required and will be acquired prior to data collection, **or**
- REB approval is not required (explain why not in the space below)
- Subjects will be consented (explain how in the space below), **or**
- Subjects will not be consented (explain why not in the space below), **or**
- Subject consent is not required (explain why not in the space below)

In the space below, briefly describe the answers to the statement(s) (those checked on previous page) and describe any other ethical considerations relevant to this proposal. *[Responses are limited to the space below; max 300 words]*

MRT profession, Patient, Public and/or Educational Perspective(s)

Please indicate how your proposal considers the one or more of the MRT profession, patient, public and/or educational perspectives. The proposal could include a description of how your project idea considers a specific population’s needs and if/how that population will be involved in your project. ****Note:** If not including any of the noted perspectives, please justify. *[Responses are limited to the space below; max 300 words]*

Research Proposal

This section describes the scientific project and proposed research activities, and should include the following (please note max wordcount for each section and details listed on research fellowship description webpage):

- Literature Review
- Purpose/Objectives
- Methods and Materials
- Proposed Data Analysis
- Timeline
- Budget
- References

Subheadings, figures and tables may be added as needed to improve organization although the word count must be adhered to.

Literature Review (*max 600 words*) Describe the problem and its significance, the gap in knowledge being addressed.

Purpose/Objectives (*max 250 words*) A clear purpose should logically flow from the literature review.

Methods and Materials (*max 1000 words*) Describe how the research is planned to be carried out in terms of study design, data collection methods and measures, sample selection, statistical considerations, etc. Describe how the proposal seeks to include an interdisciplinary lens associated with the MRT profession, if applicable. **Note: If not including an interdisciplinary lens, please justify.

Proposed Data Analysis (*max 500 words*) Include a specific plan to analyze data, and draw conclusions from the data collected. Describe how multiple levels of analysis will be incorporated (e.g., quantitative, qualitative, critical synthesis, framework building, consensus building). **Note: If not including multiple levels of analysis, please justify.

Timeline (1 year) (*max 300 words*) Include justification for any time required after 1 year.

Itemized Budget (*no limit; attach document to application if needed*) Include justification of items that are not self-explanatory.

References (*max 300 words*) Note that extensive referencing is not required or expected

Declarations

Review and check each box to confirm that the Research Fellow is aware of and agrees with the following conditions:

- The Research Fellow is a current CAMRT member in good standing for the duration of the funding.
- The Research Fellow’s fellowship supervisor, manager and institution, are aware of and supports this proposal.
- The research activities in this proposal comply with the research and ethics policies and procedures of the home institution and applicable documents (e.g., REB approval, patient consent, etc.) as described in the Ethical Considerations section will be obtained prior to data being collected (if applicable).
- The research team will endeavor to disseminate research findings through presentation and publication. The *JMIRS* holds the right of first refusal on publication, and if the research is supported by other commercial/industry partners the Research Fellow must ensure such support does not prevent research dissemination by the investigators or CAMRT.
- The CAMRT will be acknowledged as a source of funding in all dissemination activities and/or products resulting from the work.
- The Research Fellow is responsible for submitting a final report following the funding period (approximately 1 year) to the Research Granting Committee consisting of an Executive Summary (to be published on the CAMRT website with the Research Fellow retaining intellectual rights to the work), summary of expenditures, and any current or planned dissemination activities.
- The Research Fellow will support the mentorship of an MRT student or early-career MRT and will consult with CAMRT to identify this individual(s).

I the Research Fellow, certify that I have read and will comply with the conditions contained in the CAMRT Research Fellowship Grant program’s guidelines, and policies and procedures, and that the information contained in this application is, to the best of my knowledge, true and complete. I understand that any misrepresentation or omission is cause to disqualify me for acceptance of this grant.

Research Fellow signature (typed name constitutes a signature)

Date