****

**RESEARCH PROTOCOL**

1. **Particulars of Researcher**

Full Name:

Title:

*(Please indicate title: Prof/Assoc. Prof/Dr)*

Present Position:

Department:

Office contact number: Tel:

Mobile Number:

Email:

Research expertise (List up to 5 fields of expertise):

Eg: Otology, Rhinology, Laryngology, Head & Neck surgery, Speech Therapy,

1. **List of Co-researchers** (Include all who have participated in the drafting of this proposal)
2. Name:

Department:

Email:

1. Name:

Department:

Email:

1. **Research Proposal.** Please draft a concept paper using the template provided below. Maximum of 3 pages only.

|  |
| --- |
| **TITLE OF RESEARCH PROPOSAL** |
|  |
| **KEY WORDS** |
|  |
| **BACKGROUND/ JUSTIFICATION** |
| **OBJECTIVES/OUTCOMES** |
|  |
| **METHODOLOGY** |
| Study design  Sample size  Recruitment  Data Analysis |
| **RESEARCH DATA** |
| Where will the data be kept? (Please provide details)  Who will have access to the research data?  How long will the data be kept? |
| **GANTT CHART** |
| Eg:   |  |  |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | |  | 2021 | | | | | | | | | 2022 | | |  | APRIL | MAY | JUNE | JULY | AUG | SEPT | OCT | NOV | DEC | JAN | FEB | | PROPOSAL |  |  |  |  |  |  |  |  |  |  |  | | ETHICS APPROVAL |  |  |  |  |  |  |  |  |  |  |  | | DATA COLLECTION |  |  |  |  |  |  |  |  |  |  |  | | DATA ANALYSIS |  |  |  |  |  |  |  |  |  |  |  | | THESIS PREPARATION |  |  |  |  |  |  |  |  |  |  |  | | SUBMISSION |  |  |  |  |  |  |  |  |  |  |  | |
| **REFERENCES** (up to 10 references) |
| **POTENTIAL IMPACT** |
|  |

1. Please state whether you have submitted this research proposal for funding, now or before

* Yes: If Yes, which grant? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

✓

* No

This proposal will be kept strictly private and confidential. It will not be shared with anyone without your prior approval.

Name of Researcher (CAPITAL):

Signature of Researcher: …………………………………………………….



Date:

