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 **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 designSample sizeRecruitmentData 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:

