

## School of Dentistry Education Research Fund (SDERF) Application Form

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### CHECKLIST

Before submitting your application please ensure that you have checked each of the items listed below.

1. Completed application form
2. Outline of the research project
3. Description of when students will be accessed during data collection *(if applicable)*
4. Timeline for the project
5. Detailed budget including a budget narrative explaining all items
6. Signature(s) of the PI and co-PI(s) *(if applicable)*
7. Completed personal data forms for the principal investigator (PI), co-principal investigator(s) (Co-PI), and each co-investigator *(if applicable)*

### SUBMISSION:

**Complete and submit the application form and any applicable attachments by email to:**

**Miss. Madison Howey**

Research Assistant | Educational Research & Scholarship Unit

5-594, Edmonton Clinic Health Academy (ECHA)

School of Dentistry

Email: [dentersu@ualberta.ca](mailto:dentersu@ualberta.ca)

Phone: 780.492.1330

### SIGNATURES

By signing below, the PI and Co-PI(s) accept the conditions of the SDERF process and, if their application is successful, to have the title of their project and a brief synopsis of their research to be posted on the ERSU website.

Name of Principal Investigator	Signature	Date
Name of Co-Principal Investigator <i>(if applicable)</i>	Signature	Date
Name of Co-Principal Investigator <i>(if applicable)</i>	Signature	Date

Name of Principal Investigator		Email for Correspondence
Name of Co-Principal Investigator(s) (if applicable)	Name of Co-Investigator(s) (if applicable)	
Title of Research Project		
Abstract of Research Project		

**Outline of Proposed Research** *Please see details in the application instructions page. You do not have to fill up all available space, but do not add any additional pages.*

Research Question and/or Hypothesis

Background Information (including appropriate and relevant references, to be added at the end of the application)



Method(s)

Role(s) of Collaborator(s)

Feasibility of Approach (including expertise of the team)

Knowledge Translation Plan

Impact of Research (including a plan for evaluation of a learning tool if applicable)

Description of when students will be accessed for the project *(if applicable)*

Project Timeline



Budget				
Item	Human Resources	Hours	Rate	Budget (Hours*Rate)
1	External Resources (Consultants). Please provide a description of the role of the Consultant(s).			
2	External Resources (Facilitators). Please provide a description of the role of the Facilitator(s).			
3.	Other Human Resources			
<b>Sub-Total Human Resources (Add items 1 through 3)</b>				
	Supplies, Services, Equipment, Travel (Items exceeding \$1000 should be pre-approved and authorized)	Number	Price/Unit	Budget (Number*Price)
4	Supplies			
5	Services			
6	Equipment			
7	Computer Hardware			
8	Software			
9	Travel (not including dissemination of results)			
10	Other			
<b>Sub-Total Supplies, Services, Equipment and Travel (Add items 4 through 10)</b>				
<b>Requested Total Costs</b>				

Budget Narrative

Contributions from Other Sources *(if applicable)*

Other Attachments *(list other attachments if applicable)*

Plans for Applying for External Funding Sources

Evidence of acceptability of research *(Research Ethics Board; Biosafety Committee; Animal Welfare Committee; Radiation Safety Committee etc. if applicable)*

References