



**CARIBBEAN COUNCIL FOR THE BLIND
&
THE FOUNDATION FOR EYE CARE IN THE CARIBBEAN**

**“DELIVERING VISION 2020: THE RIGHT TO SIGHT AND INCLUSIVE
SERVICES, THROUGH QUALITY RESEARCH**

Application for a research grant

(Please read the agreement between the Department of Community Health & Psychiatry and CCB-Eye Care Caribbean located at <http://www.eyecarecaribbean.com/research-grants/research-grant-offer-owi-mona> carefully before completing the application form)

Note: This form, when completed and signed should be scanned and sent to researchgrantapplication@eyecarecaribbean.com and copied to conrad.harris@jamaicasocietyfortheblind.com

“Preventing blindness and visual impairments; while restoring sight and creating opportunities for persons whose sight cannot be restored”.

Lower All Saints Road - P.O. Box 1517 - Antigua, West Indies

Tel: 1-(268)-462-4111/462-6369/562-2216

Fax: (268)-462-6371

E-mail: arvel.grant@eyecarecaribbean.com; conrad.harris@jamaicasocietyfortheblind.com

Website: www.eyecarecaribbean.com

1. **Name of the Applicant - principal investigator**

Surname	Other Name(s)

2. **Present Appointment - graduate level**

Programme of study	
Year ___ of ___ years	
Fulltime? ___ Part-time? ___	substantiated / probationary / contract
Start Date: _____ End Date: _____	
Department	
University/ Applicable Hospitals/Clinics	(Please indicate if the Applicant is a civil servant.)
Telephone	
Fax	
E-mail	

3. **Research Proposal**

Please state the research proposal which you intend to undertake in the capacity of Principal Investigator, using the research grant for which you are applying. The proposal MUST be submitted as an appendix to this completed and signed application form.

Title of Proposal	
V2020 Caribbean priority area being studied	Code of Primary Field: Code of Secondary Field:
Study Duration	
Funding Requested *Should not exceed J\$100,000.00 *Funds will be deposited to an official account confirmed in writing by the Head Of Department	

4. Summary of research plan

Host University	
Department where you will undertake the proposed research	
Proposed period of research	
Amount of research grant	

Summarize your research proposal in five hundred or less words below:

- 5 How will this study enhance the public health response to the condition being studied?
Describe in 500 or less words the anticipated impact.

6. Education and Training (with qualifications obtained)

List in reverse chronological order the tertiary institutions from which you have received your undergraduate, graduate education and training, and the qualifications obtained:

Date Attended	Nature of Study/Training	Institution	Qualification obtained (month/year)

List in reverse chronological order any honor, award, fellowship, prize, or other recognition of achievement received:

Date Awarded	Sponsoring Organisation	Award/Fellowship/Prize

7. Research Career

In five hundred or less words, summarize your research career to date and state the research work which you, either as the Principal Investigator or as the Co-Investigator, are currently undertaking or have completed in the past.

Research Work Undertaken, if any:

Project Title	Start Date	Completion Date	Funding Involved

Research Publications (if any)

In five hundred or less words, list your most relevant publications (if any)

9. Particulars of Research Supervisor for the proposed study (if applicable)

Summarize the details of and your association with your Research Supervisor;

Name of Research Supervisor	
Position at this university	
University	
Association/Acquaintance with Research Supervisor	
Involvement of Mentor in the proposed Research Project	

10. Declaration by the Applicant

I confirm that:

- (a) I am able to complete the proposed study with in the academic year, 2012-2013
- (b) I have completed this application form in accordance with the terms of the applicable agreement between the Department of Psychiatry and Community Health and CCB-Eye Care Caribbean-
<http://www.eyecarecaribbean.com/research-grants/research-grant-offer-uwi-mona>
- (c) I further understand that the information contained in this application may be made available on a confidential basis to reviewers for assessment purposes. I further authorize the study or any part there-of to be published, referenced or used in any or all not for profit circumstances, providing that appropriate acknowledgements are accorded to this researcher and referenced members of the research team.

Signature: _____

Name of Applicant: _____

Date: _____

Part II Endorsement by the applicant's Research Supervisor or Line Manager in the department of Psychiatry & Community Health, UWI Mona.

1. I confirm that, if the applicant is awarded the research grant I shall be his/her mentor for the purpose of undertaking the proposed study

2. I have known the applicant for a period of _____ years and have served as the applicant's
 - * Line Manager
 - *Researcher
 - *Dissertation/Thesis Adviser
 - *Teacher
 - *Others (please specify: _____)

3. I endorse this research application on the basis of the following merits:
(Describe the basis for endorsement in a short paragraph)

Signature: _____

Name-of-Mentor: _____

Position-: _____

Department: _____

University: _____

Date: _____