**For Official Use Only**

* Applicant and Mentor (for trainee/student applicant) is/are ordinary/associate/life SICM member
* Membership is in good standing
* Grant reference number 2025/\_\_\_\_\_\_\_\_\_

**Applicant Submission Checklist**

* Grant Application Form (this form)
* Grant Budget Application Form (excel file)
* CV(s) of PI and all study team members (in PDF)
* Any other supporting documents (e.g. testimonials, ethics approval letter or other documents) which support the application

**Instructions to Applicants**

1. ALL sections of this Application Form must be completed
2. Please use Arial Font Size 10 for all text
3. Email completed application form to: secretariat@sicm.org.sg, attention “**SICM PFFP**”
4. Late and/or incomplete submissions will not be accepted

**Closing Date: Wednesday 11 July 2025 (Friday), 5 pm**

**Important Dates**

|  |  |
| --- | --- |
| 10 February 2025 | Call for Proposals |
| 4 July 2025, 5 pm | Grant Call Deadline |
| 11 July to 4 August 2025 | Shortlisting of Projects |
| 17 August 2025 (TBC) | Pitch-for-Fund Presentation at APICS  |
| 17 August 2025 (TBC) | Announcement of Outcome at APICS  |

\* Shortlisted participants will be given an entry pass to the event, if you are not registered as a APICS delegate.

All information received is treated in confidence. The information is furnished with the understanding that it shall be used or disclosed for evaluation, reference, and reporting purposes*.* If your application is not successful, this form will be destroyed after the retention period deemed appropriate by the SICM Executive Committee.

**A. APPLICANT’S PARTICULARS**

All ordinary, associate or life members of SICM in good standing, who are practising in local public healthcare institutions or studying in local healthcare schools, are eligible to apply for the SICM PFFP. In addition, residents/trainees and medical/nursing/pharmacy/allied health students must have a specialist mentor, who is a SICM member, who will be responsible for the study ethics application (if applicable) and compliance with the research regulations. Foreign members are not eligible to apply.

|  |  |  |
| --- | --- | --- |
| **1** | **Name:**  | page2image60427552 |
| **2** | **Salutation:**  |  |
| **3** | **Institution:**  |  |
| **4** | **Department:**  |  |
| **5** | **Designation:**  |  |
| **6** | **Contact Number (Mobile):**  | page2image41919488 page2image41920064 |
| **7** | **Email address:**  |   |
| **8** | **SICM Member No.:** *25XXXX* |  |

**A1. SPECIALIST MENTOR’S DETAILS (FOR RESIDENTS / STUDENTS ONLY) N/A**

|  |
| --- |
| **Primary Mentor’s Details** |
| **1** | **Name:**  | page2image60427552 |
| **2** | **Salutation:**  |  |
| **3** | **Institution:**  |  |
| **4** | **Department:**  |  |
| **5** | **Designation:**  | page2image41915264page2image41915840 |
| **6** | **Contact Number (Mobile):**  | page2image41919488 page2image41920064 |
| **7** | **Email address:**  |   |
| **8** | **SICM Member No.:** *25XXXX* |  |

**A2. STUDY TEAM COMPOSITION (add more columns if required)**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **1** | **Name:**  |  |  |  |
| **2** | **Salutation:**  |  |  |  |
| **3** | **Institution:**  |  |  |  |
| **4** | **Department:**  |  |  |  |
| **5** | **Staff Category (medical/nursing//allied health/student):** |  |  |  |
| **6** | **Designation:**  |  |  |  |
| **7** | **Role in Study (PI/****Co-I/Collaborator):** |  |  |  |
| **8** | **Contact Number (Mobile):**  |  |  |  |
| **9** | **Email address:**  |  |  |  |
| **10** | **SICM Member No.:** *25XXXX* |  |  |  |
| **11** | **Signature:** |  |  |  |

**B. RESEARCH PROJECT DETAILS**

**B1. Project Title *(limit to 50 words)***

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**B2. Is this the first time this proposal is being submitted for grant funding?**

**[ ] Yes****[ ] No (Please complete Question B3)**

**B3. What prior grants have been attempted for this proposal?**

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**B4. Importance of this project and what is the current gap in knowledge or practice *(limit to 500 words)***

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_



**B5. Aim and Hypothesis of the proposed project *(limit to 500 words)***

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**B6. Proposed methodology *(limit to 1000 words)***

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**B7. How do you intend to use the information generated from this study to change current practice? *(limit to 500 words)***

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**B8. Is there an intended larger scale funding to be obtained as a result of this project? If yes, please elaborate. *(limit to 500 words)***

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_



**C. RESEARCH MILESTONES / KEY PERFORMANCE INDICATORS (KPI)**

You will be required to submit a 6-monthly Progress Report (First due by **Feb 2026)** in which your progress will be measured against the target deadlines and milestones below.

Please fill in the target deadlines in the table below.

Please propose milestones for assessment of progress of your project.

|  |  |  |
| --- | --- | --- |
| **S/N** | **Milestones** | **page10image59939392Target Deadline** |
| 1 |  | page10image59943312 |
| 2 |  |  |
| 3 |  |  |
| 4 |  |  |

|  |  |
| --- | --- |
| **Research Milestone / Deliverables** | **2025 to 2026** |
| **M1** | page10image41709952**M2** | page10image41710528**M3** | **M4** | page10image41711488**M5** | **M6** | **M7** | **M8** | **M9** | **M10** | page10image41781120**M11** | page10image41781696**M12** |
| *Example: Data collection*  | X | page10image41783808X | page10image41784384X | X | page10image41785344 |  |  |  |  |  | page10image41795776 | page10image41796352 |
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| --- | --- |
| **Research Milestone / Deliverables** | **2026 to 2027** |
| **M13** | **page10image41709952M14** | **page10image41710528M15** | **M16** | **page10image41711488M17** | **M18** | **M19** | **M20** | **M21** | **M22** | **page10image41781120M23** | **page10image41781696M24** |
| *Example: Data analysis* |  |  |  |  | page10image41785344X | X | X | X |  |  | page10image41795776 | page10image41796352 |
|  |  |  |  |  |  |  |  |  |  |  |  |  |
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**D. BUDGET**

Please complete the Grant Budget Application Form (excel file).

The grant should be used for manpower, equipment, and consumables. Examples include, but not limited to, employing research assistants or purchase of consumables (reagents, test kits, etc). It will not cover indirect research costs or PI salary.

Please refer to the applicant package and budget application form for more details.

N.B.: Applicants are strongly advised to seek their institution research office for budget estimation prior to submission.

**E. ETHICS REVIEW**

*Please select the appropriate box.*

[ ] I have not submitted application for ethics approval

[ ] I have submitted application for ethics approval on (date)

[ ] I have obtained ethics approval, Reference No. on (date)

[ ] The project does not require ethics approval. Reason:

**F. DECLARATION OF OTHER SUPPORT (IF APPLICABLE)**

Any concurrent grant funding for this proposal will render the proposal ineligible for grant application.

**G. DECLARATION BY APPLICANT**

CHECK in the boxes as acknowledgement:

[ ] I declare that the information in this application is true to the best of my knowledge and that I have not wilfully suppressed any material fact

[ ] I noted that I will be required to provide interim updates on the progress of the study every 6 months

[ ] I noted that I, or a member of the study team, will be required to present the progress and/or findings of the study (where relevant) at the annual Asia Pacific Intensive Care Symposium

[ ] I noted that smooth disbursement of grant allowance is contingent in complying with the above, and in a timely manner

Name & Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:

**H. ENDORSEMENT BY HEAD OF DEPARTMENT**

By signing, I undertake to

[ ] Provide appropriate department support during the grant period to allow fulfilment of research goals

[ ] Ensure that the funds provided are used for the appropriate purposes

[ ] Ensure that the study complies with all applicable guidelines and regulations pertaining to human

 research

[ ] Ensure approval from the appropriate bodies has been obtained prior to engaging in any research

[ ] Ensure appropriate senior supervision for residents/students applying for the grant

Name & Signature: Date:

**I. ENDORSEMENT BY INSTITUTION RESEARCH DIRECTOR**

By signing, I undertake to

[ ] Provide appropriate institutional support during the grant period to allow fulfilment of research goals

[ ] Ensure that the funds provided are used for the appropriate purposes

[ ] Ensure that the study complies with all applicable guidelines and regulations pertaining to human

 research

[ ] Ensure approval from the appropriate bodies has been obtained prior to engaging in any research

[ ] Ensure appropriate senior supervision for residents/students applying for the grant

Name & Signature: Date: