

Grant Application Form

Van Rens Foundation 2017



1a. Study title (max. 25 words)

1b. General information project leader	
Title	
Initials	
Name	
Position	
Institute/organisation	
Contact address	
Contact email	
Contact telephone	

1c. Other project members involved		
1	Name Position Institute	
2	Name Position Institute	
3	Name Position Institute	
4	Name Position Institute	
5	Name Position Institute	

Please add the Curriculum Vitae of the project leader to the grant application

1d. Project characteristics		
Is this application a resubmission?	Yes / no	submitted in
Type of researcher	Post-doc / PhD / other, specify	
Duration in months	months	
Expected starting date (not sooner than January 1, 2017, not later than March 1, 2017)		

1e. List of 5 key words
1.
2.
3.
4.
5.

1f. Scientific summary (max 1000 words, no tables/figures)

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1g. Short lay summary of the project (max 100 words)

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2c. State of the art of the work field (max 500 words)

Methodology

3a. Methodology – Variables, data sources and data collection methodology (max 300 words)

3b. Methodology – Study population (persons, implants, time period, inclusion and exclusion criteria) (max 200 words)

3c. Methodology – Work plan (max. 1750 words (including tables and figures))

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3d. Methodology – Statistics / power calculation (max 500 words)

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3e. Methodology – Limitations of study design, data sources and analytical methods (max 300 words)

3f. Methodology – Timeline (max 500 words)

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Outcome

4a. Expected outcome / end product and impact (max 200 words)

4b. Plans for communicating results and dissemination (max 200 words)

4c. Contribution of the project to the quality of orthopaedic care (max 300 words)

5. Structure and cooperation research group (max 200 words)

6. References (max 1 page)



Data storage

7a. Information governance (max 100 words)

7b. Patient identifiable data (max 100 words)

7c. Linking to patient identifiable data from other sources (max 100 words)

Budget

8a. Co-financing (max 400 words)

8b. Budget					
	Proportion (fte)	Starting date	Finishing date	Duration (in months)	Budget
Personnel¹ Junior researcher / PhD / post-doc / other, specify					
Junior researcher / PhD / post-doc / other, specify					
Congress visit²					

¹ Max. 1.0 fte in total; ² Including administration fee, travel and hotel expenses, excluding NOV congress.

8c. Motivation of requested budget (max 300 words)

8d. Contact person financial administration (max 100 words)

Review and conflicts of interest

9a. Suggested (international) referees (minimal 5)¹			
	Name	Position and organisation	Email address
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			
Comments (max 100 words)			

¹ Please provide at least 5 (international) possible referees who are not directly involved in this or comparable research projects within your research group. Prevent 'hot shots', since they are generally too busy to judge your project. This information will only be used internal and not send to external referees.

9b. Conflicts of interest (max 100 words)

Specification of data application LROI

Specification of data application					
Joint		Procedure type		Patient demographics	
Hip		Primary		Gender	
Knee		Revision		Age at procedure	
Shoulder (available since 2014)		Linked Primary-revision		Smoking (available since 2014)	
Elbow (available since 2014)				BMI (available since 2014)	
Ankle (available since 2014)				ASA Grade	
				Charnley score (hip/knee) (available since 2014)	
				Walch class (shoulder) (available since 2014)	
				Previous operations of affected joint	
Procedure details		Implant data			
Year of procedure		Manufacturer			
Side		Name of implant			
Indication for primary procedure		Material of implant			
Approach		Type of implant			
Type of prosthesis					
Fixation					
Articulation					
Reason for revision					

Data is provided on the level of detail needed to answer the research question. Data will not contain any patient identifiable data and is made untraceable to physician(s) and hospital(s). Traceability of data on the level of the physician or hospital will only be performed after approval of the concerning hospital(s) or physician(s).

Please fill in the form in English and save the definitive Application Form Van Rens Foundation as a PDF file. Please sent this grant application form (as PDF) including the Curriculum Vitae of the project leader (as PDF) and a motivation letter (as PDF) to vanrensfonds@orthopeden.org.