



FOMS13 – Mandatory Research Requirements Submission of Proposal – Pathway 2 Oral and Maxillofacial Surgery

Please type or print in **BLOCK** letters your responses in this form
Completed forms should be submitted via email to oms@racds.org

First Name		RACDS ID <small>(if known)</small>	
Last Name			
Other Names		Date of Birth <small>(dd/mm/yy)</small>	
Training Centre			

Research Details

Please provide an outline of the proposal as an attachment.

Research proposal attached.

Topic/Title	
-------------	--

Ethics Approval and Funding

Is ethics approval required? Yes No

If 'no' please provide further detail below i.e. advice received from X body to confirm this as a low risk study on X date

Has ethics approval been sought?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Has ethics approval been granted?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
If yes , please indicate the Ethics Approval Number and the Institution.			
Has funding for this project been sourced?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Has funding been approved?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A

Sign off

I support this trainee's research proposal.

Supervisor of Research:			
Supervisor's Signature:		Date:	
Trainee Name:			
Trainee's Signature:		Date:	