



Submission of Research Proposal – Pathway 2

FOMS 7B

- This form is for Oral and Maxillofacial Surgery (OMS) trainees who are submitting a proposal for the completion of mandatory research requirements via pathway 2 in accordance with the [Accredited Training in OMS Handbook](#).
- Please complete this form and email with supporting documents to omstraineer@racds.org by 15 February of OMS 2 training. Late and incomplete applications will not be accepted.

Applicant Details

First name		RACDS ID (if known)	
Last name			
Email address			
Training centre			

Research Details

Title			
Supervisor(s) and co-authors			
<input type="checkbox"/> Research proposal is attached including the abstract, methodology (including sample size and demographics), and proposed timeline for completion and publication.			

Ethics Approval and Funding

Is ethics approval required?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
If you answered no, please provide further details below (i.e., advice received from X body to confirm this as a low-risk study on X date).			
Has ethics approval been granted?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
If you answered yes, please indicate the ethics approval number and the name of the institution.			
Has funding for this project been sourced?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A

Trainee Declaration

I hereby declare that all information provided in this application is true and correct. I understand that completed research must include a copy of the paper accepted for publication in a referred journal.

Signature		Date	
-----------	--	------	--

Research Supervisor Declaration

I hereby declare that all information provided in this application is true and correct. I will support and supervise the trainee's research until completion.

Name			
Signature		Date	