

EDUCATION AND RESEARCH COMMITTEE APPLICATION FORM

CCSSA membership for a period of three years is a prerequisite for all funding allocated by this committee.

AIMS AND PRINCIPLES:

This official application form must be used by all applicants and submitted to the Secretariat secretariat@criticalcare.org.za. Decisions regarding the distribution of funds will be made by the Research and Education Committee and will be final.

1 RESEARCH:

Competitive research funding is available to support critical care- related research. Funding may be used for expenses such as equipment, running costs, laboratory expenses, data collection, capturing and analysis, materials and publication costs. Congress-related expenses will not be supported by this grant.

It is expected that research funded by this program will be submitted as an abstract, for presentation at a CCSSA Congress and the final paper submitted to a peer reviewed journal. Submission to the Southern African Journal of Critical Care is encouraged, but not a requirement.

2 EDUCATION:

Education is defined as all matters of education, outreach and continued education that concern the Society, its members and the field of Critical Care.

3 TRAINING:

Training is defined as activities and teaching aimed at improving critical-care related skills, for any discipline.

To be considered all applications should be accompanied by:

1. Cover letter
2. CCSSA Application form
3. (For Research funding only):
 - a. Study synopsis

- b. Full study protocol
- c. Consent forms and other supporting or regulatory documentation, as applicable
- d. Proof of Ethics Approval
4. Comprehensive Budget
5. Other supporting documents
6. A statement of impact on aims of CCSSA
7. Other supporting documents

Deliverables: Acknowledgement of CCSSA grant

Applications are reviewed three times per annum:

	1:	2:	3:
Deadline for submission:	31 Jan	30 April	30 Sept
Decision announced:	1 March	1 June	1 Nov

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Kwa Zulu Natal, 4220
South Africa
www.criticalcare.org.za



Mobile: +27 (0)82 553 8201
Email: secretariat@criticalcare.org.za

APPLICATION FOR FUNDING:

APPLICANT:

Title: _____ First Name: _____

Last Name: _____

Co-Investigators:

CONTACT DETAILS:

Cell: _____ Email: _____

Address: _____

CAPACITY:

Researcher Supervisor Organiser Other (Specify)

AFFILIATIONS:

University Subspecialty Other (Specify)

CCSSA MEMBERSHIP:

Allied Nurse Medical Practitioner

CCSSA MEMBERSHIP NUMBER: : _____

CCSSA BRANCH:

Egoli Jacaranda KZN E Cape
 W Cape Free State

DATE: _____ SIGNATURE: _____

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TYPE OF FUNDING APPLICATION:

BUDGET:

Describe and attach full budget if applicable.

Total Budget for the Project: _____

Amount of current application: _____

Intended Use:

Proof of expenses attached: YES NO

SUMMARY OF PROJECT:

Brief description of project. For research please attach protocol and research ethics board approval.

Please list documents attached.
