



***AFSCAN is a global initiative which facilitates capacity building in the African veterinary community to enhance quality in small companion animal medicine with a One Health perspective***

**APPLICATION FOR AN AFSCAN RESEARCH AWARD**

- 1. Applications must be submitted in electronic format**
- 2. An e-mail contact address must be submitted**
- 3. Applications should be submitted in ARIAL font size 10, single line spacing and must not exceed the size of the boxes on this version of the application form.**

**Application for an AFSCAN Research Award**

|                            |                    |         |
|----------------------------|--------------------|---------|
| Applicant Name             | Ms/Mrs/Mr/Dr/Prof: |         |
| Qualifications             |                    |         |
| Current Post               |                    |         |
| Work Address               |                    |         |
| E-mail address (mandatory) |                    |         |
| Work Tel:                  | Home Tel:          | Fax No: |

|  |  |  |
|--|--|--|
| Co-applicants Name(s) & e-mail address(es) |  |  |
|--|--|--|

|                         |  |
|-------------------------|--|
| <b>Title of Project</b> |  |
| <b>Duration</b>         |  |

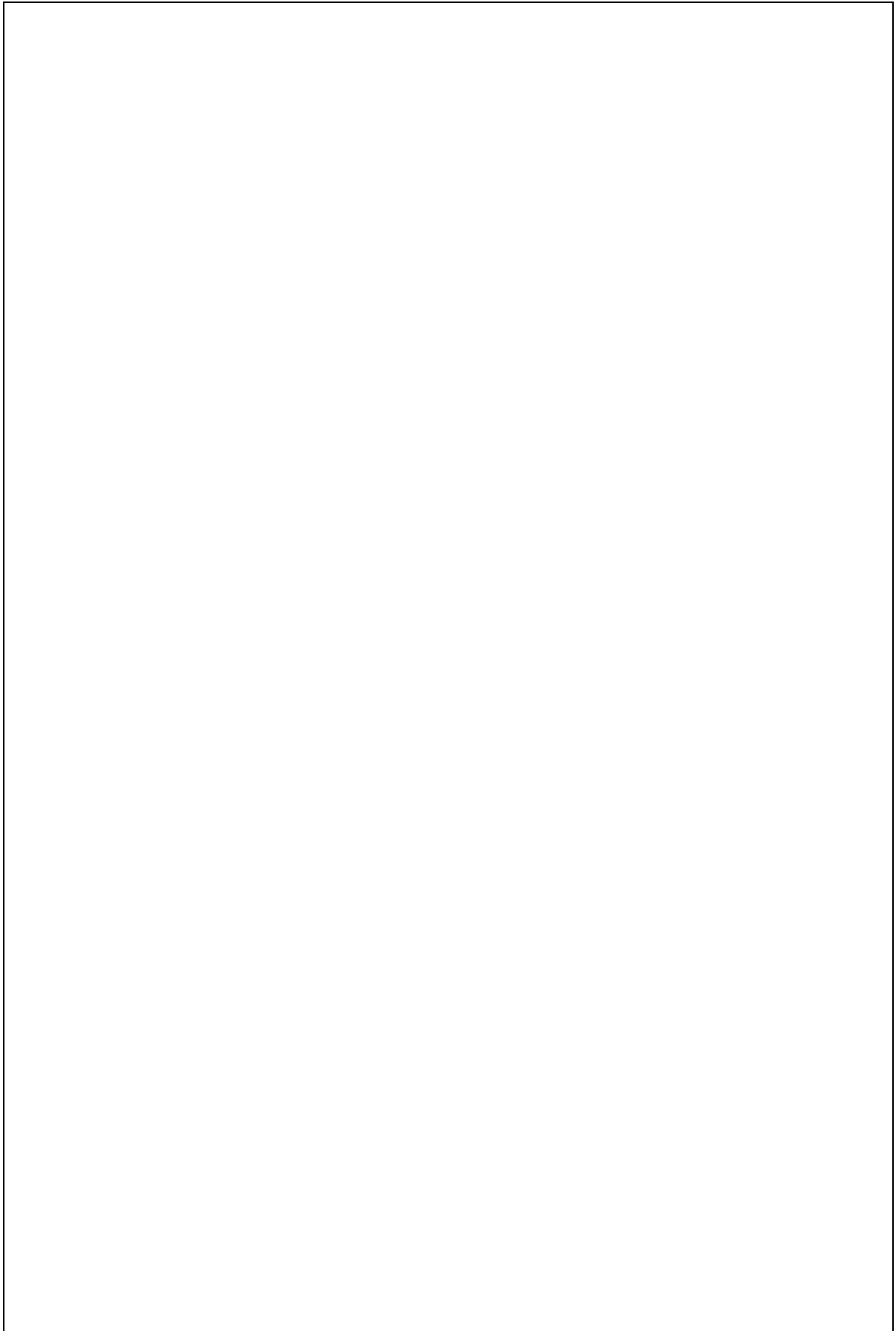
**Brief Abstract**

**Aims**

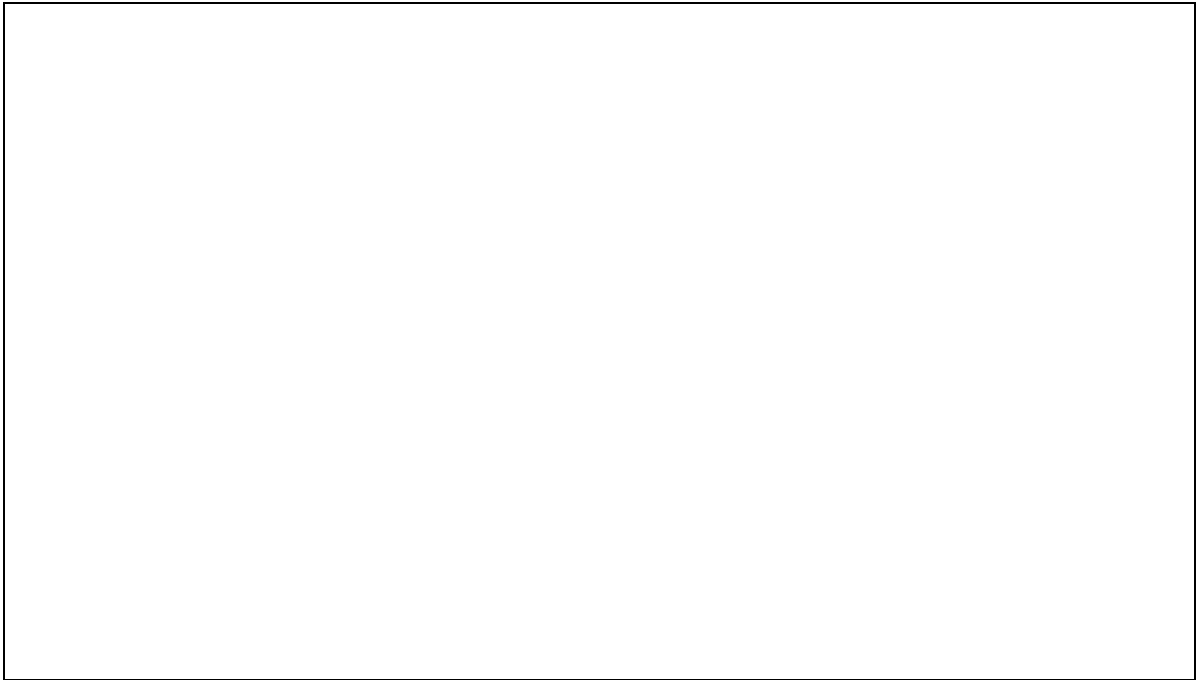
**Background**

**Experimental Design**

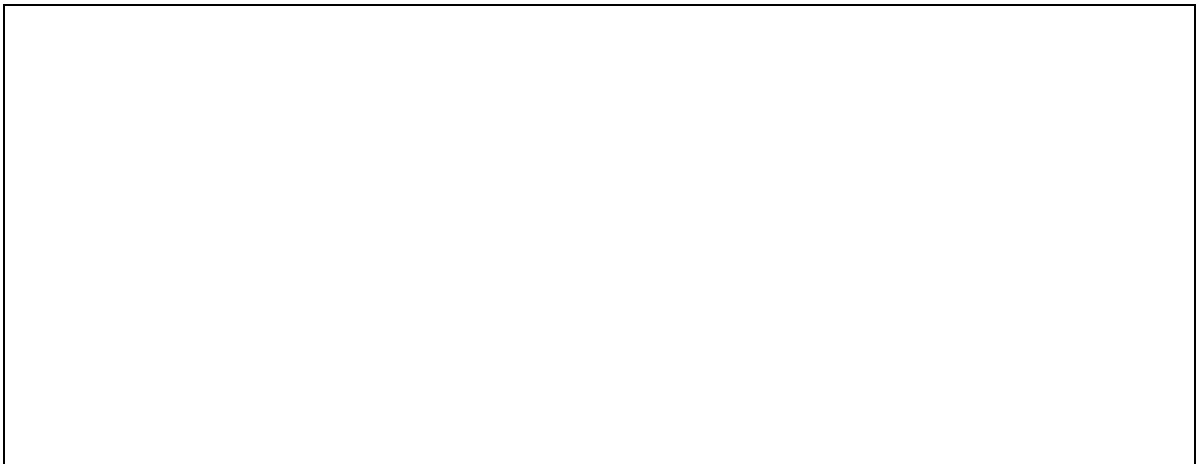
Applications must have been passed by an Institutional Ethical Review Committee.



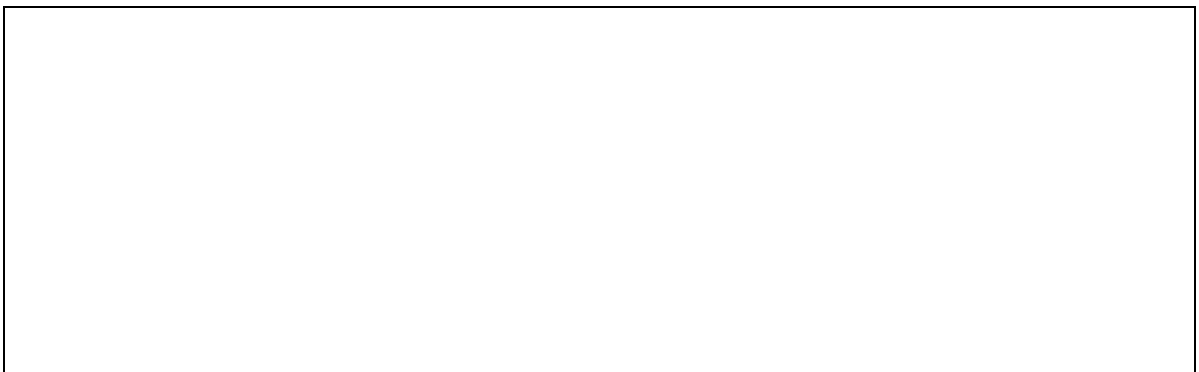
## **Analysis of Results**



**How are the results likely to benefit scientific understanding?**



**How are the results likely to benefit African society?**



**AFSCAN wishes to promote collaboration between African researchers and those with shared interests internationally. Do you already have such a collaboration or have you identified potential collaborators?**

**Analysis of Costs**

**Expenditure (Please use US \$ Currency)**

Note: AFSCAN will not fund salaries

|                     | <b>1<sup>st</sup> year</b> | <b>2<sup>nd</sup> Year</b> | <b>Total</b> |
|---------------------|----------------------------|----------------------------|--------------|
| Consumables         |                            |                            |              |
| Recurrent Expenses  |                            |                            |              |
| Apparatus (specify) |                            |                            |              |
| <b>Total</b>        |                            |                            |              |

**Other support available**

Please give details of any existing or proposed co-funding for the project

|  |
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|  |
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**Grant Application Check List and Signatures**

- 1. Application completed (with contact e-mail address) and signed by all of the applicants
- 2. CV pro-formas of principal applicant and co-applicants
- 3. Letter of support from Head of Department
- 4. Complete details of equipment requested
- 5. Welfare and Ethics committee approval indicated
- 6. Signed copy of the Terms and Conditions

|  |  |
|--|--|
| <b>Signature of Head of Department</b> |  |
| <b>Signature of Finance Director</b>   |  |
| <b>Signature of Applicants</b>         |  |
| <b>Date:</b>                           |  |

## CV Pro-Forma

**A truncated CV from the principle applicant and co-applicants is requested.**

**This page should be duplicated if there is more than one applicant.**

1. Name
2. Current post (Title, department, institution, date of appointment and, if appropriate, expected termination)
3. Last three posts held (with dates)
4. Research projects undertaken in the last five years (include title, amount and source of funding)
5. Relevant publications (list up to ten, give the citation in full, including the title of the paper and list all of the authors)
6. Additional information that relates directly to the application (use up to ten lines of text)