



College of Clinician Scientists

# College of Clinician Scientists

ACADEMY OF MEDICINE, SINGAPORE

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Company Reg No. 197702012E



Academy of Medicine, Singapore

## APPLICATION FORM

### SEAH CHENG SIANG MEMORIAL RESEARCH AWARD

Please complete and submit this form to the email [ccs@ams.edu.sg](mailto:ccs@ams.edu.sg) or College of Clinician Scientists c/o Academy of Medicine, Singapore. Please read the Terms of Reference for the application before submission. Incomplete applications will not be considered.

A. DETAILS OF APPLICANT			
Salutation:	<input type="checkbox"/> Dr	<input type="checkbox"/> Mr	<input type="checkbox"/> Ms
First Name:			
Last Name:		MCR No.:	
NRIC/Passport No.:		Nationality:	
Date of Birth:		Ethnic Group:	<input type="checkbox"/> Chinese <input type="checkbox"/> Malay <input type="checkbox"/> Indian <input type="checkbox"/> Others
Organisation:			
Present Appointment:			
Mailing Address:			
Mobile:		Email:	
Please select your category of membership under the Academy of Medicine, Singapore:			
<input type="checkbox"/> Fellow (Local) <input type="checkbox"/> Fellow (Overseas) <input type="checkbox"/> Ordinary <input type="checkbox"/> Associate			
Date admitted as FAMS:			
Please indicate the College/Chapter of your specialty (specialties) – if applicable:			
<input type="checkbox"/> College:		<input type="checkbox"/> Chapter:	
B. RESEARCH INTERESTS			

**C. PUBLICATIONS IN THE LAST 5 YEARS**

*Include only publications of direct relevance to study, stating Impact Factors where possible*

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**D. PATENTS HELD**

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**E. SCIENTIFIC AWARDS**

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**F. OTHER SUPPORT**

**I. SUPPORT FROM ANY INDUSTRY PLAYERS**

Items Supported	Source of Support	Form of Support		Support Period (Year)
		In-Kind	Cash Contribution (SGD)	

**II. PEER REVIEWED FUNDING RECEIVED IN THE PAST 5 YEARS AS PI**

*(from local and foreign funding agencies)*

Title of Research	Funding Agency	Amount of Fund		Support Period (Year)	Expiry Date of the Grant	Any Overlapping Sections with Current proposal?
		Approved/Received (\$)	Balance Available (\$)			
						Yes/No
						Yes/No
						Yes/No

III. LIST ALL PENDING GRANTS APPLIED (E.G. NMRC, NRF, A*STAR, MOE, CLUSTERS, ETC)						
Title of Research	PI's Role in project	Application ID	Funding Agency	Amount of fund applied (\$)	Support Period (Year)	Any Overlapping Sections with Current Proposal?
						Yes/No
						Yes/No
						Yes/No

**G. REASONS FOR APPLYING THE SEAH CHENG SIANG MEMORIAL RESEARCH AWARD**  
*Please state the reasons for applying to the Seah Cheng Siang Memorial Research Award: Please give us a short narrative as to why you would like to apply for the Memorial Award.*

**H. RESEARCH PROPOSAL**  
*In no more than 5 pages (page limit excludes the translation pathway, key performance indicators, and reference section) include the following sections in the research proposal. Please use Calibri font size 10 for all text.*

- I. Specific Aims & Hypothesis*
- II. Background & Clinical Significance*
- III. Preliminary Studies/Progress report*
- IV. Methods/Approach*
- V. How the research furthers the vision/mission of NMRC*
- VI. How the research project will prepare applicant towards being an independent PI*
- VII. Translation Pathway*
- VIII. Key Performance Indicators (KPI)*
- IX. Proposed Budget*
- X. References*

**I. Specific Aims & Hypothesis**  
*State concisely and realistically what the study intends to accomplish and what hypothesis is to be tested.*

**II. Background & Clinical Significance**

*Briefly sketch the background of the research proposed, critically evaluate existing knowledge and specifically identify the gaps which the project intends to fill. State concisely the importance of the research described by relating the specific aims to both short term (3-5 years) and possible long term clinical implications.*

**III. Preliminary Studies/Progress Report**

**IV. Methods/Approach**

*Describe the following in detail:*

- (i) experimental design and the procedure,*
- (ii) any new methodology and its advantage over existing methodologies,*
- (iii) the potential difficulties and limitations of the proposed procedures and alternative approaches to achieve the aims,*
- (iv) any procedures, situations or materials that may be hazardous to personnel and the precautions to be exercised,*
- (v) Statistical justification and the means by which data will be analyzed and interpreted.*

**V. How the Research Furthers the Vision/Mission of the College**

**VI. How the research project will prepare applicant towards being an independent Clinician Scientists**

**VII. Translation Pathway**

*In no more than 1 page, address the following areas.*

(i) Potential Areas of Implementation or Adoption

*Please indicate if the outcome(s) of the study has potential to be implemented or adopted into healthcare policy or practice. If yes, please describe the specific area(s) for translation and how important it is or they are clinically.*

(ii) Patient-related Outcomes

*Please indicate if there are any patient-related outcomes, in terms of reducing the mortality and morbidity of any particular disease burden. How would your proposed research impact on these?*

(iii) Next Steps

*Please describe the 2-3 years' follow-on plan (after the completion of the study) regarding how you intend to bring the research outcomes to implementation or adoption into healthcare policy or practice.*

**VIII. Key Performance Indicators (KPI)**

**IX. Proposed Budget**

*Please list down the costs associated with the project which the award will be used for.*

**X. References**

*Please list the references in the order cited in this proposal, including the titles.*



Thank you for your interest.

PLEASE EMAIL THIS COMPLETED FORM TO [ccs@ams.edu.sg](mailto:ccs@ams.edu.sg)

OR

PLEASE MAIL THIS COMPLETED FORM TO:

COLLEGE OF CLINICIAN SCIENTISTS  
ACADEMY OF MEDICINE, SINGAPORE  
81 KIM KEAT ROAD #11-00 NKF CENTRE  
SINGAPORE 328836  
ATTN: MR POON WEI HAO