**Faculty Support for Research in Education (FSRE)**

**2025 Application Form**

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| **Applicant & Project Information** | | | | |
| **Principal Investigator:** | | | | |
| **Name:** |  | | | |
| **Email:** |  | | **Extension:** |  |
| **Department:** |  | | | |
| **Rank** (e.g. Asst Prof, Fellow, Graduate Student): | |  | | |
| **ORCID ID:** | |  | | |

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| **Co-Investigators (insert additional rows if necessary):** | | |
| **Name** | **Rank** | **Department** |
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| **Mentor/Supervisor (if applicable):**  If the PI is a graduate student, postdoc or fellow, a faculty member from the Schulich School of Medicine & Dentistry must be identified as the Mentor/Supervisor. | | |
| **Name** | **Rank** | **Department** |
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| **Project Information:** | |
| **Title of Project:** |  |
| **Total Amount Requested:** | $ |

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| **Certification Information** | | | |
| *If this research will involve any of the following certifications, place an* ***X*** *in the appropriate box, and corresponding Approval # if known. The necessary certification must be met in accordance with Western’s policies.* ***Funds will be released only after receiving confirmation that researchers have obtained all required certifications or approvals required by Western.*** *If this is not applicable to your project, please check N/A.* | | | |
| **Human:** | **Animal:** | **Biohazard:** | **N/A** |
| **Approval #:** | **Approval #:** | **Approval #:** |  |

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| **ROLA Information** | |
| **ROLA Proposal ID #:** |  |

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| **Lay Summary (200 words maximum)** |
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| **Proposal Description** |
| Attach a project description (maximum 3 pages, single spaced).   * Use 12-point Times New Roman, minimum 2 cm (3/4 inch) margins * References, figures/charts, surveys, and consent forms, may be added as an appendix (if necessary), and do not count towards the 3-page limit.   **Include the following items:**   * Background   + What is the problem?   + What is already known about the problem?   + What gap will this study address?   + Why does resolving this gap matter?   + Relevance to local strategic goals * Study Purpose / Research Questions * Research design/methodology (include details on data collection procedures, data analysis and timeline) * Anticipated products/outcomes * Plans for dissemination of results and/or future research   . |

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|  | **Budget** | | | | |
| Complete the table below and the budget justification. Additional lines may be added to the table, as necessary. Provide details for any other sources of support for the proposed project. | | | | | |
|  | | | **FSRE $** | **Other Sources $** | **Total $** |
| **Salaries and Benefits** | | |  |  |  |
|  | | |  |  |  |
| **Materials and Supplies** | | |  |  |  |
|  | | |  |  |  |
| **Services:** | | |  |  |  |
| Transcription (maximum $1000): | | |  |  |  |
| Other: | | |  |  |  |
|  | | |  |  |  |
| **Other Expenses (specify):** | | |  |  |  |
|  | | |  |  |  |
| **Total Amount Requested:**  *The maximum allowable request is $10,000* | | |  |  |  |

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| **Budget Justification:**  *Note: As a reminder, the following costs are* ***not eligible****:*   * + *tuition costs for study in a graduate program (e.g., MEd, MSc)*   + *salary support for faculty members*   + *conference travel or travel costs related to the dissemination of research findings*   + *software fees if Western already has a license for equivalent software that Schulich researchers can access for free*   **Note: Transcription fees will be capped at $1000** |

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| **Signature Page** |

Signature of Applicant: Date:

*Signature of Mentor/Supervisor (if applicable): Date:*

Signature of Department Chair: Date:

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| **Attachments** |

1. We are asking applicants to submit an ORCID ID in place of a CV. Your ORCID page should highlight information relevant to the support of this application including current grants and recent publications. If you do not have an ORCID ID, go to <https://orcid.org/>, and check out <https://support.orcid.org/hc/en-us> for support. Contact Lee-Ann Briere at [lbriere2@uwo.ca](mailto:lbriere2@uwo.ca) should you have any questions.
   1. If you feel the ORCID page does not highlight something you find relevant (i.e. HQP), you may include a one-page document with this information.
2. Letter of support from the Chair of the relevant Schulich Medicine & Dentistry department/division which:
   1. Outlines the importance of the project to the department, division (if applicable) and Schulich Medicine & Dentistry.
   2. Includes a statement of the nature of the commitment of the department or division to the project.
3. If a Mentor/Supervisor is listed, include a letter of support from the Mentor/Supervisor indicating the role they will play in the project.