Research Title:

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| Host Organization / institution: Ethical approval:Type of research: Start Date: Duration of project:  |  Estimated research costs:     Amount of funding sought:  CV attached: Yes No  |
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| Lead Applicant Details | Name: |  |  |  |

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| Address: |
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| E-mail: | Telephone number: |
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| Qualifications: |
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| Present position and place of work: |
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| Please list research team members: | Research Supervisor: |  |
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| Proposed research project | : |  |  |  |

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| Summary of research proposal |
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| Research Question: |  |
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| Available evidence and how your proposal will add to this: |
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| How this project will advance sedation in dentistry: |
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| Affiliations and conflicts of interest: | Signature: | Date: |
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Please attach a CV including publications, research experience to date and details of research grants held.