# NHG_V_RGB_CHR

***NHG Research Impact Award***

**Award Description**

To recognise research which has demonstrated an impact to the provision of healthcare nationally or internationally. The healthcare impact demonstrated may include, but not restricted to, areas such as delivery of healthcare, improvements to health outcomes and impact to healthcare policies/practices. The research could have been implemented, or implementable[[1]](#footnote-1).

**Award Value**

$1,000 & Plaque

**Eligibility Criteria**

The nomination may be submitted as an individual or team.

1. The individual or team leader must be a clinical researcher[[2]](#footnote-2), currently in-service and has primary employment with NHG (at least 5 years of service), and be based in Singapore.
2. The healthcare impact should be achieved during the course of the research study, or within 10 years of the study end date[[3]](#footnote-3).
3. For team submissions, the total number of members including team leader should be maximum at 4.

**Application Guidelines**

1. Use **Calibri font size 12** for all text, single line spacing.
2. All fields in the forms must be completed. Indicate “**NA**” where a particular field is not applicable. Incomplete forms will be returned for further clarification, which may delay processing.
3. A CV for each person is to be submitted together with this form, to further elaborate on the achievements/contributions.
4. The information provided in this form will be used for award/publicity purposes.

**DETAILS OF RESEARCH**

|  |  |
| --- | --- |
| **Title of Research:** Click here to enter text. | |
| **Site(s) of Research:** Click here to enter text. | |
| **DSRB Reference Number** *(If ethics approval is not required, please provide the letter of waiver from DSRB)***:** Click here to enter text. | |
| **Name of Research Grant** *(if applicable)***:**  Click here to enter text. | **Grant Expiry Date** *(if applicable)***:**  Click here to enter a date. |
| **Research Agreement** *(if applicable)***:**  Choose an item. | **Agreement Expiry Date** *(if applicable):*  Click here to enter a date. |
| **Study end date**[[4]](#footnote-4)**:** Click here to enter a date. | |

**DETAILS OF INDIVIDUAL / TEAM LEADER**

|  |  |
| --- | --- |
| **Salutation** (Please select)**:** Click here to select.  **Full Name:** Click here to enter text. | **Designation:**  Click here to enter text. |
| **Institution** (Please select)**:**  Click here to select. | **Department / Unit / Polyclinic:**  Click here to enter text. |
| **Contact No.:** Click here to enter text. | **Email:** Click here to enter text. |
| **Office Mailing Address:**  Click here to enter text. | |
| **NHG Employment Joined Date**  *(Primary employment with min. 5 years of service):*Click here to enter a date. | |

**DETAILS OF TEAM MEMBERS (If Applicable)**

|  |  |
| --- | --- |
| **Team Member 1** | |
| **Salutation** (Please select)**:** Click here to select.  **Full Name:** Click here to enter text. | **Designation:**  Click here to enter text. |
| **Institution:**  Click here to enter text. | **Department / Unit / Polyclinic:**  Click here to enter text. |
| **Contact No.:** Click here to enter text. | **Email:** Click here to enter text. |
| **Office Mailing Address:**  Click here to enter text. | |
| **Team Member 2** | |
| **Salutation** (Please select)**:** Click here to select.  **Full Name:** Click here to enter text. | **Designation:**  Click here to enter text. |
| **Institution:**  Click here to enter text. | **Department / Unit / Polyclinic:**  Click here to enter text. |
| **Contact No.:** Click here to enter text. | **Email:** Click here to enter text. |
| **Office Mailing Address:**  Click here to enter text. | |
| **Team Member 3** | |
| **Salutation** (Please select)**:** Click here to select.  **Full Name:** Click here to enter text. | **Designation:**  Click here to enter text. |
| **Institution:**  Click here to enter text. | **Department / Unit / Polyclinic:**  Click here to enter text. |
| **Contact No.:** Click here to enter text. | **Email:** Click here to enter text. |
| **Office Mailing Address:**  Click here to enter text. | |

**NOMINATION WRITE-UP & GUIDELINES**

*Please append the write-up with this form. The write-up should be concise and not exceed 5 pages.*

|  |  |
| --- | --- |
| **S/N** | **Items** |
| 1 | Lay Abstract of the Research  The abstract should include the aims, hypothesis, methodology and conclusion of the research. It should be understandable to non-research personnel. |
| 2 | Translational impact to delivery of healthcare or health outcomes  The write-up should clearly explain how the research has directly or indirectly impacted the delivery of healthcare or health outcomes in NHG and/or nationally. The impact should be measurable and/or specific, and not later than 10 years from the end of the research study[[5]](#footnote-5). The research could have been implemented, or implementable[[6]](#footnote-6).  Some examples may include but not restricted to:   1. Implementation/improvements to a new/existing clinical service or clinical practice guidelines; 2. Impact to healthcare policies or influenced decision making policies at the institutional/national level; and   Improvements to health and related economic outcomes (QALY/DALY indicators, healthcare cost effectiveness/efficiency) |
| 3 | Other Supporting Documents  Other supporting documents may include related media publications, letter(s) of recommendation etc. |

**DETAILS OF PROPOSER**

|  |  |
| --- | --- |
| **Salutation** (Please select)**:** Click here to select.  **Full Name:** Click here to enter text. | **Relationship to Nominee:**  Click here to enter text. |
| **Designation:**  Click here to enter text. | **Contact Number:**  Click here to enter text. |
| **Institution:**  Click here to select. | **Email:**  Click here to enter text. |
| **Remarks:**  Click here to enter text. | **E-Signature:** |

**ENDORSEMENTS**

|  |  |
| --- | --- |
| **Endorser 1 (Min. Head of Department or Equivalent)** | |
| **Salutation** (Please select)**:** Click here to select.  **Full Name:** Click here to enter text. | |
| **Designation:**  Click here to enter text. | **Contact Number:**  Click here to enter text. |
| **Institution:**  Click here to select. | **Email:**  Click here to enter text. |
| **Remarks:**  Click here to enter text. | **E-Signature:** |
| **Endorser 2 (Min. Director of Research or Equivalent)** | |
| **Salutation** (Please select)**:** Click here to select.  **Full Name:** Click here to enter text. | |
| **Designation:**  Click here to enter text. | **Contact Number:**  Click here to enter text. |
| **Institution:**  Click here to select. | **Email:**  Click here to enter text. |
| **Remarks:**  Click here to enter text. | **E-Signature:** |

1. Non-implementable research refers to examples such as basic research that helps to expand existing scientific knowledge and does not have direct applicability. [↑](#footnote-ref-1)
2. Clinical researchers refer to healthcare professionals who work directly with patients, or uses data from patients, to do research on health, diseases and existing practices, and to develop new treatments. [↑](#footnote-ref-2)
3. The study end date may refer either to the ethics review expiry, research grant expiry or research agreement expiry date where applicable. [↑](#footnote-ref-3)
4. The study end date may refer either to the ethics review expiry, research grant expiry or research agreement expiry date where applicable. [↑](#footnote-ref-4)
5. For studies requiring ethics review and approval, the study end date will be taken as the ethics expiry of the study. Studies not requiring ethics review (for e.g. exempt studies) will be reviewed on a case-by-case basis. [↑](#footnote-ref-5)
6. Non-implementable research refers to examples such as basic research that helps to expand existing scientific knowledge and does not have direct applicability. [↑](#footnote-ref-6)