# Research Proposal

Trainees are required to complete this Proposal form for the Research Project and upload it in the “CR Research Project – Proposal” form within the ePortfolio. The Research Proposal form must be developed and approved by the end of Phase 1 in the Training Program. Trainees must submit the completed Project for approval by end of Phase 3 of training in the Training Program.

Please refer Section 9 in the Training Program Handbook for further information on this assessment and its submission requirements. The College will manage your personal information in accordance with its Privacy Policy.

Please complete all required sections of this Proposal form. Directors of Training are to review and approve the proposal by signing and dating the bottom of the form. Please upload the completed Research Proposal Form to your ePortfolio profile for review and approval.

**Trainee, Site and Assessor Information:**

Please ensure that all information entered below is accurate and reflective of your current circumstances e.g., current training site, network etc.

1. **Trainee Information:**

RANZCR Member ID:
Full Name:
Email Address:

1. **Site Information:**

Training Site:Training Network:
State:
Country:

**Directions to complete the Assessment:**

Please refer to Research Project in Section 9 of the [Training Program Handbook](https://www.ranzcr.com/doclink/clinical-radiology-training-program-handbook-draft-version-1-0/eyJ0eXAiOiJKV1QiLCJhbGciOiJIUzI1NiJ9.eyJzdWIiOiJjbGluaWNhbC1yYWRpb2xvZ3ktdHJhaW5pbmctcHJvZ3JhbS1oYW5kYm9vay1kcmFmdC12ZXJzaW9uLTEtMCIsImlhdCI6MTY0MzYwNzA2NSwiZXhwIjoxNjQzNjkzNDY1fQ.rPv7fJE40ai2zWZw-HoLhSDYiOwZNOa2H4tTt9IdW5Q) for more detailed information.

1. **Project Title:**
2. **Project Timeline**

Start Date of Project:

Expected Completion Date of Project:

Expected Submission Date of Project:

1. **Is Ethics Approval Sought for this Project?**Yes[ ] No[ ]

Please comment if “No” Selected:

1. **Name of Supervisor (must be a radiologist):**

Full Name:

Position:

Signature:

**Directions to complete the Assessment:**

Please refer to Research Project in Section 9 of the [Training Program Handbook](https://www.ranzcr.com/doclink/clinical-radiology-training-program-handbook-draft-version-1-0/eyJ0eXAiOiJKV1QiLCJhbGciOiJIUzI1NiJ9.eyJzdWIiOiJjbGluaWNhbC1yYWRpb2xvZ3ktdHJhaW5pbmctcHJvZ3JhbS1oYW5kYm9vay1kcmFmdC12ZXJzaW9uLTEtMCIsImlhdCI6MTY0MzYwNzA2NSwiZXhwIjoxNjQzNjkzNDY1fQ.rPv7fJE40ai2zWZw-HoLhSDYiOwZNOa2H4tTt9IdW5Q) for more detailed information.

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Please comment if “No” Selected:

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Full Name:

Position:

Signature:

1. **Rationale for Project**Word Limit: 200 words
2. **Aims and Objectives** –Word Limit: 200 words

Aims must include a short statement identifying the general objectives (goal being pursued by the research) as well as the specific objectives (operational) of the project.

For example:

* Specific types of knowledge to be produced
* Target audience to be reached.
1. **Project Plan** –Word Limit: 300 words
* The project plan should include:
* The proposed methodology to show how specific objectives will be achieved
* The sequence of procedures
* Data collection proposed
* Data analysis proposed
* Ethical considerations as required.
1. **Please provide a reference list of relevant literature in Vancouver Style (Min 3, Max 10).**

**2)**

**1)**

**4)**

**5)**

**3)**

**6)**

**7)**

**10)**

**8)**

**9)**

**Submission Instructions**

It is the responsibility of the trainee to submit the completed form via ePortfolio for review and Director of Training approval. Once the Director of Training has approved the Research Proposal submission in the ePortfolio, the training requirement will be marked as complete in the trainees’ ePortfolio profile.