HONG KONG METROPOLITAN UNIVERSITY

**Application Form for the Teaching and Learning Research Fund**

*This application form should be completed by the Principal Investigator, and passed to the Institute for Research in Open and Innovative Education (IROPINE) of the School of Open Learning via the Dean of the relevant School. The applicant must read the “Guidelines on Application for and Implementation of the Teaching and Learning Research Fund” before completing this application form. The application will be considered by the Assessment Panel for the Teaching and Learning Research Fund.*

**Section A: Details of project team**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | **Title & full name** |  | **Post & School** |  | **Email address & contact no.** |
| Principal Investigator: |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
| Co-Investigator(s): |  |  |  |  |  |
|  |  |  |  |  |  |
| Co-Investigator(s): |  |  |  |  |  |

**Section B: Summary of proposed project**

1. **Project title**
2. **Project duration**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Start date: |  |  | End date: |  |

1. **Collaboration plan** (maximum one page)
2. **Abstract of project** (maximum one page)
3. **Project objectives and expected impact** (maximum one page)
4. **Project plan and methodology (**maximum seven pages)
5. **Expected deliverables** (maximum one page)
6. **Brief curriculum vitae of the investigator(s)** (maximum two pages for each investigator)

**Section C: Budget and justification**

1. Staffing (Research & Development Staff)
(MPF figures should be incorporated into the budget.)

|  |  |  |  |
| --- | --- | --- | --- |
| **Rank of staff** |  |  |  |
| 1. **No. of research staff**
 |  |  |  |
| 1. **Monthly/daily/hourly\* salary (HK$)**
 |  |  |  |
| 1. **No. of months/days/hours\***
 |  |  |  |
| ***For R&D staff with an appointment exceeding 60 days but less than one year*** |
| 1. **5% MPF (HK$)**

**(B) x (C) x 5%** |  |  |  |
| ***For full-time R&D staff with an appointment for one year or more*** |
| 1. **10% contract-end gratuity (HK$)**

**(inclusive of MPF contribution)****(B) x (C) x 10%** |  |  |  |
| 1. **Medical and dental benefits (HK$)**
 |  |  |  |
| 1. **Life insurance coverage (HK$)**
 |  |  |  |
| **Total (HK$)****(A) x [(B) x (C) + (D)] or (A) x [(B) x (C) + (E) + (F) + (G)]** |  |  |  |
| **No. of extra work stations required** |  |  |  |

\* Please delete as appropriate

Justification:

1. Equipment (Please itemize.) HK$

Justification:

Extra space required (ft2):

1. General Expenses (Please itemize.) HK$

Justification:

1. Conference Expenses (Please itemize.) HK$

Justification:

|  |  |  |
| --- | --- | --- |
| Total Fund Requested (HK$): |  |  |

**Principal Investigator**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Name: |  |  | Signature: |  |
|  |  |  |  |  |
| Date: |  |  |  |  |

**Section D: Checklist to be Completed by the Dean**

**Please tick the boxes (as appropriate).**

1. Eligibility of the PI

**☐** The PI is a full-time academic staff member of my School

(In case the proposed project end date will go beyond the retirement date of the PI, the PI should nominate an HKMU staff member as a Co-I for the project. The Co-I should complete the [Co-I Nomination Form](https://sharepoint.hkmu.edu.hk/sites/RC/Funding%20approved%20by%20PACRD/RIF/Co-I%20Nomination%20Form.docx) to indicate that he/she agrees to take up the project as the PI if needed. The Co-I Nomination Form has to be submitted to IROPINE together with the proposal.)

1. Notification in case the PI leaves the University

**☐** In the period that this proposal is being processed and during the project period if this project is funded, my School will inform IROPINE immediately if the PI of the project resigns or leaves his/her post for any reasons.

1. Research Ethics / Safety Approval

|  |  |
| --- | --- |
| (i) | This research proposal **☐** involves / **☐** does not involve human subjects. |
| (ii) | This research proposal **☐** involves / **☐** does not involve living animals. |
| (iii) | This research proposal **☐** involves / **☐** does not involve safety hazards (regarding biological, ionizing radiation, non-ionizing radiation, or chemical safety). |

**Endorsement by the Dean**\*

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Name: |  |  | Signature: |  |
|  |  |  |  |  |
| Title: |  |  | Date: |  |

\*If the Dean is involved in the project as an investigator, this part should be completed by the Provost.