**2025 Grant application form**

**February funding round**

**Closing date: 8 September 2025**

**Eligibility criteria**

Please check you, and your research project, are eligible for funding from the Wishbone Orthopaedic Research Foundation of New Zealand:

\* a member of NZOA is a sponsor, or a co-investigator, of the project

\* project leader agrees to provide an interim and final report for the project

\* project leader agrees to present completed / unfinished projects if requested, as either a poster or a presentation, at Continuing Medical Education (CME) or Annual Scientific Meeting (ASM) events

\* agree to acknowledge the Wishbone Orthopaedic Research Foundation of New Zealand, where appropriate (e.g. CME, ASM), etc.

\* agree that if the application is approved it will be published on the NZOA website

**Funding is not available for:**

\* salaries for non-orthopaedic personnel, except in exceptional circumstances

\* summer scholarships for medical students.

**Before sending in your application**:

\* check the last page of this form for additional information required

\* sign and date the form

\* provide documentary evidence of ethics approval or that an application for ethics approval has been made, where appropriate

\* provide evidence of peer review where ethics approval is not required

1. **Funding grant summary and contact details**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Funding grant type**  *Please mark appropriate box.* | | | | |
| *Full grant over $5,000* |  | | *Seeding grant up to $5,000*  *For orthopaedic trainees or aspiring trainees research* |  |
| **Project title**  *12 words maximum.* | | | | |
|  | | | | |
| **Project summary**  *150 words maximum. Please include the overarching aim and rationale for the project, methodology, and likely impact / outcomes of the project.*  *Note: This summary may be used for promotional purposes, if funded. Please use plain English, where possible.* | | | | |
|  | | | | |
| **Project leader contact details** | | | | |
| **Title** | |  | | |
| **First name** | |  | | |
| **Last name** | |  | | |
| **Position** | |  | | |
| **Organisation / Employer** | |  | | |
| **Physical street address** | |  | | |
| **Postal address** | |  | | |
| **Town / City** | |  | | |
| **Phone (daytime)** | |  | | |
| **Mobile** | |  | | |
| **Email** | |  | | |
| **Project team details**  *Please exclude ‘Project supervisor’ details. Add more team members as required.* | | | | |
| **Team member one:** | | | | |
| **Title** | |  | | |
| **First name** | |  | | |
| **Last name** | |  | | |
| **Position** | |  | | |
| **Organisation / Employer** | |  | | |
| **Physical street address** | |  | | |
| **Postal address** | |  | | |
| **Town / City** | |  | | |
| **Phone (daytime)** | |  | | |
| **Mobile** | |  | | |
| **Email** | |  | | |
| **Project role** | |  | | |
| **Team member two:** | | | | |
| **Title** | |  | | |
| **First name** | |  | | |
| **Last name** | |  | | |
| **Position** | |  | | |
| **Organisation / Employer** | |  | | |
| **Physical street address** | |  | | |
| **Postal address** | |  | | |
| **Town / City** | |  | | |
| **Phone (daytime)** | |  | | |
| **Mobile** | |  | | |
| **Email** | |  | | |
| **Project role** | |  | | |
| **Team member three:** | | | | |
| **Title** | |  | | |
| **First name** | |  | | |
| **Last name** | |  | | |
| **Position** | |  | | |
| **Organisation / Employer** | |  | | |
| **Physical street address** | |  | | |
| **Postal address** | |  | | |
| **Town / City** | |  | | |
| **Phone (daytime)** | |  | | |
| **Mobile** | |  | | |
| **Email** | |  | | |
| **Project role** | |  | | |

|  |  |
| --- | --- |
| **Team member four:** | |
| **Title** |  |
| **First name** |  |
| **Last name** |  |
| **Position** |  |
| **Organisation / Employer** |  |
| **Physical street address** |  |
| **Postal address** |  |
| **Town / City** |  |
| **Phone (daytime)** |  |
| **Mobile** |  |
| **Email** |  |
| **Project role** |  |
| **Project supervisor**  *Please complete if this differs from the ‘Project leader’ details.* | |
| **Title** |  |
| **First name** |  |
| **Last name** |  |
| **Position** |  |
| **Organisation / Employer** |  |
| **Physical street address** |  |
| **Postal address** |  |
| **Town / City** |  |
| **Phone (daytime)** |  |
| **Mobile** |  |
| **Email** |  |

1. **Details of research project**

|  |
| --- |
| **Project proposal**  *Please include:*   * *project aims and objectives* * *evidence-based need for the project (including how the project has been informed by existing literature)* * *project design / method.* * *analytical approach* * *expected contribution this work will make to existing knowledge* * *relevant references.* |
|  |
| **Measurement of benefits to orthopaedics**  *To inform our NZOA Impact Evaluation process, please outline the benefits expected, either achieved or emerging, and the process through which these outcomes will be measured or evaluated.*  *Please also describe the benefits and measurement approach at six months, 12 months, and 24 months from completion of the project.* |
|  |
| **Organisational adoption of change**  *Describe how the participating organisation(s) intend to act on the key project findings, and / or how the project fits into the organisation’s quality enhancement and development strategy.* |
|  |
| **Breadth of impact**  *Please describe the anticipated number of people and practitioners who will be influenced by this work.* |
|  |
| **Enhancement of capability and capacity**  *Please describe how this project will enhance capability and capacity in the field of orthopaedics.* |
|  |
| **Risk assessment**  *Please describe potential risks associated with this project, as well as proposed mitigation processes.* |
|  |
| **Project outputs**  *Please describe the outputs expected from this project, and how you plan to disseminate the project findings / outputs.* |
|  |
| **Projected timeline**  *Duration of project, and timing of each key phase.* |
|  |
| **Ethical / Compliance requirements**  Applications that require ethics approval will need to demonstrate that either ethics has been approved or that the proposal has been submitted to the appropriate ethics committee. If ethics approval is not required applications need to show evidence of peer review before submission. |
|  |
| **Identification and mitigation of any conflicts of interest** |
|  |
| **International collaboration**  *Please indicate ‘yes’ or ‘no’.* |
|  |
| **Postgraduate research**  *Please indicate ‘yes’ or ‘no’.* |
|  |

1. **Project budget information**

|  |  |  |
| --- | --- | --- |
| **Total project budget cost**  *Please state the total cost of your entire research project (GST exclusive).* | | |
| **$** | | |
| **Project budget details**  *Please describe in detail the costs of your entire research project.* | | |
| **Funding sought** | **Detailed description**  *(e.g. number of staffing hours, type and purpose of equipment, type and purpose of travel, etc.)* | **Amount**  *(GST exclusive)* |
| Staffing  *(Note, funding available for orthopaedic personnel only)* |  | $ |
| Equipment |  | $ |
| Operational Costs |  | $ |
| Travel |  | $ |
| Other  *(Please specify)* |  | $ |
| Other  *(Please specify)* |  | $ |
| Other  *(Please specify)* |  | $ |
| Other  *(Please specify)* |  | $ |
| **TOTAL BUDGET** | | **$** |
| **Project funding sought from the Wishbone Foundation**  ***NB the Wishbone Foundation is not registered for GST.***  *Please specify the amount and purpose of grant funding you are seeking from the Wishbone Foundation.* | | |
| **Contribution sought from** | **Funding request detail**  *(i.e. itemise what the funds will be used for)* | **Amount**  *(GST exclusive)* |
| Wishbone Foundation |  | $ |
| **TOTAL AMOUNT SOUGHT FROM THE WISHBONE FOUNDATION**  GST inclusive | | **$** |
| **Project funding from other sources**  *List all sources of funding for your project* | | |
| **Contribution sought from** | **Funding request detail**  *(i.e. what will the funds be used for, and noting whether funds have been secured)* | **Amount**  *(GST exclusive)* |
| Organisational contribution |  | $ |
| Other funding sources  *(Please specify individual organisations separately)* |  | $ |
| **TOTAL AMOUNT SOUGHT / SECURED FROM OTHER FUNDERS** | | **$** |

1. **Project declarations**

|  |  |
| --- | --- |
| **Project leader declaration** | |
| I declare that to the best of my knowledge the information I have provided in this funding application to the Wishbone Orthopaedic Research Foundation of New Zealand is correct, and I meet the funding eligibility criteria stated in the first box of this application form.  I declare that the project team members listed in this application have committed to participating in this project as collaborative partners. | |
| **Date** |  |
| **Name** |  |
| **Signature** |  |
| **NZOA financial member** |  |
| **Organisational endorsement**  *To be completed by the host or delegate, where applicable.* | |
| I declare that to the best of my knowledge the information provided in this funding application to the Wishbone Orthopaedic Research Foundation of New Zealand is correct, and the project meets the funding eligibility criteria stated in the first box of this application form.  I declare that I am authorised to sign this application on behalf of the organisation, and confirm that the organisation is committed to acting on the findings and / or outcomes of this work as outlined in the supporting letter. | |
| **Date** |  |
| **Name** |  |
| **Signature** |  |

1. **Sending your funding application**

Once you have completed this application form, please check you have provided the supporting information requested before sending your funding request to the address below.

**Supporting information check list**

Before sending your orthopaedic research funding application, please check you have:

* completed each section appropriately
* identified a member of NZOA as project sponsor or co-investigator
* included project research protocols
* provided documentary evidence of ethics approval or that an application for ethics approval has been made, where appropriate
* provided evidence of peer review where ethics approval is not required
* provided a cover letter
* provided a brief background profile (about 100-150 words) about the project leader. Also, a list of relevant qualifications, including year and institution.
* provided names and contact details of three independent referees, who can be contacted by the Wishbone Foundation or its Research Committee. Ideally, permissions should be obtained first.

**Remember**

* funding is not available for salaries for non-orthopaedic personnel or summer scholarships for medical students
* grant applications for the 2nd funding round in 2025 are due no later than **8 September 2025.**

**Send your orthopaedic research funding application by email to the Wishbone Orthopaedic Research Foundation of New Zealand (c/ NZOA):**

[**grants@nzoa.org.nz**](mailto:grants@nzoa.org.nz)

**With subject line – 2025 Wishbone grant application**

**What happens next?**

1. Once submitted, your grant funding application will be acknowledged.

2. Your funding application will be assessed by the Wishbone Foundation’s Orthopaedic Research Committee (ORC). All research grant applicants will be notified of the 2025 funding decisions following their meeting. Successful grant applicants will be advised about specific grant requirements relating to their research project.

**For enquiries**

Wishbone Foundation

c/- NZOA

P: 04 913 9891

Email: [grants@nzoa.org.nz](mailto:diana@nzoa.org.nz)