Research Expression of Interest

To Asian Institute of Disability and Development (AIDD) Research Committee

***(Electronic Format Only)***

Submit to: ***disabilityasia@gmail.com***

Maximum 2 (two) pages only

|  |  |
| --- | --- |
| Date: | DD / MM / YYYY |

|  |  |  |  |
| --- | --- | --- | --- |
| **Project Title:** |  | | |
| **Person(s) Submitting:** *[add rows if necessary]* | | | |
| **Name:** | |  | |
| **Position:** | |  | |
| **Contact Details:** | |  | |
| **Explain the benefit of this project to people with cerebral palsy or other disabilities:** | |  | |
| **What evidence is available to support the need for this research?**  *e.g. discussions with peers/service users, results of other research, literature* | |  | |
| **What impact will this project have on the academic world?** | |  | |
| **Which part of AIDD’s research agenda does this project address?** | |  | |
| **Why should AIDD commit to this project?** | |  | |
| **How do you propose to address this issue? (methodology)**  *(Refer to Research Fellow)* | |  | |
| **How will this project and its resources and its outcome be funded?** | |  | |
| **What is the proposed time frame for this project?** | |  | |
| **Who would supervise this project?**  *(Provide name & contact details)* | |  | |
| This research proposal may be submitted to an external reviewer with appropriate expertise in the topic.  Please indicate if you have any objection to this process. | | | |
| * I do not want this proposal submitted for external review: | | | □ Yes □ No |
| * I do not want this proposal reviewed by the following person(s): | | |  |