The Society for Anesthesia and Resuscitation of Belgium
SARB RESEARCH GRANTS

1. The Society for Anesthesia and Resuscitation of Belgium is pleased to announce the SARB Research Grant.

2. The purpose is to support anesthesia research in Belgium with individual research grants derived from contributions made by philanthropists and industry to the Society for Anesthesia and Resuscitation of Belgium.

3. The applicant seeking such support must be a member of the Society for Anesthesia and Resuscitation of Belgium at the time of application and during the tenure of a research grant.

4. The research for which financial support is solicited must be relevant to the practice or theory of anesthesia. The project must be carried out in Belgium.

5. Each selected applicant will receive a research grant. An annual maximum of 20,000 € will be provided by the Society to one, two or maximum three grants (3 x 7,000 €; 2 x 10,000 €; 1 x 20,000 €; 1 x 15,000 € + 1 x 5,000 €). Half of each amount will be paid at the start of the project when the intended recipient of the grant has to presented and defended his application at the first or second Research Meeting of the year following the grant allocation. The remaining half will be paid when the following conditions are fulfilled: proof of acceptance for publication of the results of the research in an international Anesthesia journal, the presentation of the results on a Research Meeting of the SARB and the publication of a review of at least 12,000 words on the subject in the Acta Anesthesiologica Belgica. The applicant must follow the flow chart. The treasurer is responsible for the follow-up. This (financial) control of all grants is presented by the treasurer at the annual meeting (General Assembly) of the SARB.

6. The results can be published in any international Anesthesia Journal. This article, however, will not be allowed to be submitted for the competition for the best publication or major sponsor award.

7. Applications are invited from researchers who may be at any stage of career development, but must hold a position at the department of Anesthesiology of a Belgian university medical school or medical institution recognized for training specialists in anesthesia.

8. The term of the research grant will normally be three years starting the year after the award and is not renewable.

9. Each research grant is to be used to defray the costs of research up to its total value. Any commitments or expenditures incurred by a researcher in excess of the allocated research grant are the responsibility of the researcher alone and will not be reimbursed.

10. The employment of technicians and research assistants under such a research grant must conform to the institutional classification and requirements for such personnel. The SARB cannot be held responsible for covering the salaries and insurance of such personnel.

11. The use of and care for animals in any project supported by a research grant must be in accordance with the international guidelines on animal research. The involvement and recruitment of human subjects must conform to current guidelines, such as the Code of Ethical Conduct for Research Involving Humans, and the Declaration of Helsinki. A document indicating institutional review and approval of animal and/or human experimentation must be submitted prior to disbursement of any grant (the GCP guidelines).

12. The completed application form, and the completed application checklist, must reach the SARB secretariat by e-mail. It is the responsibility of the applicant to ensure that all sections of the application form are completed in a clear and concise manner. Documentation of institutional approval for human and/or animal experimentation, where applicable, must be submitted in the e-mail. Applications that fail to fulfill these conditions will either not be considered or be withdrawn.

13. Receipt of the application will be acknowledged by e-mail.

14. The application for each grant will be judged by a SARB Research Advisory Committee on the basis of scientific merit, significance, feasibility and financial planning. The committee consists of 3 members. The remarks of the committee will be
sent to the applicant. The individual grants will be awarded to the project. It is recognized that full support of some projects will not be possible.

15. The research grant grants will be announced at the following annual meeting of the Society for Anesthesia and Resuscitation of Belgium.

16. Financial statements and a flow chart will be requested from the investigator holder of the grant. Any uncommitted balance following the term of the grant will revert to the Society for Anesthesia and Resuscitation of Belgium.

17. The recipient of a SARB research grant will be required to notify the SARB office if, for any reason, he/she is unable to complete the project for which the grant was awarded.

Any uncommitted balance will have to be refunded to the SARB.

18. It is a requirement of this research program that all papers and abstracts resulting from the research initiative include an acknowledgement of support from the Research Grant Program of the Society for Anesthesia and Resuscitation of Belgium.

19. The completed application package should be e-mailed to: Secretariaat BVAR-SBAR, Prof. dr. P. Wouters, De Pintelaan 185, 9000 Gent, Belgium. Tel +32 9 332 06 41, bvar.sbar@ugent.be.

B. Application checklist

This checklist must be completed and submitted as part of the application package.

Applicant: ........................................................................................................................................................................

Institution: ........................................................................................................................................................................

Title of Research: .............................................................................................................................................................
.......................................................................................................................................................................................

Please check each of the following:
[ ] All sections of the application form are complete.
[ ] The detailed research proposal section is limited to 5 additional pages.
[ ] The certification section is signed and dated by both the principal applicant and the department head.
[ ] financial planning.

Please check the following where appropriate:
[ ] Institutional approval for human experimentation is included in the application package.
[ ] Institutional approval for animal experimentation is included in the application package.

............................................................................................................................. .................................
Applicant’s signature Date:
C. Application form

This form is to be used to apply for the Belgian Society of Anesthesia and Resuscitation Research Grants Competition. Four copies of this form, together with the application checklist, are required for a complete application. Please ensure all additional typewritten pages are double spaced, with 2 cm. margins, using a minimum font size of 12-point Helvetica or Times Roman.

1. Applicant name: ...........................................................................................................................................
   Degree: ......................................................................................................................................................
   Position and dept.: ...........................................................................................................................................
   Institution: ......................................................................................................................................................
   Mailing address: ............................................................................................................................................... 
   Telephone Number: ................................ Fax number: ...................... E-mail: ..............................................
   Current BSAR membership: [ ] Associate [ ] Correspondent [ ] Titular

2. Co-applicant(s): (If necessary, add an additional page and label as Page 2A)
   Name and degree: ...........................................................................................................................................
   Position and dept.: ...........................................................................................................................................
   Institution: ......................................................................................................................................................
   Name and degree: ...............................................................................................................................................
   Position and dept.: ...............................................................................................................................................
   Institution: ......................................................................................................................................................

3. Title of research: ............................................................................................................................................... 

4. Experimentation requiring institutional approval: (Check if appropriate)
   [ ] Human Experimentation [ ] Animal Experimentation
   (Document(s) indicating institutional review and approval must be submitted)

5. Institution to which grant should be paid:
   Name of Institution ...........................................................................................................................................
   Mailing address ..................................................................................................................................................
   Bank account number ......................................................................................................................................

6. Certification:
   We, the undersigned, certify that the information contained in this application is complete and correct to the best of 
   our knowledge and that we approve and support the proposal described herein. If a grant is awarded pursuant to this 
   application, we agree to abide by all statements and regulations governing BSAR Research Grants as specified in 
   the document BSAR Research Grants Competition.

   Applicant’s Name ........................................................................................................ Signature .............................................. Date

   Department Head’s name ........................................................................................................ Signature .............................................. Date

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7. Information about applicant (Do not submit a curriculum vitae)
   Current professional status : (Check one only)
   a. Specialist in independent practice    [  ]
   b. Specialist with academic (university-related) appointment [  ]
   c. Fellow [  ]
If you answered c above, state final date of training period. ..........................................................

Education :
Degree(s)                  University or Institution                  Year(s)
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Appointment and academic positions :
If professional status is a or b above, indicate hospital appointment(s) held, including the current one. If c, indicate training position(s) and anticipated appointment(s) during the term of the research grant, if granted.

Dates :
From :            To :            Institution           Department           Position
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Research experience :
Dates :
From :            To :            Institution           Department           Supervisor
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Publications :
Indicate total number of scientific publications to date : Abstracts .................. Full manuscripts ..................

List all full manuscripts published in past five years. (Use another page if necessary, labelled 4A).
8. Detailed research proposal:
   Provide:
   
   (i) title of research
   (ii) hypothesis
   (iii) background
   (iv) specific objectives
   (v) methods (including data analysis and potential pitfalls)
   (vi) significance

   A maximum of 5 double-spaced typewritten pages with 2 cm. margins, exclusive of references and figures, using a minimum font size of 12-pt Helvetica or Times Roman, may be added to this page. Label these additional pages as Pages 6A-E.

9. Time commitment for research:
   It is anticipated that the applicant will spend ................ hours per week on this project. Co-applicant(s) will spend ................ hours per week.

10. Research project dates:
    It is anticipated that the proposed project will commence on ................... and be completed by
        ........................................................................................................
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<thead>
<tr>
<th>Title of the grant</th>
<th>Institution</th>
<th>Author</th>
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<tbody>
<tr>
<td>Date of arrival SARB</td>
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<td>Receipt of application sent at</td>
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<td>Date of discussion SARB</td>
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<td>Presentation at Research Meeting</td>
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