**UNIVERSITY OF GHANA**

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**OFFICE OF RESEARCH, INNOVATION AND DEVELOPMENT (ORID)**

**GRANT PROPOSAL DEVELOPMENT WORKSHOP**

**PRE-REGISTRATION FORM**

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| **1.School/Department/Unit:** |

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| **2.Surname:** | **3.Other Name(s):** |
| **4.Title:** | **5. Position:** |
| **6. Please indicate length of service;**  **No. of Years:**  **1-5yrs 6-10yrs 11-15yrs** | **7. Email Address/Telephone No.** |

**8. Please provide a brief statement on your research interest/s:**

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**9. Do you require funding to scale-up a pilot project? YES NO **

**If ‘yes’ please provide below or attach an outline of the project and describe outcomes achieved.**

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**10. Are you at an advanced stage of writing a grant proposal? YES** ** NO **

**If ‘yes’ please provide below or attach an outline of the proposal and state what outcomes are expected;**

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**11. Have you submitted a proposal(s) to a Funding Agency for the award of a grant - YES/NO**

**If ‘yes’ please indicate which agency and the outcome of your application;**

**SUCCESSFUL  NOT SUCCESSFUL **

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| **11a. If your application was not successful, please indicate reasons given, if any;** |

**12. Have you collaborated in any donor funded projects; if ‘yes’ please state in what capacity, explain the objectives and name your collaborator(s);**

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