CHSS Research Development Grants (Up To £5000)

APPLICATION FORM

SECTION 1: PROJECT SUMMARY

|  |  |
| --- | --- |
| Project Title |  |
| Proposed Start Date |  |
| Duration of Project |  |
| Total Requested | £ |

SECTION 2: APPLICANT DETAILS

|  |  |
| --- | --- |
| Title |  |
| Forename |  |
| Surname |  |
| Position |  |
| Institution  |  |
| Department |  |

Principal Applicant

|  |  |
| --- | --- |
| Address |  |
| Telephone no. |  |
| Email Address |  |

Co-Applicants (if applicable)

|  |  |  |  |
| --- | --- | --- | --- |
| Title | Forename | Surname | Position |
|  |  |  |  |
|  |  |  |  |
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SECTION 3: PROJECT DESCRIPTION

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| --- |
| 1. Aims and Objectives of the Project (100 words max) |
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| --- |
| 2. Project Background and Plan of Investigation (500 words max) |
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| --- |
| 3. Potential Benefit to People Impacted by the Condition(s) Under Investigation (100 words max) |
|  |

|  |
| --- |
| 4. Please Describe the Role the Experiences of People Impacted by the Condition(s) Under Investigation will Play in the Project (max 100 words). *e.g. have the research questions been informed by the lived experience of patients and/or carers?; will/have people impacted by the condition(s) be involved in planning or influencing the delivery of the research?; will the patient/carer perspective be reflected in the measurement of outcomes?* |
|  |

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| --- |
| 5. Plain English Description of the Research and Potential Benefit to People Impacted by the Condition(s) Under Investigation (max 100 words).  |
|  |

SECTION 4: FINANCIAL DETAILS

Please provide a breakdown of the funds requested.

|  |  |
| --- | --- |
| Item of Expenditure | Cost |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
| *TOTAL* (max £5000) | £ |

SECTION 5: DECLARATIONS

Lead Applicant

*I CONFIRM THAT I HAVE READ THE CHSS CONDITIONS OF RESEARCH AWARDS AND THAT THE PROJECT WILL BE CARRIED OUT IN ACCORDANCE WITH THEM.*

|  |  |
| --- | --- |
| Signature of Principal Applicant |  |
| Date |  |

Administering Officer

*I CONFIRM THAT I HAVE READ THIS APPLICATION AND, IF SUCCESSFUL, THE WORK WILL BE ADMINISTERED IN THE SPECIFIED INSTUTION/DEPARTMENT.*

|  |  |
| --- | --- |
| Administering Officer Signature |  |
| Date |  |
| Name |  |
| Position |  |
| Email Address |  |

SECTION 6: ADDITIONAL INFORMATION

|  |
| --- |
| Where did you hear about CHSS’ research strategy/grants? (Please tick) |
| CHSS Staff Member |  |
| Social Media |  |
| Journal Advert (e.g. BMJ) |  |
| Colleagues  |  |
| Professional Networks (e.g. MCNs) |  |
| Other (please specify)  |  |

Completed application forms should be returned to research@chss.org.uk