CHSS Research Project Grants (Up To £25,000)

APPLICATION FORM

SECTION 1: PROJECT SUMMARY

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

SECTION 2: APPLICANT DETAILS

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

Lead Applicant

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

Please enclose a 2-page CV of the Lead Applicant with your application.

Co-Applicants (if applicable)

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

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| 1. Please Enclose with your Application a Project Proposal of NO MORE THAN 1000 words (including references). *The proposal should address: the purpose, aims and expected outcomes of the project; the background to the project; the feasibility of the project; and a plan for investigation.* |

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| 2. Potential Benefit to People Impacted by the Condition(s) Under Investigation (100 words max) |
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| 3. 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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| 4. Plain English Description of the Research and Potential Benefit to People Impacted by the Condition(s) Under Investigation (max 100 words). |
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SECTION 4: FINANCIAL DETAILS

Please provide a breakdown of the funds requested –*this should itemise staff costs, consumables, equipment, travel and other costs required for the project.*

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| Item of Expenditure | Year 1 (£) | Year 2 (£) |
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| *ANNUAL TOTALS* | £ | £ |
| *TOTAL REQUESTED* (max £25,000) | £ |

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| If this project is currently being put forward (either in full or in part) to any other funding body, please give details. |
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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. I HAVE ENCLOSED MY PROJECT PROPOSAL AND CV.*

|  |  |
| --- | --- |
| Lead Applicant Signature |  |
| Date |  |

Head of Department and Administering Officer

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

|  |  |
| --- | --- |
| Head of Department Signature |  |
| Date |  |
| Name |  |
| Position |  |
| Email Address |  |

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

SECTION 6: ADDITIONAL INFORMATION

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| 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