**GRANT APPLICATION FORM**

*Please read the application guidance and research strategy prior to completing this application form.*

*Please answer all questions ensuring that your responses do not exceed the maximum allowance of words.*

*You may insert tables as part of your answer, where appropriate. However, they should not exceed ½ page of A4.*

|  |  |
| --- | --- |
| Applicant's name |  |
| Appointment |  |
| Institution and address | |
|  | |
| Applicant's e-mail |  |
| Applicant's signature |  |
| Brief title of application | |
|  | |
| Brief description of support required | |
|  | |
| Total costs requested |  |
| Proposed starting date |  |
| Proposed duration |  |
|  |  |
| Co-Applicant 1 Name |  |
| Appointment |  |
| Institution |  |
| Co-Applicant Signature |  |
|  |  |
| Co-Applicant 2 Name |  |
| Appointment |  |
| Institution |  |
| Co-Applicant Signature |  |
|  |  |
| Co-Applicant 3 Name |  |
| Appointment |  |
| Institution |  |
| Co-Applicant Signature |  |
|  |  |
| Head of Dept. Name |  |
| Email Address |  |
| Postal Address (if different from the applicants) |  |
| Signature |  |
|  |  |
| Administrative Authority Name |  |
| Administrative Authority's e-mail address |  |
| Appointment and postal address if different from the applicant's) |  |
| Signature |  |

*This section should be a maximum of* ***six pages*** *of A4* ***(using this pro-forma)*** *which should consist of a detailed submission under each of the following headings:*

|  |
| --- |
| **PLAIN ENGLISH SUMMARY**  Please ensure your summary is accessible and engaging for a lay reader e.g. patient or carer |
|  |
| Introduction, including background |
|  |
| Aims/Objectives |
|  |
| Methodology, including any statistical analysis/power calculations if applicable |
|  |
| Key project activities and timeline, including GANTT chart |
|  |
| Predicted outcomes |
|  |
| Facilities required/available |
|  |
| Please describe how your project addresses the research priorities of Vasculitis UK |
|  |
| Please outline the anticipated impact of this work in terms of patient benefit? What steps post-project are required to lead to these benefits? |
|  |
| Please detail the patient and public involvement (PPI) that has been/will be undertaken for this project (design/production/dissemination) |
|  |
| How will your results be disseminated to patients and the public? |
|  |
| Tabulated breakdown of budget costs associated with the project |
|  |
| Justification of the finances requested |
|  |
| List all current grants held by the applicant (Please explain how this application relates to other funding. \*\*see guidelines) |
|  |
| State whether the present application has been submitted elsewhere (if so please state the outcome) |
|  |
| Scientific References to the text |
|  |

**PLEASE INCLUDE THE FOLLOWING ESSENTIAL ADDITIONAL INFORMATION**

1) Curriculum vitae of applicant(s) with a list of relevant publications during the last 5 years and a statement of how many hours per week the applicant(s) will spend on this work. (\*\*This should be completed on 1 page of A4 per applicant)

2). Regulatory Committee Approval - if appropriate (see guidelines)