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| **THE STONEYGATE CHILDREN’S BRAIN TUMOUR RESEARCH FUND** **PROOF OF CONCEPT AWARD: APPLICATION FORM** |

**To apply, please provide a single document (preferably a PDF file) including all of the following elements:**

**1. Completed Application Form (including all required supporting information)**

**2. Applicants’ summary CV(s)**

**3. A technical summary of the proposed research (ideally no more than 3 pages) which should include:**

* **a timeline indicating what is planned to be achieved during the project**
* **how you intend to progress the findings from this project to develop research offering benefits to patients**
* **attach a confirmatory email from your relevant Operations Manager stating whether your employment status with the University is permanent or fixed term. For fixed term applicants, your Operations Manager must confirm your current end date: your contract of employment with the University must cover the duration of your proposed project.**

**Completed application forms should be emailed by the submission deadline of midnight on 22nd September 2019 to** **melissa.wadams@nottingham.ac.uk** **including evidence that this application (and any potential organisational financial commitment) has been authorised.**

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| Applicant Name(s): |  | Date: |  |
| Applicant Position(s): |  |
| Applicant School/Research Group(s): |  |
| Applicant Email Address(s): |  |
| Lay Project Title: |  |
| Plain English Summary of Project – Description and Objectives (less than 500 words): |  |
| Planned Start Date: |  | Planned End Date: |  |
| Grant Requested from The Stoneygate Fund: | £ over months |
| Other funding sources for this project (specify all internal/external funders and confirmed amounts:) |  |
| If you have discussed this application with a member of CBTRC, please give details.  |  |
| Have you applied to the Stoneygate CBTR Fund before? How does this application differ to your previous proposal(s)? |  |

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| **PROJECT COSTS** C*osts are calculated at 100% of eligible direct costs: please contact your finance officer to obtain an accurate RIS costing.* ***All unmet FEC-related costs (indirect, estates, infrastructure etc) must be absorbed either by the applicant’s School(s) or by the relevant NHS Trust. For such projects, assurance must be obtained that the School or NHS Trust will provide the required resources.*** |
| **SUPPORT REQUESTED FROM THE STONEYGATE FUND** |
| *For all staff costs, please include gross salary, employer’s NI & superannuation.*  | **Amount** |
| **Directly incurred staff costs** *(state grade and spine point.)* Applicants cannot request support towards their own salary costs*:* | £  |
| **Other direct costs** | Research equipment (specify) | £  |
| Consumables (specify) | £ |
| Travel & subsistence | £  |
| Other (specify) | £  |
| **TOTAL REQUESTED FROM THE STONEYGATE FUND** | **£**  |
| **Staff & other related costs to be absorbed by the School/NHS Trust** *(provide details below)***:** | £  |
| **FEC-related costs (indirect, estates, infrastructure) to be absorbed by the School/NHS Trust** *(provide details below)***:** | £  |
| **Contributions (cash or in-kind) from external sources** *(provide details below)***:** | £  |
| **TOTAL PROJECT COST (FEC):** | **£**  |

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| List previous research publications, conference presentations and other outputs involving the applicants which are relevant to the project. |
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| List current/previous research grants involving the applicants which are relevant to the project (amounts and dates should be specified). |
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| Does the proposed project involve work with human biological samples? If so, please briefly explain the required work and how you intend to carry it out.  |
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| Are there ethical implications arising from the proposed research? If so, please provide details of what they are and how they would be addressed. |
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| Applications cannot be processed without two experts in the research field being nominated to review it. These people must not be affiliated to the project or work at the University. Referees must be contacted by the applicant prior to being named below and agree to provide a review in September – December 2019. The University will request reviews from referees on your behalf.  |
| **REVIEWER 1** |
| Reviewer’s Name and Position: |  |
| Reviewer’s Institution: |  |
| Reviewer’s Email Address: |  |
| Please provide details of your professional relationship with the reviewer. |  |
| **REVIEWER 2** |
| Reviewer’s Name and Position: |  |
| Reviewer’s Institution: |  |
| Reviewer’s Email Address: |  |
| Please provide details of your professional relationship with the reviewer. |  |