



**Bowel & Cancer Research/NIHR Surgical MIC Joint Grant Application**

|  |  |
| --- | --- |
| Official use onlyReference Number Date Acknowledged |  ...................... ...................... |
|   |  |

**A Details of lead applicant** (to whom all correspondence will be addressed)

|  |  |  |
| --- | --- | --- |
| Title & Surname : |   | Forenames :  |

|  |
| --- |
| Post held :  |

|  |
| --- |
| Department :  |

|  |
| --- |
| Organisation :  |

|  |
| --- |
| Role in the Project :  |

|  |
| --- |
| Official address :  |

|  |  |  |
| --- | --- | --- |
| Telephone No./Ext. : Fax No. : |  | Email address. : |

**Please attach an up to date 2 page CV**

# B Details of joint applicants

|  |  |  |
| --- | --- | --- |
| Title & Surname : |   | Forenames :  |

|  |
| --- |
| Post held :  |

|  |
| --- |
| Department :  |

|  |
| --- |
| Organisation :  |

|  |
| --- |
| Role in the Project :  |

|  |
| --- |
| Official address :  |

|  |  |  |
| --- | --- | --- |
| Telephone No./Ext. : Fax No. : |  | Email address. : |

(**add as required**)

|  |
| --- |
| I declare that the information given on this form is complete and correct.Signature of lead applicant : Date :  |

**B Lay summary**

|  |  |
| --- | --- |
|  | Describe the problem that is being addressed, why your approach is original and list potential outcomes in terms of health and wealth. Please include reference to where the research will take place and use language that can be understood by a lay person (Max 200 words) |

**C Project details**

|  |  |
| --- | --- |
|  | Project title (Max 25 words):  |

|  |  |
| --- | --- |
|  | Project summary and objectives: (maximum of **250** words; please detail the aims, methods and outcomes) |

|  |  |  |  |
| --- | --- | --- | --- |
|  | Proposed duration (months): Proposed starting date: |  | Amount requested: Is B&CR/NIHR the sole funding body? |

|  |  |
| --- | --- |
|  | Have you submitted this proposal to another funding organisation ? Yes/No(Delete as appropriate). If yes, to which organisation, with what result? If no decision has been received, when is one expected?  |

|  |  |
| --- | --- |
|  | How will the proposed research meet the needs of users, patients and carers? |

|  |  |
| --- | --- |
|  | Will ethical approval be required? Yes/No (Delete as appropriate)If yes: have you applied to the Ethics Committee? When do you expect a decision? |

|  |  |
| --- | --- |
|  | Please detail any commercial involvement in the research. |

|  |  |
| --- | --- |
|  | Please list any collaborators. Append letters of support |

**D Details of the proposed investigation** - Please use the following headings when describing your proposal:

1. Importance (need for research in this area in terms of human health) and originality.

2. Scientific potential (people, environment and track record).

3. Pilot data

4. Research plans (study design, experimental approaches and techniques; where possible include a series of milestones with appropriate objectives and timescales; identify major risks and uncertainties and how these will be tackled).

5. Statistical analysis and feasibility

6. Exploitation, dissemination and public engagement (including for pilot studies how funding will be sought for definitive studies)

|  |
| --- |
| Max- 4 sides A4, including references and figures (minimum 10pt font: Arial, Calibri or Universal) |

**E Financial details**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | Total project cost:

|  |  |  |
| --- | --- | --- |
| **Description** | **Cost** | **Contributions from other sources** |
| **Salaries** |  |  |
|  |  |  |
|  |  |  |
| **Equipment** |  |  |
|  |  |  |
|  |  |  |
| **Consumables** |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
| **Total Costs** |  |

 |

|  |  |
| --- | --- |
|  | Justification for resources and equipment requested in terms of scientific need. (Max 1 page). For any staff please specify grade and pay scale and attach CV (if funding an existing post).  |

**F Conflicting interests: consultancies and equities**

|  |  |
| --- | --- |
| Do any of the applicants or supervisors/sponsors have consultancies or any equity holdings in companies or other organisations that might have an interest in the results of the proposed research? |  |
| **If YES** give brief details |
|       |

**Commercial Exploitation**

|  |  |
| --- | --- |
| Will the proposed research use technology, materials or other inventions that, as far as you are aware, are subject to any patents or other form of intellectual property protection? |  |
| **If YES** give brief details |
|       |

|  |  |
| --- | --- |
| Is the proposed research in whole or in part, subject to any agreements with commercial, academic or other organisations? |  |
| **If YES** give brief details |
|       |

|  |  |
| --- | --- |
| Is the proposed research likely to lead to any patentable or commercially exploitable results? |  |
| **If YES** give details |
|       |

|  |  |
| --- | --- |
| If any potentially commercially exploitable results may be based upon tissues or samples derived from human participants, please confirm that there has been appropriate informed consent for such use. |  |
| Give details if necessary |
|       |

**G Working with Bowel & Cancer Research**

|  |
| --- |
| Bowel & Cancer Research is a registered charity and aims to grow in order to fund more research. Please detail how you may help to promote the charity and its work to your network. |

**H In submitting this research proposal, I confirm that:**

|  |
| --- |
| * If the Grant Award is offered and accepted, I will abide by B&CR’s and NIHR Grant Terms and Conditions and any subsequent amendments.
* I have not entered into any obligations that would conflict with B&CR’s or NIHR Grant Terms and Conditions.
 |
| **Signature of applicant (on behalf of all applicants): Date:** **Full Name:**  |
| **Signature of Finance/Research and Development representative: Date:****Full name** |
| **Signature of Head of Department/Centre/Institute: Date:****Full Name** |