

Outline Application Form for a Research Project Grant [SAMPLE 2009]

PLEASE READ THE GUIDANCE NOTES
AND THE STANDARD CONDITIONS APPLYING
TO THE AWARD OF MEDICAL RESEARCH
SCOTLAND RESEARCH GRANTS *BEFORE*
COMPLETING THIS APPLICATION FORM

For official use only:
REFERENCE NO.

1. PRINCIPAL APPLICANT – Remember also to complete Section 9: Appendix 1 – Principal Applicant's CV (at the end of this form)

Surname:		Date of Birth:		Age: 00	
Title: please select		Forenames:			
Address Department:			Institution:		
Address:			Address:		
Address:		Town:		Postcode:	
Tel No(s):		Fax No:		Email address:	

2. PROJECT

2.1 Keywords (Please supply up to 5 describing the project – enter one into each field)				
2.2 Project Title (Maximum of 20 words – this field is limited to 250 characters and spaces)				
2.3 Project duration (Maximum 36 months)		2.4 Number of hours (per week) to be spent on the research by the Principal Applicant		
		0		
2.5 Classification of project (Please select all applicable to describe the proposed research in each of the following categories – click on the relevant boxes)				
Disease Profile		Study Method		
Heart	<input type="checkbox"/>	Patient-orientated	<input type="checkbox"/>	
Stroke	<input type="checkbox"/>	Laboratory Study	<input type="checkbox"/>	
Diabetes	<input type="checkbox"/>	Epidemiology	<input type="checkbox"/>	
Cancer	<input type="checkbox"/>	DB-based research	<input type="checkbox"/>	
Mental Health	<input type="checkbox"/>	Archive Study	<input type="checkbox"/>	
Neurology	<input type="checkbox"/>	Statistical Analysis	<input type="checkbox"/>	
Public Health	<input type="checkbox"/>	Other	<input type="checkbox"/>	
Gastrointestinal disease	<input type="checkbox"/>	Specify 'other':	Other	<input type="checkbox"/>
Musculoskeletal disease	<input type="checkbox"/>		Specify 'other':	
Ambulatory problems	<input type="checkbox"/>			
Disability	<input type="checkbox"/>			
Hearing aids	<input type="checkbox"/>			
Other	<input type="checkbox"/>			
Specify 'other':				

3. SUMMARY OF COSTS

Staff : Name (if known):		
Job title:	Grade:	
		£
Salary costs (for duration of project)	Salary	£0.00
	NI & Superannuation	£0.00
Consumable items: (give costed breakdown)		
		£0.00
		£0.00
		£0.00
		£0.00
		£0.00
Travel (please specify) :		
		£0.00
Other items (please itemise):		
		£0.00

Equipment (please itemise):	£0.00
Sub-total	£0.00
NHS Support Costs (ONLY for those costs which the applicant wishes Medical Research Scotland to reimburse to the NHS; if the application is supported by NHS supplementation for clinical costs, that information should be provided in Section 8 below – Outline of the Research Project)	£0.00
GRAND TOTAL (should not exceed £150,000)	£0.00

4. CO-APPLICANTS (4A), COLLABORATORS (4B) & MENTOR (4C)

4A: Co-Applicants (for each, please supply the following information as appropriate: if there are more than space permits, please email enquiries@medicalresearchscotland.org.uk and we will provide a suitable form).

Co-applicant 1

Surname:		Date of Birth:		Age: 00	
Title: Please select	Forenames:				
Address Department:			Institution:		
Address:			Address:		
Address:		Town:		Postcode:	
Tel No(s):		Fax No:		Email address:	
Contribution to Project	Hours per week: 00	Other:			

Co-applicant 2

Surname:		Date of Birth:		Age: 00	
Title: Please select	Forenames:				
Address Department:			Institution:		
Address:			Address:		
Address:		Town:		Postcode:	
Tel No(s):		Fax No:		Email address:	
Contribution to Project	Hours per week: 00	Other:			

Co-applicant 3

Surname:		Date of Birth:		Age: 00	
Title: Please select	Forenames:				
Address Department:			Institution:		
Address:			Address:		
Address:		Town:		Postcode:	
Tel No(s):		Fax No:		Email address:	
Contribution to Project	Hours per week: 00	Other:			

Co-applicant 4

Surname:		Date of Birth:		Age: 00	
Title: Please select	Forenames:				
Address Department:			Institution:		
Address:			Address:		
Address:		Town:		Postcode:	
Tel No(s):		Fax No:		Email address:	
Contribution to Project	Hours per week: 00	Other:			

4B: Collaborator(s) (please supply the following information: if there is more than one collaborator, please email enquiries@medicalresearchscotland.org.uk and we will provide a suitable form)

Collaborator 1

Surname:		Title: Please select	
Forenames:			
Address Department:		Institution:	
Address:		Address:	
Address:	Town:	Postcode:	
Tel No(s):	Fax No:	Email address:	
Contribution to Project (Please note this field is limited to ~25 words):			

4C: Mentor (please complete the following as appropriate)

The mentor for this project is a Co-applicant: Please select	If yes, indicate which: Please select
The mentor for this project is not a co-applicant, his/her contact details are as follows:	

Surname:		Title: Please select	
Forenames:			
Address Department:		Institution:	
Address:		Address:	
Address:		Town:	Postcode:
Tel No(s):		Fax No:	Email address:

5. OTHER FUNDING AVAILABLE (Provide details of **all** other funding currently available to you, your supervisors and/or co-applicants)

Source	Purpose	Amount (£)
		£0.00
		£0.00
		£0.00
		£0.00
		£0.00
		£0.00
		£0.00
		£0.00
		£0.00

6. PREVIOUS Medical Research Scotland/SHERT GRANTS awarded to *any* of the applicants (please supply the following information for each as applicable)

Name of grant holder	Names of co-applicants	Medical Research Scotland/SHERT Ref No.	Final Report Score	Research Project Title

7. OUTLINE OF THE RESEARCH PROJECT (please address **all** of the following points)

7.1 Summary (concise, about 150 words: this field is limited to 1,200 characters & spaces)
7.2 Introduction (brief outline of existing knowledge, citing key references: this field is limited to 4,000 characters & spaces)
7.3 Aims of the proposed study (this field is limited to 2,000 characters & spaces)
7.4 Results of pilot studies (These should provide a firm base for expecting that the research proposal is feasible. You can upload one image to illustrate your results and the legend or annotation to any such image should be included with it [see 8. below]. This field is limited to 3,500 characters & spaces)
7.5 Research questions to be addressed (State clearly – this field is limited to 500 characters & spaces)
7.6 Plan of proposed research. (The methodology to be used should be described clearly and in sufficient detail to be assessed by peer reviewers. See Guidance Notes for full details. The principal applicant should describe his/her function in the research. You can upload one image to illustrate your research plan and the legend or annotation to any such image should be included with it [see 8. below]. This field is limited to 7,500 characters & spaces)
7.7 Expected outcomes (Should include any reference to health benefits – please note this field is limited to 3,000 characters & spaces)
7.8 Key references (Should be provided in full (including titles and all authors) and in alphabetical order of first author – please note this field is limited to 4,000 characters & spaces)

8. FIGURES/ILLUSTRATIONS/IMAGES

Indicate here **whether or not** you have figures to upload: **Please select** and how many **None**
If applicable, these should be uploaded **separately** to Word documents Appendices 2 & 3

9. PRINCIPAL APPLICANT'S CV – APPENDIX 1

Surname:		Date of Birth:	Age: 00
Title: Please select	Forenames:		
Degrees & Professional Qualifications (<i>with dates</i>):			
Awards & Certificates (<i>with dates</i>):			
Address Department:		Institution:	
Address:		Address:	
Town:		Postcode:	
Tel No(s):	Fax No:	Email address:	
Positions held (<i>with dates</i>):			
Please give details of five (5) recent relevant publications			Total publications 0
Justification for receiving Medical Research Scotland funding (<i>of particular importance if the applicant is over 35 years of age</i>) (<i>Please note this field is limited to 4,000 characters ~350 words</i>)			

SAMPLE ONLY NOT FOR SUBMISSION