

Pharmacy Research **UK**

PROJECT GRANT STAGE 2 APPLICATION FORM

FOR OFFICE USE ONLY

REFERENCE NUMBER: PRUK-2016-PGXXX

INTRODUCTION

All applications for research funding should be made on this form by the researcher who will be responsible for the conduct of the proposed research. It is in the applicant's own interest to provide the information requested in the application form in the manner prescribed and as fully and clearly as possible.

Failure to complete any required section of this form or to provide any requested accompanying information may result in your application being rejected.

To help us to process and review your application swiftly, please also complete and sign the checklist below before sending the completed application by the stated deadline of 1pm on 11th January 2017 and sending a wet-ink signature copy of the Declarations & Signatures page by post, by the stated deadline of 18th January 2017.

For assistance in completing this form, please refer to the accompanying guidance notes available on the Project Grant webpage at www.pharmacyresearchuk.org.

CHECKLIST: For completion by the lead applicant.

I confirm that I have:

- Completed all sections of this application form
- Obtained the necessary supporting signatures in section 7 (Declarations & Signatures)
- Sent by post a wet-ink signature copy of the Declarations & Signatures page
- Emailed this main application as both a .doc (word) and .pdf (PDF) document and any supplementary forms to practice.research@rpharms.com, quoting the reference number from the Stage 1 application.

SUBMITTING YOUR PROPOSAL

Please ensure the information within the application form has been completed fully and is sent by email to practice.research@rpharms.com by Wednesday 11th January 2017 by 1pm. Please send the application in a word (.doc) and PDF (.pdf) format. Only a hard copy of the Declarations & Signatures page with the relevant wet-ink signatures, needs to be sent by Wednesday 18th January 2017 to the following address:

Pharmacy Research UK
66-68 East Smithfield
London
E1W 1AW

PLEASE NOTE: APPLICATIONS SUBMITTED AFTER THE 1PM DEADLINE WILL NOT BE PROCESSED. WE WILL ALSO BE UNABLE TO PROCESS YOUR APPLICATION WITHOUT THE HARD COPY OF THE COMPLETED DECLARATIONS & SIGNATURES PAGE.

Please note that for administrative purposes, relating to this call for proposals, we have placed your contact details on our internal database. On occasions beyond the scope of this call, we may wish to contact you regarding research matters. If you **do not** wish to remain on our database for these purposes, please type 'X' in the box.

SECTION 1. RESEARCH DETAILS

Please complete the form in typeface (minimum font 10 points).

Full Title of the Project			
Proposed Duration (months)	Proposed Start Date	Total Cost (£)	Project Type (Choose: Feasibility, Pilot, Primary Research or Secondary Research)
Please suggest three people who we might approach to peer review your proposal – it is possible that we will use one of these people and/or two from our database. Please include their area of expertise and full contact details including email.			
Lead Applicant Details (to whom all correspondence will be addressed)			
Name (Title, Forename, Surname)			
Post Held			
Institution			
Address			
Postcode			
Tel. No.			
Fax No.			
Email			
No of Applicants			
Co-applicant 1			
Name			
Post Held			
Institution			
Address			
Postcode			
Email	Tel	Fax	
Co-applicant 2 (please add additional pages if necessary)			
Name			
Post Held			
Institution			
Address			
Postcode			
Email	Tel	Fax	

Please also attach a brief *Curriculum Vitae* for each applicant (maximum of two sides of A4) at the end of the application.

Host Organisation Details (The organisation that will be administering the grant and contracting with Pharmacy Research UK)

Organisation Name	
Address	
Post Code	
Tel no.	
Email	

SECTION 2. SCIENTIFIC SUMMARY OF THE PROPOSAL

Scientific summary of the research proposal (to be published if application is successful) – Max 500 words

SECTION 3. DETAILS OF THE RESEARCH PROPOSAL

A. Aims & Objectives – Max 500 words

B. Relevance to Pharmacy Research UK's Research Priorities. If the proposal does not fit within PRUK's Research Priorities, please justify the need for the research – Max 700 words

SECTION 3. DETAILS OF THE RESEARCH PROPOSAL (continued)

C. Background, including context and relevant literature – Max 1500 words

SECTION 3. DETAILS OF THE RESEARCH PROPOSAL (continued)

D. Plan of Investigation (including the plan of analysis for the chosen design, justification of sampling strategies, methods of data collection and analysis. Justification on the power calculations and inclusion/exclusion criteria must be mentioned, where applicable) – Max 2000 words

SECTION 3. DETAILS OF THE RESEARCH PROPOSAL (continued)

E. Dissemination and Expected Outputs – Max 1000 words

SECTION 3. DETAILS OF THE RESEARCH PROPOSAL (continued)

F. Collaboration – Max 700 words

SECTION 3. DETAILS OF THE RESEARCH PROPOSAL (continued)

G. Project Timetable

SECTION 4. PATIENT AND PUBLIC INVOLVEMENT

A. Patient and Public Involvement (were patients and/or public representatives involved in selecting the research topic? Was there any involvement of patients and/or public representatives in the preparation of the application? If so, how? If not, please justify) – Max 1500 words

B. Plain English summary of the research proposal (to be published if application is successful) – Max 500 words

SECTION 5. ETHICAL APPROVAL & RESEARCH GOVERNANCE

Please provide further information on the research governance arrangements surrounding the proposal. Is ethical approval required for this project? Is R&D management approval required for this project? If not, please provide further justification – Max 500 words

SECTION 6. FINANCE - Please provide a breakdown of the funding being requested.

N.B. Pharmacy Research UK does not fund Estate Costs, Indirect Costs – nor a contribution towards them. Pharmacy Research UK will provide costs that pertain to the conduct and completion of the research only.

DIRECT COSTS:	REQUESTED FUNDING (£)
<p>Staff Costs (Please list title, grade, salary, superannuation and National Insurance. Please also include whether an increment would come into effect for each staff member involved in the research. Where applicable, please provide a breakdown of costs by year).</p>	
<p>Lead Applicant Salary</p>	
<p>Co-Applicants Salary</p>	
<p>STAFF COSTS – SUB-TOTAL</p>	
<p>Travel & Subsistence (Please include any relevant journey and subsistence costs, which needs to be clearly described. This may include travel for your Project Advisory/Steering Group. Please note that any travel and subsistence costs relating to dissemination activities should also be included here).</p>	
<p>TRAVEL & SUBSISTENCE – SUB-TOTAL</p>	
<p>Equipment (Please provide a breakdown of the equipment required for the purpose of conducting the research).</p>	
<p>EQUIPMENT – SUB-TOTAL</p>	
<p>Dissemination (Please provide a breakdown of costs, which should relate to the dissemination activities of the proposal, including conference fees or publication costs).</p>	
<p>DISSEMINATION – SUB-TOTAL</p>	
<p>Consumables</p>	
<p>CONSUMABLES – SUB-TOTAL</p>	
<p>Patient and Public Involvement (These costs should relate to activity relating to patients and members of the public within the research, such as expenses or necessary incentives to participate in the research).</p>	
<p>PATIENT AND PUBLIC INVOLVEMENT – SUB-TOTAL</p>	
<p>Other Costs</p>	

OTHER COSTS – SUB-TOTAL	
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TOTAL REQUESTED FUNDS	
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Justification of Costs

SECTION 7. DECLARATIONS & SIGNATURES

Please declare any conflicts or potential conflicts of interest that you or your co-applicants may have in undertaking this research, including any relevant personal, non-personal and commercial interest that could be perceived as a conflict of interest – Max 300 words

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FOR LEAD APPLICANT ONLY:

I declare that I will be actively engaged in the day to day management of the project and that the information provided in this form is complete and correct. I have fully disclosed any potential competing interests in the field above.

Signature	Date	Name (BLOCK CAPITALS)
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FOR CO-APPLICANTS: (please add additional rows as necessary)

I confirm my participation in the proposed research, as outlined within this application and I declare that the information provided in this form is complete and correct.

Signature	Date	Name (BLOCK CAPITALS)
Signature	Date	Name (BLOCK CAPITALS)
Signature	Date	Name (BLOCK CAPITALS)

FOR THE HOST ORGANISATION'S FINANCE DEPARTMENT (to be signed by a senior finance officer or equivalent):

I declare that the financial information given on this form is complete and correct and agree to administer the award, if made. The financial information provided in this form is correct and in accordance with the normal practice of this institution.

Signature	Date	Name (BLOCK CAPITALS)
Post Held		
Organisation		
Address		
Postcode		
Tel. No.		
Fax No.		
Email		

FOR THE HOST ORGANISATION'S RESEARCH & DEVELOPMENT DEPARTMENT (to be signed by the senior R&D manager or equivalent):

I declare that I have read this application and that, if funded, the work will be accommodated and administered in the department / institution and that the applicants for whom we are responsible may undertake this work.

Signature	Date	Name (BLOCK CAPITALS)
Post Held		
Organisation		
Address		
Postcode		
Tel. No.		
Fax No.		
Email		