1. **Details of Applicants:**

Principal applicant and main contact:

|  |  |  |
| --- | --- | --- |
| **Title and full name** |  | |
| **Full address** |  | |
| **Telephone no/ext:** | **Email address:** |  |
|  |  | |
| **Organisation:** | **Position held:** | |
|  |  | |

**Principal applicants who are not yet in a substantive position should be supported by an appropriate senior investigator.**

**Senior Investigator (if appropriate)**

|  |  |  |
| --- | --- | --- |
| **Title and full name** |  | |
| **Full address** |  | |
| **Telephone no/ext:** | **Email address:** |  |
|  |  | |
| **Organisation:** | **Position held:** | |
|  |  | |

**Please name all co-applicants involved with this project** (copy and paste this box as needed).

|  |  |  |
| --- | --- | --- |
| **Title and full name** |  | |
| **Full address** |  | |
| **Telephone no/ext:** | **Email address:** |  |
|  |  | |
| **Organisation:** | **Position held:** | |
|  |  | |

1. **Project title *(not more than 25 words)***

|  |
| --- |
|  |

**Project Short Name/Acronym**

|  |
| --- |
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1. **Project Summary: *(max 1000 words)***

Provide a brief description of the study including the scientific rationale, aims, objectives and methods to be used. This should include details of planned analysis and a sample size calculation (if relevant).

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|  |

1. Lay Summary: *(max 150 words)*

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1. **Benefits to NHS**

Please summarise the predicted benefits to the NHS and patients here: (*max 200 words)*.

|  |
| --- |
|  |

1. **Project timeline**

|  |  |  |  |
| --- | --- | --- | --- |
| Proposed start date: |  | Proposed Duration (years): |  |

Please summarise the project timeline in more detail here.

|  |
| --- |
|  |

1. **Ethical approval**

**Does your project require ethical approval?**

|  |  |
| --- | --- |
| Yes |  |
| No |  |

Please describe from whom approval will be sought or provide information on approvals if already in place.

|  |
| --- |
|  |

1. **Project sponsorship, R&D and other approvals**

Please describe sponsorship arrangements and if other approvals (such as R&D approvals or data access approvals are needed). Please also discuss whether research network or speciality group support is needed.

|  |
| --- |
|  |

1. **Funding Requested**

Please describe the funding requested here and complete the table below.

|  |
| --- |
|  |

|  |  |
| --- | --- |
| **Item** | **Cost** |
|  |  |
|  |  |
|  |  |
|  |  |
| **Total** | **£** |

1. **Relevant Expertise**

Please describe the research team’s expertise here.

|  |
| --- |
|  |

1. **Dissemination plan**

Please describe plans for publication, presentation and / or other forms of dissemination:

|  |
| --- |
|  |

1. **Signatures:**

|  |  |  |
| --- | --- | --- |
| **Signature of applicants** | **Name (Capitals)** | **Date** |
|  |  |  |
|  |  |  |

Send one electronic copy to: [**ssp.admin@rcpe.ac.uk**](mailto:ssp.admin@rcpe.ac.uk)

# 