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| **Please email your completed application to:** **penguinsagainstcancer@outlook.com****Closing Date for Receipt of Applications: Midnight 08/08/2025** |

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| **Award code** (entered by charity) | **PAC-FSCRA-2025** |

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| **Part 1: Title of project**  |
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| **Part 2: Total amount requested** | £ |

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| **Part 3: Dates and duration** |
| Proposed starting date (dd/mm/yyyy) |  |
| Proposed duration (months) |  |

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| **Part 4: Contact details of applicants** |
| **Principal Applicant (point of contact for all communications)** |
| **Title** | **First name** | **Surname** |
| **Job Title** |  |
| **Organisation** |  |
| **Address** |  |
| **Contact telephone no.** |  |
| **Contact Email** |  |

**Other applicants**

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| **Co-applicant 1** |
| **Title** | **First name** | **Surname** |
| **Job Title** |  |
| **Organisation** |  |
| **Address** |  |
| **Contact telephone no.** |  |
| **Role in project** |  |

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| **Co-applicant 2** |
| **Title** | **First name** | **Surname** |
| **Job Title** |  |
| **Organisation** |  |
| **Address** |  |
| **Contact telephone no.** |  |
| **Role in project** |  |

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| **Co-applicant 3** |
| **Title** | **First name** | **Surname** |
| **Job Title** |  |
| **Organisation** |  |
| **Address** |  |
| **Contact telephone no.** |  |
| **Role in project** |  |

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| **Part 5: Give a brief overview of the proposed research project.** |
| Please provide* The purpose of the proposed study with clearly defined objectives and a clear hypothesis.
* Background information to the study, including relevance to cancer management.
* A project plan, with milestones and target outcomes for the research.
* Relevant public-patient involvement and engagement activities that support the application.
* An outline of any potential impact on health inequalities.
* Please list relevant references (maximum 10)
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| **Part 6: What do you see as the key barriers to translation into clinical practice of your project outputs (maximum 200 words)?** |
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|  | Part 7: Details of Funding Required |
|  | Part 7a: Staff Costs |
|  | **Name of post and staff member if known** | Employer | Grade &Spine Point | **% WTE** | £ |
|  |  |  |   |  | £0.00 |
|  |  |  |  |  | £0.00 |
|  |  |  |  |  | £0.00 |
|  |  |  |  |  | £0.00 |
|  |  |  |  |  | £0.00 |
|  | **Sub total** | £0.00 |
|  | **Part 7b: Consumable Costs** |
|  | *List here any additional consumable costs associated with the project* |
|  |  | £0.00 |
|  |  | £0.00 |
|  |  | £0.00 |
|  |  | £0.00 |
|  |  | £0.00 |
|  |  | £0.00 |
|  | **Sub total** | £0.00 |
|  | **Part 7c: Other Costs** |
|  | *List here any additional expenses/costs associated with the project* |
|  |  | £0.00 |
|  |  | £0.00 |
|  |  | £0.00 |
|  | **Sub total** | £0.00 |
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|  | **TOTAL FUNDING REQUEST** | £0.00 |
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| **Part 8: Please provide a short curriculum vitae for the principal applicant and all co-applicants.** |

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| **Part 9: Use of Humans and Animals**  |
| Does this project involve human participants? |  |
| If yes, has approval from the REC been obtained? (insert approval reference number) |  |
| If the project involves a clinical trial, is it covered by MHRA (Clinical Trials) Regulations? |  |
| Please identify the sponsor of the trial |  |
| Does this project involve the use of animals? |  |
| If yes, please provide Home Office licence numbers (both project and personal numbers) |  |

**Signatures**

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| **I declare that the information provided is true and accurate. If the application is successful, I agree to accept responsibility for the day-to-day running of the grant.****Principal Applicant** |
| Name | Signature | Date (dd/mm/yyyy) |
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| **Co-Applicant** |
| Name | Signature | Date (dd/mm/yyyy) |
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| **Co-Applicant** |
| Name | Signature | Date (dd/mm/yyyy) |
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| **Co-Applicant** |
| Name | Signature | Date (dd/mm/yyyy) |
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