|  |
| --- |
| **Please email your completed application to:**  [**penguinsagainstcancer@outlook.com**](mailto:penguinsagainstcancer@outlook.com)  **Closing Date for Receipt of Applications: Midnight 26/09/2025** |

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

|  |
| --- |
| **Part 1: Title of project** |
|  |

|  |  |
| --- | --- |
| **Part 2: Total amount requested** | £ |

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

|  |  |  |
| --- | --- | --- |
| **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**

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

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

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

|  |
| --- |
| **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) |

|  |
| --- |
| **Part 6: What do you see as the key barriers to translation into clinical practice of your project outputs (maximum 200 words)?** |
|  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | 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 |
|  |  | | | | |
|  | **TOTAL FUNDING REQUEST** | | | | £0.00 |
| |  | | --- | | **Part 8: Please provide a short curriculum vitae for the principal applicant and all co-applicants.** | | | | | | |

|  |  |
| --- | --- |
| **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**

|  |  |  |  |
| --- | --- | --- | --- |
| **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) | |
|  | | | |
| **Co-Applicant** | | | |
| Name | Signature | Date (dd/mm/yyyy) | |
|  | | | |

|  |  |  |
| --- | --- | --- |
| **Co-Applicant** | | |
| Name | Signature | Date (dd/mm/yyyy) |
|  | | |

|  |  |  |
| --- | --- | --- |
| **Co-Applicant** | | |
| Name | Signature | Date (dd/mm/yyyy) |
|  | | |

|  |
| --- |
|  |