|  |
| --- |
| **Please email your completed application to:** **penguinsagainstcancer@outlook.com** |

|  |  |
| --- | --- |
| **Award code** (entered by charity) |  |

|  |
| --- |
| **Fergus Scholefield Cancer Research Fund****Award Application Form** |

|  |
| --- |
| **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.** |  |

**Other applicants**

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

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

|  |  |  |
| --- | --- | --- |
| **Title**  | **First name** | **Surname** |
| **Job Title** |  |
| **Organisation** |  |
| **Address** |  |
| **Contact telephone no.** |  |
| **Role in the 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 on the study, including relevance to cancer management.
* A project plan, with milestones and target outcomes for the research.
* Please list any relevant references (maximum 10).
 |

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

|  |  |
| --- | --- |
|  | Part 7: Details of Funding Required |
|  | Part 7a: Staff Costs |
|  |  | Employer | Grade &Spine Point | **% Time** | £ |
|  | **Staff member** |  |  |  |  |
|  | **Name of post and staff member if known** |  |   |  |  |
|  |  |  |  |  |  |
|  | **Sub total** | £0.00 |
|

|  |
| --- |
| **Part 7b: Consumables Costs** |
| **Consumables***List here any additional expenses/costs associated with the project.*  |
|  | £0.00 |
|  | £0.00 |
|  | £0.00 |
|  | £0.00 |
|   | £0.00 |
|  |  |
| **Sub total** | £0.00 |
| **Part 7c: Other Costs** |
| **Other costs**  |
|  | £0.00 |
|  | £0.00 |
|  |  |
| **Sub total** | £0.00 |

|  |  |
| --- | --- |
| **TOTAL FUNDING REQUESTED** | £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) |
|  |

|  |
| --- |
|  |