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| **Please email your completed application to:**  [**penguinsagainstcancer@outlook.com**](mailto:penguinsagainstcancer@outlook.com) |

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

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

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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.** |  | |

**Other applicants**

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

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

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

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

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

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

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