

**Research & Innovation Team**

30 Euston Square, London NW1 2FB

[www.rcgp.org.uk/circ /](http://www.rcgp.org.uk/circ%20/) [SFB@rcgp.org.uk](mailto:SFB@rcgp.org.uk)

**RCGP Scientific Foundation Board**

**- SFB Annual Research Grant Application Form -**

**This application must be completed in accordance with the associated guidance.**

|  |  |
| --- | --- |
| **SECTION 1A** | **Principal applicant details** |
| Title | e.g. Dr / Prof / *insert as appropriate* |
| First name(s) |  |
| Surname |  |
| Address line 1 |  |
| Address line 2 |  |
| Address line 3 |  |
| Post code |  |
| Telephone and mobile |  |
| Email |  |
| RCGP membership  *Please delete as appropriate*:  If RCGP member, please provide details of your faculty | Member / Not a member  If you are a member, please provide your membership number:  RCGP Faculty: |
| If this research will contribute to a qualification, please specify the qualification |  |

|  |  |
| --- | --- |
| **SECTION 1B (optional)** | **Principal applicant diversity personal data collection**  *(Please refer to Guidance Notes as to why we collect this information)* |
| Gender | Please write in:………………………………………………………….  Prefer not to say |
| Ethnicity | Please write in:………………………………………………………….  Prefer not to say |
| Disability | Please write in:………………………………………………………….  Prefer not to say |

|  |  |
| --- | --- |
| **SECTION 1C** | **Principal applicant employment details** |
| Organisation name |  |
| Position |  |
| Other appointments relevant to this application |  |

|  |  |
| --- | --- |
| **SECTION 2** | **Research project summary information** |
| Title of project |  |
| Amount requested | £0.00 |
| Anticipated start date  *This should be the latest start date taking in to account set up processes such as obtaining ethics approval* | DD / MM / YYYY |
| Anticipated end date | DD / MM / YYYY |
| Total duration of project |  |

|  |  |
| --- | --- |
| **SECTION 3** | **Principal applicant funding history** |
| Have you previously held an SFB Grant?  *Delete as appropriate (if yes, please provide reference number)* | Yes / No |
| Have you received an RCGP award relating to this piece of work?  *Delete as appropriate* | Yes / No |
| Has an application been made to another funding body for this work?  *Delete as appropriate (if yes please provide details of body and anticipated date of decision)* | Yes / No |

|  |  |
| --- | --- |
| **SECTION 4A** | **Research governance** |
| Will this study require research governance approvals?  *Delete as appropriate* | Yes / No |
| If Yes, please summarise research governance arrangements. |  |
| If No, please state clearly why research governance is not required. |  |

|  |  |
| --- | --- |
| **SECTION 4B** | **Ethical approval** |
| Will this study require research ethics approval? *Delete as appropriate* | Yes / No |
| If yes, Have you applied for ethics approval?  *Please give details of ethics approval applied for including dates and actual / expected outcomes* |  |
| If you have not yet applied, please confirm when you will apply |  |
| If no, If ethics approval is not required, please specify why |  |

|  |  |
| --- | --- |
| **SECTION 5A** | **Research sponsor**  *Please provide details of the organisation that has agreed to be the Research Sponsor of this project in accordance with the terms of the UK’s research governance framework. Please refer to the SFB’s Guidelines for information relating to the role and responsibilities of Research Sponsors* |
| Name of organisation acting as research sponsor |  |
| Is this organisation listed as Department of Health approved?  *Delete as appropriate* | Yes / No |
| Name of contact within organisation |  |
| Address |  |
| Telephone or Mobile |  |
| Email |  |

|  |  |
| --- | --- |
| **SECTION 5B** | **Agreement of above organisation to act as research sponsor for this project.**  *Signed agreement is required from the organisations agreeing to act as your Research Sponsor to the effect that they will undertake fully the responsibilities of a Research Sponsor* |
| Signature |  |
| Name and Date |  |

|  |  |
| --- | --- |
| **SECTION 6** | **Application summary information** |
| Study title |  |
| Please indicate the health category and methods for this research to help us allocate board members to review your proposal  *Please mark all that apply with ‘X’* | Other - specify   |  |  |  |  | | --- | --- | --- | --- | | Main Health Category | | | | | Blood |  | Metabolic & Endocrine |  | | Cancer |  | Musculoskeletal |  | | Cardiovascular |  | Neurological |  | | Congenital disorders |  | Oral & Gastrointestinal |  | | Ear |  | Renal & Urogenital |  | | Eye |  | Reproductive Health & Childbirth |  | | Infection |  | Respiratory |  | | Inflammatory & immune system |  | Service Delivery |  | | Injuries and Accidents |  | Skin |  | | Generic Health Relevance |  | Stroke |  | | Mental Health |  | Other (please specify below) |  |  |  |  |  |  | | --- | --- | --- | --- | | Methods | | | | | **Qualitative** | | **Quantitative** | | | Individual Interviews |  | RCT |  | | Focus Groups |  | Observational |  | | Observation |  | Systematic Review |  | | Other |  | Other |  |   Other - specify |
| Please disclose any potential conflict of interest that may arise in relation to any members of the SFB:  *Please mark all that apply with ‘X’*  Conflict of interest ***may arise from a personal relationship (family / partner / marriage, close personal friend), departmental connections, co-working, collaborations, association and affiliation with members of the Board.*** | |  |  | | --- | --- | | Board Members | | | Professor Richard Neal (Chair) |  | | Dr Steven Mowle (Honorary Treasurer) |  | | Representative of the RCGP Patient Partnership Group (member TBC) |  | | Rupert Payne (representative of SAPC) |  | | Professor Carolyn Chew-Graham |  | | Dr Helen Atherton |  | | Professor Sophie Park |  | | Dr Julia Hiscock |  | | Ms Sue Collinson |  | | Dr Nick Thomas |  | | Dr Mark Lown |  | | Dr Kathryn Hughes |  | | Dr James Prior |  | | Dr Sarah Tonkin-Crine |  | |

|  |  |  |
| --- | --- | --- |
| **SECTION 7A** | | **Application summary information** |
| Please leave blank | **Summary of application**  *Please use no more than 300 words, using only Arial font size 10 point or larger*  *Please include details if this proposal is part of a larger study/piece of work.* | |
| **Study title:** | |
|  | |
|  | |

|  |  |  |
| --- | --- | --- |
| **SECTION 7B** | | **Research proposal: aims and objectives** |
| Please leave blank | **Study title:** | |
|  | |
| **What are the aims and objectives for your proposal?**  *Please use no more than half a page, using only Arial font size 10 point or larger* | |
| **Aims should identify the general purpose of what you are trying to do. These may include testing a hypothesis or describing research questions very clearly and specifically. Ideally aims or research questions should be expressed in no more than 2 or 3 sentences.** | |
|  | Aims / hypothesis / research questions: | |
|  | **Objectives should be specific, measurable, clearly defined and linked to your aims.**  **It is recommended that these are represented as no more than six succinct bullet points. Your objectives should demonstrate a link to your methods and outputs.** | |
|  | Objectives: | |

|  |  |  |
| --- | --- | --- |
| **SECTION 7C** | | **Research proposal: plan** |
| Please leave blank | **Plan of investigation with details of method**  Please include details if the proposed study is part of a larger study.  *Please use no more than one page, using only Arial font size 10 point or larger.*  *Please list any references (Vancouver reference style) in Section 14 at the end of the document* | |
|  |  | |

|  |  |  |
| --- | --- | --- |
| **SECTION 7D** | | **Patient and Public Involvement and Engagement (PPIE)** |
| Please leave blank | **Please indicate your plan for Patient and Public Involvement and Engagement (PPIE)**  *Please use no more than half a page, using only Arial font size 10 point or larger.* | |
|  |  | |

|  |  |  |
| --- | --- | --- |
| **SECTION 7E** | | **Timeline** |
| Please leave blank | **Please show the timeline for the main activities in this project**  **Including the length of time each applicant is required to spend on a particular project.** | |
|  | |  |  |  |  | | --- | --- | --- | --- | | From MM/YY | To  MM/YY | Applicant | Activity | |  |  |  |  | |  |  |  |  | |  |  |  |  | |  |  |  |  | |  |  |  |  | |  |  |  |  | |  |  |  |  | |  |  |  |  | |  |  |  |  | |  |  |  |  | | |

|  |  |  |
| --- | --- | --- |
| **SECTION 7F** | | **Research proposal: background and rationale** |
| Please leave blank | **Summary of background literature**  *Please use no more than half a page, using only Arial font size 10 point or larger.*  *Please list any references (Vancouver reference style) in Section 14 at the end of the document* | |
|  |  | |

|  |  |
| --- | --- |
| **SECTION 7G** | **Research proposal: financial support for project** |
| **Details of support requested**  *Including salaries of assistance, superannuation and NI contributions etc. apparatus, printing and other expenses. Include additional breakdown of anticipated claim. If the project is longer than one year, please list each year separately.* | |
| |  |  | | --- | --- | | Salaries (e.g. salaries for assistants etc.): | | | Item | Amount | |  | £ | |  | £ | |  | £ | |  | £ | |  | £ |  |  |  | | --- | --- | | Running costs (e.g. travel, stationery, printing etc.): | | | Item | Amount | |  | £ | |  | £ | |  | £ | |  | £ | |  | £ | | |
| |  |  | | --- | --- | | Equipment costs (e.g. apparatus, computers, software, tape recorders etc.): | | | Item | Amount | |  | £ | |  | £ | |  | £ | |  | £ | |  | £ | | |
| |  |  | | --- | --- | | Dissemination costs (e.g. posters, publications, conferences etc.): | | | Item | Amount | |  | £ | |  | £ | |  | £ | |  | £ | |  | £ | | |
| All other costs (e.g. transcribing, PPIE etc.):   |  |  | | --- | --- | |  | | | Item | Amount | |  | £ | |  | £ | |  | £ | |  | £ | |  | £ | | |
| What is the total project cost? | |
| **£0.00** | |

|  |  |
| --- | --- |
| **SECTION 7G** | **Research proposal: financial support for project continued** |
| **Schedule of anticipated withdrawals**  *Please provide a schedule of anticipated withdrawals. Please note it usually takes two or three months between the date of being awarded a grant and the date you actually start your project (possibly longer if you have not yet applied for ethics approval). These factors should be considered when anticipating timescales for your project.* | |
| |  |  | | --- | --- | | **Period** | **Anticipated value of withdrawal** | | Quarter 1 (Apr / May / Jun) 2023 |  | | Quarter 2 (Jul / Aug / Sept) 2023 |  | | Quarter 3 (Oct / Nov / Dec) 2023 |  | | Quarter 4 (Jan / Feb / Mar) 2024 |  | | Quarter 1 (Apr / May / Jun) 2024 |  | | Quarter 2 (Jul / Aug / Sept) 2024 |  | | Quarter 3 (Oct / Nov / Dec) 2024 |  | | Quarter 4 (Jan / Feb / Mar) 2025  *(Extend if necessary – subject to grant terms)* |  | | |

|  |  |  |
| --- | --- | --- |
| **SECTION 7H** | | **Research proposal: justification** |
| Please leave blank | **Reason for support requested**  *Please use no more than half a page, using only Arial font size 10 point or larger*  *In this section please provide further information on why financial assistance is required for this research* | |
|  |  | |

|  |  |  |
| --- | --- | --- |
| **SECTION 7I** | | **Research project: dissemination, publication and future projects** |
| **Describe plans for dissemination of findings from this research project**  *For example, peer review publication, local/ national meetings and conferences, educational materials/ guidance, implementation in local or national training, contributing to educational material, impact of the research etc.*  *Please use no more than half a page, using only Arial font size 10 point or larger* | | |
|  |  | |
| **Is this project intended to support a future grant proposal or fellowship application?**  *If so, please describe how this project will inform future research, and the subsequent project you will be seeking funding for, including details of the intended grant/ fellowship scheme and likely application date.*  *Please use no more than half a page, using only Arial font size 10 point or larger* | | |
|  |  | |

|  |  |
| --- | --- |
| **SECTION 8** | **Sources of advice** |
| **SECTION 8A** | **Principal study design advisor** |
| Name |  |
| Position and Organisation |  |
| Address |  |
| Email |  |
| Advice provided | |
|  | |

|  |  |
| --- | --- |
| **SECTION 8B** | **Study statistics advisor** |
| Name |  |
| Position and Organisation |  |
| Address |  |
| Email |  |
| Advice provided | |
|  | |

|  |  |
| --- | --- |
| **SECTION 8C** | **Study finance advisor** |
| Name |  |
| Position and Organisation |  |
| Address |  |
| Email |  |
| Advice provided | |
|  | |

|  |  |  |
| --- | --- | --- |
| **SECTION 8D** | **Advisor’s supporting statement** | |
| **To be completed by the person named in 8A above.**  *Please use no more than one hundred words, using only Arial font size 10 point or larger, Please state why the applicant should be supported.* | | |
| I am also satisfied that the advice given to the applicant by the above people has been considered by the applicant in the preparation of their application. | | |
| Name | |  |
| Signature | |  |
| Date | |  |

|  |  |
| --- | --- |
| **SECTION 9** | **Research team** |
| This space should be used to provide any further details of your research team or support facilities available for your proposal  *Please use no more than half a page, using only Arial font size 10 point or larger* | |
|  | |

|  |  |
| --- | --- |
| **SECTION 10** | **Co-applicants** |
| Please list all co-applicants by name |  |

|  |  |
| --- | --- |
| **Co-applicant details**  *Please complete for all co-applicants (copy and paste below for each additional co-applicant)* | |
| Title, Name and Surname |  |
| Email |  |
| RCGP membership  *Please delete as appropriate*:  If RCGP member, please provide details of your faculty | Member / Not a member  If you are a member, please provide your membership number:  RCGP Faculty: |
| Job title and  Organisation / Institution |  |
| How will you contribute to this research study?  *Please aim to summarise this in no more than two sentences* |  |

|  |  |
| --- | --- |
| **Co-applicant details**  *Please complete for all co-applicants (copy and paste below for each additional co-applicant)* | |
| Title, Name and Surname |  |
| Email |  |
| RCGP membership  *Please delete as appropriate*:  If RCGP member, please provide details of your faculty | Member / Not a member  If you are a member, please provide your membership number:  RCGP Faculty: |
| Job title and  Organisation / Institution |  |
| How will you contribute to this research study?  *Please aim to summarise this in no more than two sentences* |  |

**Please copy and paste the text box above here for each additional co-applicant.**

|  |  |  |
| --- | --- | --- |
| **SECTION 11** | **Supporting documents** | |
| Confirm that the following documents, and signed sections of this form, are complete and attached to your application  *Please specify Yes., No or Not applicable* | | |
| Supporting statement - principal study design advisor (Section 8D) | |  |
| Organisation sponsorship agreement (Section 5B) | |  |
| Any other supporting documents | |  |
| Confirmation of ethics approval and research governance, if required, (Section 4B) | |  |
| Curriculum Vitae (Section 13) | |  |

|  |  |  |
| --- | --- | --- |
| **SECTION 12** | **Declaration** | |
| I declare that the information I have provided in this application is correct and complete. I confirm that I have used the relevant guidance notes to complete this application and I am fully eligible to make this application in accordance with the criteria set out by the SFB. | | |
| Name | |  |
| Signature | |  |
| Date | |  |

|  |  |  |
| --- | --- | --- |
| **SECTION 13** | | **Curriculum Vitae** |
| Please leave blank | *Curriculum Vitae to be completed by the principal applicant and all co applicants, using only Arial font size 10 point or larger (if required please copy and paste for each applicant)* | |

|  |  |  |
| --- | --- | --- |
| **Title:** | **Forename / Initials:** | **Surname:** |
| **Qualifications:** | | |
| **Professional registration** (if appropriate): | | |
| **Present appointment(s):** | | |
| **Start date for present appointment(s):** | | |
| **Address:** | | |
| **Telephone number:**  **Email address:** | | |
| **Previous and other appointments:** | | |
| **Research experience:** | | |
| **Research training:** | | |
| **Relevant recent publications:** | | |
| **Recent and Current grants:** | | |
| **Anticipated role on this project including expertise brought to project and hours per month to be spent on project:** | | |

|  |  |
| --- | --- |
| **SECTION 14** | **Supporting Information** |
| *References (Vancouver reference style) and any other supporting information.* | |
|  | |