

**Application Form for Small Project Grants**

Please type throughout and email application to spt@ucl.ac.uk

AND submit original c/o the Royal Free Charity office

**Deadline: 15th January 2021**

1 Name of Applicant Title/Position

2a) Co-Applicant Title/Position

2b) Project worker(s) (if different) Title/Position

3 Project Supervisor

4 Address where research will be conducted

Telephone No.

5 Title of Project

6 Abstract of Project (500 words max)

7 Layman’s Summary of Proposed Project (100 words)

8 Proposed Starting Date Proposed Duration in Months

Proposed Completion Date

9. **Details of Grant requested**

Year 1 £ Year 2 £

Materials & Consumables

Total materials and consumables

Equipment

Total Equipment

Other Expenses

Total other expenses

**Total cost of consumables, equipment, expenses**

**Total cost of consumables, equipment and expenses for the entire project £**

10 **Other Support**

Are you currently involved in related research supported by any other body? Yes/No

Is this application currently being submitted elsewhere? Yes/No

If *yes, to which organisation? When is the result expected?*

11 Have you received assurances that any co-operation you will require from your own and other authorities in the conduct of the proposed research will be forthcoming? Yes/No

If yes, please attach copies of letters of confirmation.

12a Please list below any other grants which you are receiving, showing the title of the project, the scale of support, the name of the supporting organisation and the estimated duration of the project.

12b Why are you approaching St Peter’s Trust rather than any other organisation?

13 **Animals**

Are animals in any way involved with the proposed project? Yes/No

*If yes, a copy of the Home Office Licence must be attached to this application*

1. Is the proposed research likely to lead to patentable or commercially applicable data or apparatus? Yes/No

If yes, please give details

15 **Previous Grants from SPT**

If you have been a recipient of a grant within the past 5 years, please complete the following. If any final reports from completed projects have not been received by the Trust, your current application will not be considered.

Title of Project

Reference nos. Name of Grant Holder

Start Date Completion Date

Summary of Project

Publications arising from the Project

16 **Description of the proposed Project**

Continue on additional page as necessary [not more than 2 pages in font size 12]

Give details under the following headings:

1 Objectives

2 Background and rationale

3 Plan of investigation

4 Timetable

5 Reasons for support requested

17 **Biographical details**

(Give the following information for each of the named applicants.)

Name Title Date of Birth

Degrees/Diplomas

Research and/or professional experience (start with present position)

Publications

18

**Approval of the Head of Department/Divisional Clinical Director**

The proposed research work has my approval. The work to be carried out can be accommodated in and administered by, the Department.

Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name and initials

(Typescript/capitals)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Approval by Chair of Research & Development Directorate and Ethics Committee of the hospital where the research is to be undertaken, or UCL Ethics Committee, as appropriate to the project.**

This proposal was approved by the R & D Directorate of UCL Hospital Trust or the Royal Free Hospital Trust on (date): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Application for approval by the Ethics Committee of the relevant hospital, or the UCL Ethics Committee, as appropriate, is in process and the result will be notified to St Peter’s Trust. (Note that no funding will be released by the Trust until Ethics Committee approval has been obtained.)

Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name and initials

(Typescript/capitals) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Acceptance of terms and conditions by applicants**

If my application is successful, I agree to abide by the St Peter’s Trust terms and conditions for grants, a copy of which has been supplied to me.

Signature of Applicant 1 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Applicant 2 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_