**Application form for Equipment Grants**

**Please type throughout and email application to** **Susan.Maridaki@nhs.net**

**IMPORTANT: Please supply the names and emails of 3 possible referees to comply with new rules of external review.**

**Deadline: 22nd January 2024**

1. Name of applicant Title/Position

2a. Name of co-applicant (if applicable) Title/Position

2b. Name of project worker (if applicable) Title/Position

3. Departmental address:

4. Telephone number

5. Address where equipment would be installed

6. Type of equipment requested

7. Description of the equipment and the research for which you intend to use it.

 Give details under the following headings:

 a) Objectives

 b) Background and rationale

 c) Plan of investigations

8. Proposed starting date

9. Expected lifetime of the equipment

10. Summary of grant requested

 Cost of the equipment: £

 (excluding VAT)

 Cost of essential start-up accessories (if applicable) £

 Service costs (if needed) £

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 and use of the equipment will be forthcoming?

 Yes/No

If yes, please provide names of those authorities

12. Is the proposed research likely to lead to patentable or commercially applicable data or apparatus?

 Yes/No

If yes, please give details

13. Why are you approaching St. Peter’s Trust rather than any other organisation?

14. Previous grants from SPT

 If you have been a recipient of a grant within the past 5 years, please complete the following.

 Title of project

 Reference nos. Name of grant holder

 Start date Completion date

 Publications arising

Approval of the head of department / divisional clinical director

The proposed equipment purchase has my approval. The equipment requested can be accommodated in and administered by the department/division. If the equipment grant is awarded I accept that St. Peter’s Trust will not be responsible for any installation, maintenance or recurring cost related to the use of the equipment.

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name and initials: typescript/capitals \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Department/division \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Acceptance of terms and conditions by applicant:

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, and insofar as these relate to a request for equipment.

I accept that if the grant is awarded St. Peter’s Trust will not be responsible for any installation, maintenance or recurring cost related to the use of the equipment.

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_