

**Grant Application for Development of an Educational Resource**

**Deadline 31st May 2021 5 pm**

*Applicants can apply for up to £5,000 to develop an educational resource for use by the Society.*

*Please see details on the main website*

*Sections will expand but please do not alter or exceed word limits.*

**ALL applicants to complete sections A – C**

**Section A – Summary *(all applicants to complete)***

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| **1. Main applicant’s name; Job   title, Division/School & Institution:** |  |
| **2. Title & Plain English Summary of Proposed Project**   1. **Title** (150 characters max): 2. **Plain English Summary** - avoid use of jargon and acronyms (250 words max): | |

**Section B – applicants’ details *(all applicants to complete)***

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| **1. Main Applicant’s Details** | |
| Applicant’s name: |  |
| Job Title: |  |
| Department/Division: |  |
| Email: |  |
| Telephone: |  |
| Do you hold a substantive or honorary contract with your hospital or university: | Substantive  Honorary |
| Qualifications held: |  |

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| **2. Co-Applicant’s Details** | |
| Name: |  |
| Job Title: |  |
| Department/Division: |  |
| Email: |  |
| Telephone: |  |
| Do you hold a substantive or honorary contract with your hospital or university: | Substantive  Honorary |
| Qualifications held: |  |

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| **3. Collaborators Details – List any others who will collaborate on this project (name, position, institution)** |

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| **4. Relevant Publications of the main applicant (up to five)** |
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**Section C – Finance *(all applicants to complete)****Please note that travel to research conferences is not funded by this scheme. If you need to travel for other reasons relating to the project please list and justify under “other items”.*

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| **1. Breakdown of costs** | |
| **i. Are you applying for:**  Salaries  Consumables  Other (please specify) | **tick one box** |
| **ii. Proposed start and end date:** |  |
| **iii. Other staff salaries** Please give the following details for ALL salaries requested in the column opposite.  to include on costs (NI etc., but not HEI full economic costs)   * band/grade/spine point * duration   *Please contact your divisional finance manager or management accountant (or university school finance officer) for an accurate cost of salaries.* |  |
| **iv. Expenses for patient travel and patient and public involvement.** Note travel to research conferences is not funded via this scheme.  *Please list and give breakdown opposite* |  |
| **vi. Consumables & running costs** e.g.paper, booklets,  *Please list and give breakdown opposite* |  |
| **vii. Equipment**  *Please specify and insert* ***+VAT*** *if applicable* |  |
| **viii. Any other items**  *Please list and give breakdown opposite* |  |
| **ix) OVERALL TOTAL Amount requested (not to exceed £5,000)** |  |

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| **2. Justification of Resources Required** Please state why you needthe amount of time requested |
| *Fully justify the items listed above, including staff time on the project.* |

**Section D**

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| **1. Scientific Summary of Proposed Educational Grant** |
| **i. Background**  *Detail the size and nature of the problem to be addressed; include a brief literature review (500 words max)* |
| **ii. Aims and Objectives**  *Detail the proposed educational resource (400 words max)* |
| **iii. Plan of development of the Educational Resource**  *Include all stages of the project development. (500 words max)* |
| **iv. Patient and Public Involvement (PPI)**  *Provide details on how you will involve patients (and parents or carers if appropriate) in developing your project and grant application (250 words max)* |
| **v. Potential Impact**  *In addition to the use of the resource by BritSPAG, detail any alternative dissemination this project could have. (400 words max)* |
| **vi. Please outline timescales and key steps of the grant preparation.**  *Please note that a lack of these details will substantially reduce the likelihood of the proposal being funded. The progress of successful applicants towards meeting these key project milestones and deadlines will be monitored by the BritSPAG committee.* |

**Section E – Finance and Divisional/School approval *(all applicants to complete)***

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| **1. Divisional Finance Manager OR University School Finance Officer Approval (*please ask the most appropriate person for approval depending on where the study will be performed. Confirmation by email is acceptable)*** | |
| In my capacity as the Divisional Finance Manager **or** University School Finance Officer, I confirm that I support and approve this application. | |
| **Name:** |  |
| **Division/School and Institution** |  |
| **Position:** |  |
| **Email:** |  |
| **Telephone:** |  |
| **Signature:** |  |
| **Date:** |  |

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| **2. Principal Applicant** | |
| I confirm that the details within this application are correct, and that I accept the Research Funding Committee Terms and Conditions. | |
| **Name:** |  |
| **Signature:** |  |
| **Date:** |  |

Once completed please email a copy of this form to **emma.woods7@nhs.net**

**Deadline: 5pm 31st May 2021**

**Late applications will not be considered.**

**For any queries regarding the application contact BritSPAG Chair, Dr Pallavi Latthe (platthe@nhs.net)**