

**Research Grant Application Form**

**1-3 Years**

1. **The Applicant**

|  |  |
| --- | --- |
| **Name:** |  |
| **Institution:** |  |
| **Present Post of Applicant:** |  |
| **Contact Address:** |  |
| **Email:** |  |
| **Telephone:** |  |

1. **The Project**

|  |
| --- |
| **Title:** (do not exceed 150 characters including spaces) |
|  |
| **Duration:** (months) | **Proposed Start Date:**  | **Proposed End Date:** |
|  |  |  |
| **Location - Will the research take place in Northern Ireland?**  | Yes / No |
| Or |
| **Will the research involve only the Northern Ireland element of a national or international study? Please give details:** |
|  |
| **Abstract:** (250 words) |
|  |
| **Project Description - Summary in Layman’s Language:** (no more than 2 pages) |
|  |
| **Full Project Description** (no more than 5 pages including figures, but excluding references - single line spacing / Arial 11pt)**Please use the following headings:**1. **Title**
2. **Purpose of Investigation**
3. **Background to the Proposal**
4. **Detailed methodology including objectives, timelines and target dates, deliverables, key milestones, role and contribution of collaborators**
5. **Anticipated difficulties and proposed solutions**
6. **References**
 |
|  |
| **Impact - Who will benefit from this research and what plans do you have to ensure these benefits are realised? How do you plan to share the data generated from this research?** (400 words) |
|  |
| **Translation - Please describe your project’s potential to translate into practice which contributes to reducing the burden that cancer places on society in Northern Ireland:** (400 words) |
|  |
| **Ethical Approval - Does your study require ethical approval? Please outline the process and timescale:** |
|  |
| **Peer Review - Please list up to 5 peers (including contact details) who may be approached to review this application:** |
|  |

1. **Synergy with Cancer Focus Northern Ireland’s Research Strategy and Priorities**

|  |
| --- |
| **Which of the following Cancer Focus Northern Ireland’s research goals does your research meet?*** Research which advances the knowledge of cancer and cell biology so as to improve treatment - either curative or designed to prolong or improve quality of life**.**
* Research which advances the knowledge of the causes of cancer, or public awareness of the causes of cancer, to inform cancer prevention initiatives**.**
* Population based research projects designed to provide robust data on cancer aetiology, risk factors, survival variations or patient outcomes in Northern Ireland (this may include comparative studies across other jurisdictions)**.**
* Research into community based support for peopleliving with a cancer diagnosis.
* Research into the financial and social costs associated with cancer**.**

**Describe how your research will fulfil these goals and how it will complement the research priorities of Cancer Focus Northern Ireland which are:** (500 words)* Have the potential to work as part of established local research networks**.**
* Clearly demonstrate their potential to translate into practice and improved outcomes for patients**.**
* Demonstrate how the limited funding available from Cancer Focus Northern Irelandmay be used to attract larger grants for maximum impact**.**
* Demonstrate potential for partnership and collaborative working.
 |
|   |

1. **Project Budget**

****

* Please give salary breakdown: hours to be allocated to the project, hourly salary per relevant post

|  |
| --- |
| **Sources of other funding for this project (please confirm whether this has been secured)** |
|  |

**Declaration by Principal Investigator**

I confirm that I have read and will abide by the grant conditions of Cancer Focus Northern Ireland.

**Signed: Date:**

**Note:** Please attach CVs of Principal and Associate Investigators

**Declaration by Institution**

I confirm that I have read this application and the associated grant conditions. I confirm that, if granted, this work can be accommodated in and managed by the Institution.

**Name:**

**Title:**

**Address:**

**Contact Details:**

**Signed:** **Date:**