Outreach Grant

Application form

Updated 20 March 2024

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| Your details | |
| Principal Applicant Name [title, first name, last name]  Please enter your full name |  |
| Membership number (if applicable) |  |
| Membership category (if applicable) |  |
| Current position  Please briefly describe your current position and give an indication of how long you have been in that role |  |
| What is your professional address?  Department, institution, town/city and country OR name of Patient Support Group |  |
| Work telephone number |  |
| Please enter your preferred contact number if different |  |
| Work email address |  |
| Please enter your preferred email address if different |  |
| Co-applicants  If relevant, please list the names of Society members or other Society Affiliated Patient Support Groups who you wish to be recorded as your co-applicant(s). |  |

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| Proposal |
| Title  Full title of your proposal  Short title  For use in promotions  Key words  Please provide up to 6 keywords to assist with Grants Panel review and promotion  Aim  Maximum of 3 sentences  Short summary  Suitable for reading by a lay audience and for use in publicity. Maximum of 50 words  Proposed start date  Approximate  Proposed completion date  Approximate  Proposal description and justification.  Maximum of 700 words  Please do include a clear and concise description of the proposal and expand the space as necessary.  This is a competitive grant so please be as specific as possible for the Grants Panel to review.  Please explain the benefit of this grant to the applicant  Maximum of 300 words  Applicants are either Society member(s) or Society Affiliated Patient Support Group(s).  If necessary, please use this space to include details of any mitigating circumstances that you would like to be considered (e.g. career breaks, change of field etc.)  Please describe the benefit to the field of endocrinology and the endocrine community  Maximum of 300 words  How will the impact be realised, progressed and recorded?  Maximum of 300 words |

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| Costs |
| Are you requesting the total amount or a grant-in-aid to cover part of the proposal?  Total/grant-in-aid  Enter the amount requested  £  Please provide an itemised breakdown list of costs  Provide a justification of these costs  Do you have any other sources of funding for this specific proposal?  Please give details of all funding and, in particular, provide evidence of matched funding arrangements, if appropriate |

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| Track record to demonstrate likelihood to succeed |
| Maximum of 200 words |

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| Declaration |
| Please confirm that the use of the funding will conform to all legal, ethical and Home Office approvals  Yes/no/not applicable  If applicable, what legal, ethical and Home Office approvals do you have in place or are you applying for? Please give details  Please list all current approvals and those you intend to apply for. Give reference numbers if applicable.  Have you been awarded this grant before?  Yes/no  Please confirm that your post will outlast the proposed completion date of the grant you are applying for?  Yes/no. If no, please explain  Do you consent to the Society storing your submitted data for the application process?  Yes/no  In order to evaluate your application, the data that you submit via this form will be shared with the Grants Panel, relevant Society members and staff working for the Society for Endocrinology. We will store your data securely and only authorized personnel will be able to access it. If your application is unsuccessful we will delete your application data from our systems one year from the deadline for this grant. If your application is successful, we will hold your application data for 7 years in order to administer the grant and subsequent impact reporting. |

I declare that the information submitted in this grant application is true and that I understand the terms and conditions of this award.

Primary Applicant name

Primary Applicant Signature

Date