Outreach Grant

Application form

Updated 20 March 2024

|  |
| --- |
| Your details  |
| Principal Applicant Name [title, first name, last name]Please enter your full name |  |
| Membership number (if applicable) |  |
| Membership category (if applicable) |  |
| Current positionPlease 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-applicantsIf 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).  |  |

|  |
| --- |
| Proposal  |
| TitleFull title of your proposalShort titleFor use in promotionsKey wordsPlease provide up to 6 keywords to assist with Grants Panel review and promotionAimMaximum of 3 sentencesShort summarySuitable for reading by a lay audience and for use in publicity. Maximum of 50 words Proposed start dateApproximate Proposed completion dateApproximateProposal description and justification. Maximum of 700 wordsPlease 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 wordsHow will the impact be realised, progressed and recorded?Maximum of 300 words |

|  |
| --- |
| Costs  |
| Are you requesting the total amount or a grant-in-aid to cover part of the proposal?Total/grant-in-aidEnter the amount requested£Please provide an itemised breakdown list of costsProvide a justification of these costsDo 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 |

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

|  |
| --- |
| Declaration |
| Please confirm that the use of the funding will conform to all legal, ethical and Home Office approvalsYes/no/not applicable If applicable, what legal, ethical and Home Office approvals do you have in place or are you applying for? Please give detailsPlease 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 explainDo 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