Research Grant

Application form

Updated November 2023

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| Your details  |
| Principal Applicant Name [title, first name, last name]Please enter your full name |  |
| Membership number |  |
| Membership category |  |
| 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 |  |
| 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 who you wish to be recorded as your co-applicant(s). Non-members should not be listed. |  |

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| 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 sentencesLay summarySuitable for using in promotions. Maximum of 50 words Proposed start dateApproximate Proposed completion dateApproximateProposal description and justification. Maximum of 700 wordsPlease expand the space as necessary. This is a competitive grant so please be as specific as possible. For example, include a clear and concise description of the project hypothesis, objectives, experimental design, project deliverables and justification. The inclusion of preliminary data, as proof of concept, is encouraged wherever possible. Please explain the benefit of this grant to the applicantMaximum of 300 wordsIf 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 |

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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-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 |

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

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| Head of Department details |
| Name [title, first name, last name] |  |
| Professional addressDepartment, institution, town/city and country |  |
| Work email address |  |
| Work telephone number |  |

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| 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

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| Head of Department Verification [please confirm your response below]: |
| Yes – I confirm that I am the applicant’s Head of Department and I approve the above application.No – I am not the applicant’s Head of Department and/or I do not approve the above applicationNameSignatureDate |