**PUMP PRIMING APPLICATION FORM**

|  |  |  |
| --- | --- | --- |
| Principal investigator: | |  |
| Designation: | |  |
| Email: | |  |
| Contact telephone no.: | |  |
| Institution where research will be based | |  |
| Head of Department supporting the study:  (Please provide a letter of support) | |  |
| **Start Date for Project** | |  |
| **Project Length** | |  |
| **End Date for Project** | |  |
| Title of proposal: |  | |
| 1. Please briefly describe the proposed research (Max 1,000 words). This section should include:  * **a brief background** * **a clear research question / hypothesis** * **an outline experimental plan** * **a costing and justification of the funds requested**. Please use the table below for costings breakdown. Add other categories as appropriate for your project. * **Include a letter signed by your Head of Department confirming that the study has their support** | | |
| (Max 1,000 words) | | |
| Please provide a lay summary of the proposal (max 100/250? words)  (The quality of the lay summary will be considered in the scoring as part of the application process.) | | |

|  |  |  |
| --- | --- | --- |
| **Costings Table (with examples of expenditure)** | | |
| Expense | Individual Costs | Total |
| PPI |  |  |
|  |  |
|  |  |
|  |  |
| Computing and software |  |  |
|  |  |
|  |  |
|  |  |
| Materials and Consumables |  |  |
|  |  |
|  |  |
|  |  |
| Equipment |  |  |
|  |  |
|  |  |
|  |  |
| Other Expenses |  |  |
|  |  |
|  |  |
| **Grand Total** |  |  |

|  |
| --- |
| 1. Please comment on how your research may ultimately benefit patients   (100 words): |
|  |
| 1. Please state how this research will increase your chances of attracting further grant support and the type of funding for which you intend to apply (e.g. research for patient benefit)   (100 words): |
|  |
| 1. Do you need approval from your Ethics Committee, R&D department or Audit department? |
| **Yes/No**  (please score out as appropriate) |
| If yes have you obtained the necessary approvals (please enclose)? |
|  |

|  |  |
| --- | --- |
| I accept that, if the planned research is not commenced within 6 months of the award of the grant, then the grant will be withdrawn.  I agree to provide the BSSH with a written progress report 6 months after the first transfer of funds from the BSSH, then at 6 monthly intervals (if project lasts over 12 months) and a final report within 3 months of the end of the project  Reports to be sent to [secretariat@bssh.ac.uk](mailto:secretariat@bssh.ac.uk) | |
| Signature |  |
| Print Name |  |
| Date |  |