

7-9 Bream's Buildings, London EC4A 1DT

Email: theo.chiles@rcem.ac.uk

# **APPLICATION FOR RESEARCH GRANT**

Applicant(s)     (no limit - photocopy/add further pages if necessary)	Applicant 1 (Lead applicant)	Applicant 2	Applicant 3	Applicant 4
Title and full name				
Position				
Institution				
16 digit ORCID ID (Must supply for Lead applicant; https://orcid.org)	XXXX-XXXX-XXXX			
Role on grant (i.e. Supervisor, Statistician, Data collection etc)				
Hours per week on project				

	Applicant 5	Applicant 6	Applicant 7	Applicant 8
Title and full name				
Position				
Institution				
16 digit ORCID ID (Must supply for Lead applicant; https://orcid.org)				
Role on grant (i.e. Supervisor, Statistician, Data collection etc)				
Hours per week on project				

If the proposed research involves collaboration with a research network such as TERN, PERUKI, PHOTON, RAFT, TRIC ITERN, Student TERN etc then a letter of support from the organisation must be included

	Institution/Authority (administering grant if approved) Addresses at which the work will be done				
<u> </u>					
3.	<b>Project title</b> (not exceeding 116 charact	ers including spa	ices)		
4.	Abstract of research (not exceeding 250	) words)			
5.	Proposed starting date				
5.	Proposed starting date  Proposed duration (in months)				
		Year 1	Year 2	Year 3	Total £
	Proposed duration (in months)  SUMMARY OF SUPPORT REQUESTED				
<b>6</b> . S	Proposed duration (in months)  SUMMARY OF SUPPORT REQUESTED				
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6. S	Proposed duration (in months)  SUMMARY OF SUPPORT REQUESTED  AFF  DINSUMABLES  3-TOTAL	£			
6. STA	Proposed duration (in months)  SUMMARY OF SUPPORT REQUESTED  AFF  DINSUMABLES  B-TOTAL  AND TOTAL	£			
6. STA	Proposed duration (in months)  SUMMARY OF SUPPORT REQUESTED  AFF  DINSUMABLES  3-TOTAL  AND TOTAL  Does the project have Ethical Committee	£			
6. STA	Proposed duration (in months)  SUMMARY OF SUPPORT REQUESTED  AFF  ONSUMABLES  3-TOTAL  AND TOTAL  Does the project have Ethical Committee  Yes	£			
6. STA	Proposed duration (in months)  SUMMARY OF SUPPORT REQUESTED  AFF  DINSUMABLES  B-TOTAL  AND TOTAL  Does the project have Ethical Committee  Yes  Requested/To be requested	£			

8.	_	This application should be submitted by/through (i) the Head of Department and (ii) the officer who will be responsible for administering any grant that may be awarded.					
	(i)	Head of Department					
	Signat	ture	Date				
	Title a	nd full name (block capitals)	Department				
	•••••						
	(ii)	Finance Office of Grantholder					
	Signat	ture	Date				
	•••••						
	Title a	nd full name (block capitals)	Position held				
	•••••						
	Addre	ess					
	Post C	Code					
	Teleph	none number/extension	Fax number				
	•••••						
9.	RCEM	Membership category of Applicant 1 (Le	ead applicant):				
Fellow	/ Memb	per / Associate Fellow / Associate Member /	Affiliate Member / Retired Fellow or Member				
10.	Corre	sponding email address of Applicant 1 (L	ead applicant):				

v.1.1; 30.04.20  11. PROPOSED INVESTIGATION (Font no smaller than 12 point, Sections 1-17 of Proposed Investigation to take up no more than 4 sides in total; pages 4-7)
1. Project title (not exceeding 116 characters including spaces)
2. Project lay summary (Please complete this section in plain English – avoiding scientific term wherever possible; not more than 150 words)
3. Research question in PICO format:
P: Population:
I: Intervention:
C: Comparator:
O: Primary Outcome:
4. Background to the study (including a description of the health problem being addressed, what is already known about the topic, the scientific rationale for the study and where this study will contribute to existing knowledge) (not more than 200 words)

Results of any pilot studies/previous work/information regarding the efficacy and safety of any proposed intervention if available.

5.

6. a.	Methodology (Not all sub-headings are applicable to all research projects) Study Design (e.g. observational cohort, literature review, qualitative etc):
b.	Setting:
c.	Population; Inclusion criteira:
d.	Exclusion criteria:
e.	Proposed interventions:
f.	Duration of treatment:
g.	Outcome measures: Primary Endpoint:
h.	Secondary Endpoints
i.	Follow up:
j.	Proposed sample size:

k.	Power calculation:
l.	Proposed statistical analysis:
m.	Potential risks and hazards (Justification that the planned recruitment rate is achievable, including the process for identifying potentially eligible participants, the proportion who will fulfil the inclusion/exclusion criteria, estimated consent rates):
7.	Expertise available and existing facilities
8.	Project timetable (a detailed project time line. Describe how recruitment will be organised and the time period over which it will take place)
9.	Detailed justification for support requested
10	. Importance of the question to the practice of Emergency Medicine in the UK

11.	Other funding secured / applied for
12.	Is this a resubmission? If so please briefly describe changes from the original application
13.	Value of research to Emergency Medicine
14.	Potential academic development of lead applicant
15.	Potential opportunities for future funding
16.	Patient and Public Involvement
17.	How will results be disseminated?

18.	Key references (no more than 1 side of A4, p8)

# 12. DETAILS OF SUPPORT REQUESTED (summarised in Section 6 of the application form)

1.       2.       3.	DETAILS OF POSTS NAME (if known)	Grade	Start point on scale	Starting Salary £	London Weighti ng £	Other Allowanc es £	Combined Superannu ation and National Insurance	Total C	Costs in Yr2
	1.								
3.	2.								
	3.								
4.	4.								
5.	5.								

CONSUMABLES ETC Please specify (include animals, equipment, etc)	Year 1 £	Year 2 £	Year 3 £	TOTAL £
The Royal College of Emergency Medicine is a small funder and as such is not able to fund open source publication costs or conference fees.				
SUB TOTAL ANNUAL COSTS £				

# 13. CURRICULUM VITAE OF LEAD APPLICANT

1. Surname	Forename(s)	Date of CCT (if post CCT)
2. Degree, etc (subje	ect, class, university, and date)	
3. Posts held (with do	ates);please identify tenure and	source of funding of present post.
4. Recent publicatio	ns; also papers in press	

(photocopy/add further pages if required)

# 14. BRIEF CURRICULUM VITAES OF APPLICANTS 2-8; APPLICANT 2

1. Surname	Forename(s)	Date of CCT (if post CCT)		
2 Dearee, etc (sub	oject, class, university, and date)			
2. Dogioo, 515 (552	Joer, Glass, or involsing, and date,			
3. Current posts he	3. Current posts held (with dates); please identify tenure and source of funding of post(s).			
4. Most important p	 oublications			
APPLICANT 3				
1. Surname	Forename(s)	Date of CCT (if post CCT)		
2. Degree, etc (sub	oject, class, university, and date)			
2. Current posts bo	Id to the datasty places identify to	euro and source of funding of port(s)		
3. Current posts held (with dates); please identify tenure and source of funding of post(s).				
4. Most important p	 oublications			

# **APPLICANT 4**

1. Surname	Forename(s)	Date of CCT (if post CCT)		
2. Degree, etc (sub	ject, class, university, and date)			
2				
3. Current posts nei	a (with dates); please identity tel	nure and source of funding of post(s).		
4. Most important p	ublications			
APPLICANT 5				
1. Surname	Forename(s)	Date of CCT (if post CCT)		
2. Degree, etc (sub	ject, class, university, and date)			
2 Current posts hal	d (with datas); places identify to	ours and source of funding of post(s)		
3. Current posts held (with dates); please identify tenure and source of funding of post(s).				
4. Most important p	ublications			

# **APPLICANT 6**

# **APPLICANT 8**

1. Surname	Forename(s)	Date of CCT (if post CCT)	
2. Degree, etc (subject, class, university, and date)			
3. Current posts hel	d (with dates); please identify ten	ure and source of funding of post(s).	
4. Most important p	publications		

(photocopy/add further pages if required)