

Pilot Project Research Grant Application Form

**DEADLINE FOR RECEIPT OF THIS APPLICATION IS 11.59pm on 1st
Feb/May/Aug/November**

IMPORTANT: SUBMITTING AN APPLICATION

Applicants must submit an electronic emailed version of the completed application including all accompanying documents:

- Letters of support
- Ethics committee approval & Risk Assessments (drafts acceptable)
- Abridged C.V. of all Researchers (no more than 2 A4 pages)
- And a signed copy of The HIS Terms and Conditions form (applicants are advised to read all Terms and Conditions before making an application.

to: grants@his.org.uk

Subject PPRG Application from (*name*).

Applications are treated as strictly confidential and will be subject to multiple phases of review that may include external review.

NOTES on completing this form:

- The application form must not be altered in any way.
- Please complete all sections. If a section is not relevant, please indicate as such using the phrase N/A. **Do not leave any box blank.**
- Read all the notes carefully before completing this form. If a section has a word limit, it is indicated.
- Text can include figures and references, although the references will be included in the word count. If figures are required then they must be inserted within the relevant section and a figure reference, e.g. Fig-01, given within the text.
- All abbreviations and acronyms must be fully defined when first used (except for standard scientific acronyms e.g. DNA, RNA).

If you have any queries please contact HIS on: +44 (0)20 7713 0273

SECTION 1: Application Overview

SECTION 1.1: PROJECT SUMMARY

Name of Primary Applicant:	
Title of Research Project: (Limit: 50 words)	
FULL Amount Requested (to a maximum of £5,000):	£

¹ HIS does not pay FEC, as such this heading relates to the costs of all Principal and Co-Investigators working directly on the grant where costings are estimated.

Field of Research:				
Type of Project: (Insert 'X' into relevant box, more than one category is acceptable)	Translational	<input type="checkbox"/>	Education	<input type="checkbox"/>
	Audit	<input type="checkbox"/>	Clinical intervention or implementation	<input type="checkbox"/>
	Surveillance/diagnostics	<input type="checkbox"/>	Other:	

SECTION 1.2: LAY PERSON SUMMARY

<p>A summary of the project and expected outcomes that can be given to and understood by a lay person.</p> <p>This text will be used by HIS for its external promotional activities; therefore do not include any information in this section that you would not wish to be made public, e.g. development of proprietary technology, methods or products. Also, please note that this information will be attributed to you and not to HIS.</p> <p>Limit: 200 words (Text box will expand to fit)</p>

SECTION 1.3: COLLABORATOR AGREEMENT

<p>Where there will be collaboration with other clinicians, scientists, departments or hospitals (who are not Co-Applicants), please provide a list of collaborators here.</p> <p>Limit: 200 words (Text box will expand to fit)</p>

SECTION 1.4: FIT TO FUNDER

Please explain how your proposal fits the criteria for this scheme and also supports the research strategy and aims of the Society.

Limit: 200 words (Text box will expand to fit)

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SECTION 2: APPLICANT DETAILS

Section 2.1: Primary Applicant Details

Personal Details	
Title:	
Full name	
Current Position	
E-mail:	
Telephone:	

Full Work Address:	

For Clinical Applicants only:

Clinical Speciality /Stage	
CCT or expected CCT date:	
Do you intend be clinically active:	Y N
	a) During the award b) Following the award

SECTION 2.2: Co-Investigator Details (Please copy and paste as required)

Personal Details	
Title:	
Full name	
Current Position	
E-mail:	
Telephone:	

Full Work Address:	

SECTION 3: THE RESEARCH PROPOSAL

Section 3 concerns the details of the proposed project. Relevant references must be included for all sections below (where necessary). Text can include figures and references, although the references will be included in the word count. References can be abbreviated, e.g. Smith *et al.*, JHI, 2017, 97:232-243. If figures are required then they must be inserted at the relevant place and a figure reference, e.g. Fig-01, given within the text.

SECTION 3.1: BACKGROUND TO RESEARCH

Describe how the proposed research relates to the present body of scientific/clinical knowledge on the subject, including previous and current work carried out by you and/or others.

Limit: 500 words (Text box will expand to fit)

SECTION 3.2: OBJECTIVES AND AIMS OF THE RESEARCH

List the objectives & aims of the Research.

Limit: 250 words (Text box will expand to fit)

SECTION 3.3: PLAN OF INVESTIGATION

Describe the work proposed and how it will be carried out. You must provide sufficient detail to allow referees to judge the value of the proposal, including novel specific techniques. Include detail about how the outputs/outcomes will be measured.

Include details of how you plan to involve Patients and the Public in your research.

(Text box will expand to fit)

SECTION 3.4: RESEARCH MILESTONES

Please provide a bullet point project timeline including appropriate/timely objectives, such as 6 monthly and 12 month objectives. Describe the expected outcomes for each milestone and explain how these outcomes will benefit the area of infection prevention and control. Limit: 200 words (Text box will expand to fit)

SECTION 3.5: DISSEMINATION

Please explain how you propose to disseminate your findings. Limit: 200 words (Text box will expand to fit)

SECTION 3.6: FURTHER FUNDING AND FUTURE WORK

Please provide details of your next steps and funding streams after the completion of this research.

Section 4: Ethical Considerations

You must provide sufficient information in each of the relevant sections below to show how the proposed project will adhere to the MRC's guidance on good practice for research involving human participants. If ethical approval has not yet been given, please note that award of any grant will be contingent on the necessary ethical approval having been obtained.

SECTION 4.1: HUMAN PARTICIPATION

Does this project involve the use of human participants or human tissue? Yes No

Give any further information below:

SECTION 4.2: SETTING

BASED ON DIRECT PATIENT CONTACT, INDICATE WHETHER THE RESEARCH INVOLVES A PARTICULAR MEDICAL SETTING SUCH AS PRIMARY CARE OR SECONDARY CARE

Where the project is to be conducted across multiple healthcare settings or institutions, please provide details about how this will be managed.

SECTION 4.3: APPROVAL

Approvals – Please attach this documentation to your application:			
Have the following necessary approvals been given by			
The Regional Multicentre Research Ethics Committee (MREC) or Local Research Ethics Committee (LREC)?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Not required <input type="checkbox"/>
Local governance committees	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Not required <input type="checkbox"/>
Local R&D Office	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Not required <input type="checkbox"/>
Local Health & Safety committee	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Not required <input type="checkbox"/>
Local GMSC/HSE as needed	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Not required <input type="checkbox"/>
Provide justification relating to your approvals below:			

SECTION 4.4: RISK EVALUATION

Include a risk evaluation to assess what difficulties are most likely to be encountered during this project and how they will be prevented or minimised. Include your data management plan. Bullet points can be used.

Limit: 200 words (Text box will expand to fit)

SECTION 5: FINANCIAL COSTING

SECTION 5.1: SUMMARY OF FINANCIAL REQUIREMENTS

HIS does not provide full economic cost (FEC) for its grant awards (Terms and Conditions). Total costs must not exceed £5,000. Any amount above this will require special and specific justification and will only be approved in exceptional circumstances.

Sub-Sections	£
Staffing costs	
Other Expenses	
TOTAL:	

SECTION 5.2: OTHER EXPENSES

Please indicate below any other items requested for this research. Full justification for these items must also be given below. Failure to adequately justify the need for these expenses could result in HIS not approving the request even if the project (overall) is approved. Please refer to our Terms and Conditions for further information.

HIS does not award Full Economic Costs (FEC), and such certain costs cannot be claimed for in this section. Please refer to our Terms and Conditions for further information. These costs also form a part of the maximum £5,000 that can be requested for the research project.

	Description of item	£
1		
2		
3		
	total:	

SECTION 5.3 JUSTIFICATION FOR LEVEL OF SUPPORT

Justify the resources required to undertake the research project, considering the nature and complexity of the proposal. Do not list the resources required (This section must reflect section 5.6)

Limit: 1000 words (Text box will expand to fit)

SECTION 5.4: SUPPORT FROM OTHER SOURCES

Please note that HIS does not co-fund research projects with other funding bodies. Further details can be found in our Terms and Conditions of support. (*Delete as appropriate)

*

Is the research associated with this application currently being funded (or part-funded)?	Yes/No *
If yes, indicate funding body/bodies:	
Amount, duration and end date of support:	

Is this research proposal currently being submitted elsewhere?	Yes/No*
If yes, indicate funding body/bodies:	
Expected date(s) of decision:	

Has this or a similar research project been submitted during the last year?	Yes/No*
If yes, indicate funding body/bodies:	
With what outcome(s)?	

SECTION 6: ACCEPTANCE OF CONDITIONS

SECTION 6.1: THE FOLLOWING DECLARATION IS TO BE SIGNED BY THE PRIMARY GRANT APPLICANT:

I have read and understood the Terms and Conditions relating to this funding proposal and agree that if my application is successful, I will abide by them. I agree to the requirement for any publications to be offered to the Journal of Hospital Infection for first refusal.

I shall be actively engaged in, and/or in day-to-day control of, this project.

Signature of applicant:	X

Please use a digitized signature in the above signature field to confirm acceptance of the Terms and Conditions.

SECTION 6.2: SIGNATURES

I have read and understood the Terms and Conditions relating to this funding proposal and agree that if my application is successful, I will abide by them. I agree to the requirement for any publications to be offered to the Journal of Hospital Infection for first refusal.

I shall be actively engaged in this project. (Please copy these boxes as required)

Signature of Co-Investigator 1:	X
Signature of Co-Investigator 2 :	X

Signature of Educational Sponsor (where Primary Applicant or Researcher is a trainee):	X

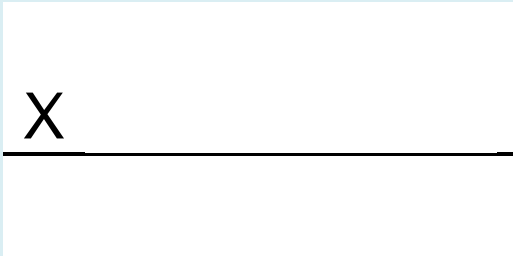
SECTION 6.3: HEAD(S) OF DEPARTMENT AND ADMINISTRATION

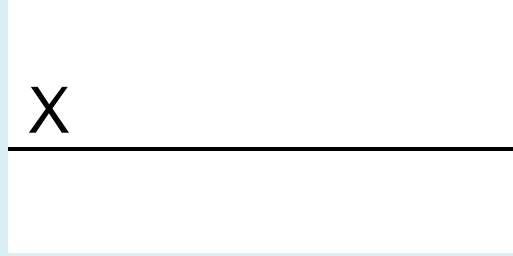
This application must be submitted with the support of the Head of Department or Director of Research and the officer responsible for its administration [e.g. finance officer] from each institution. Each should sign the following declaration:

I confirm that I have read this application and that, if granted, the work will be accommodated and administered in this Department/Institution in accordance with HIS' Terms and Conditions

I confirm that any additional (non HIS-funded) resources necessary to support this research are available within the Department/Institution and I understand that HIS does not award FEC.

The staff grade and salaries quoted are correct and in accordance with the normal practice of this Institution.

Signature of the Head of Department /Director of Research

Name:
Title:
Address:
Date:

Signature of the Administrative Authority :

Name:
Title:
Address:
Date:

Please use a digitized signature in the above signature field to confirm acceptance of the Terms and Conditions. (Please copy these boxes as required).

SECTION 7: CHECKLIST

NOTE: The electronic copy of the application form MUST reach us by the deadline.

After completing the application form, complete the checklist below to ensure that everything is included with the application. Where applicable place an 'X' in the relevant box. If not applicable please indicate that the item is not relevant to this application by inserting 'N/A'.

ITEM	'X' or N/A
Application form fully completed	
2 page C.V. for all investigators	
Confirm that the Terms and Conditions (section 7 and separate document) has been signed by all	
Letters of agreement from all collaborators (if applicable) attached	
Ethics committee's letter of approval (if applicable) or draft applications attached	

Indicate if there are any additional documents that you are submitting with this application form (not including those stated above) and give relevant names of the supporting documents.

Additional Items	
Number of additional (not listed above) documents submitted:	
Filenames/Reference:	

All information contained within this application form will be treated by HIS as strictly confidential, but note that we may rely on external referees to assess your application. Applications are sent to reviewers in strictest confidence.

Note that if your application is successful, information provided in Section 1.2 will be used for HIS purposes as stated.

Contact for any queries:

Dr Gemma Marsden

Telephone: 020 7713 0273

E-mail: grants@his.org.uk