

### **Public Engagement Grant**

### Information for applicants

This grant is designed to support events where aspects of clinical microbiology, infection prevention and control, and healthcare associated infections are promoted to the general public and other relevant stakeholders. Events eligible for support can be very diverse (pieces of art to popular music) or funds may be used to aid individuals to attend and exhibit at public science festivals. The main criterion is that the event/activity must in some way promote the science of microbiology. The maximum award for this grant is £1,000 and is normally a one-off payment in arrears. To apply for the Public Engagement Grant please complete this form and email it to grants@his.org.uk. Applications are accepted until 1 March and 1 September each year.

### **Terms and conditions**

- 1. Public Engagement Grants are awarded at the discretion of HIS and are intended to advance education about infection prevention and control (IPC) of nosocomial infections to the general public and non-specialist stakeholders.
- 2. The grant is expected to contribute towards the hosting of a single event or activity that promotes IPC, increases knowledge of nosocomial infections or clinical microbiology to the general public, children or non-specialist stakeholders.
- 3. Applications are open to HIS members or to teams that include experts in Public engagement, science communication (with a minimum of 12 months experience) and an IPC specialist, who are based in the UK or the Republic of Ireland.
- 4. HIS reserves the right to adapt the proposal, in discussion with the applicant.
- 5. Applications must be at least 6 weeks in advance of the event.
- 6. The size of the grant awarded will not exceed £1,000.
- 7. The recipient will be expected to acknowledge the contribution of the society in their resources and to provide a written report evaluating the event.
- 8. Any resources produced must be made available to HIS under a Creative Commons licence to enable dissemination and further promotion of IPC.
- 9. Claims must be converted to GBP sterling or shall be paid at a prevailing exchange rate of HIS's choice.
- 10. A successful candidate will receive funds payable to their institution only. Claims for reimbursement must be made within 6 weeks of the date of the project. Claims made after this period will not be paid.
- 11. Claims will not be processed until a report of the event has been received and the acknowledged by the HIS Research and Development Manager
- 12. Submission of this application indicates acceptance of the terms and conditions.

### For further information contact:

Dr Gemma Marsden Tel: 020 7713 0273

E-mail: grants@his.org.uk

Your data: HIS will only use the data included on this application for the administration of the grant and award.

## **Public Engagement Grant Application Form**

Please read the Instructions to Applicants before completing this application.

Name of primary applicant	::				
2. Present appointment of primary applicant					
Work Address					
Address for promotional m	aterials (if required)				
E-mail address:					
HIS Membership number:					
Provisional title and date(	s) of event/activity				
What is the anticipated imp learning outcomes?	act on the those attendi	ng the event? What are their intended			
Will the proposal proceed v	vith partial funding? Ye	s/No			
Amount requested					
-	_	been solicited (and its current status)			
		Duominodu			
Requested:	Received:	Promised:			
. Please indicate the contact project	details of any co-applica	nts or collaborators involved in this			
	Present appointment of pr Work Address Address for promotional m E-mail address: HIS Membership number: Provisional title and date( What is the anticipated imp learning outcomes? Will the proposal proceed w Amount requested Please list the sources from ote: Documentary evidence th ust be provided in an appendix Requested: . Please indicate the contact	Work Address   Address for promotional materials (if required)   E-mail address:   HIS Membership number:   Provisional title and date(s) of event/activity   What is the anticipated impact on the those attendi learning outcomes?   Will the proposal proceed with partial funding? Yes   Amount requested   Please list the sources from which you have either a   ote: Documentary evidence that additional funding has ust be provided in an appendix to this application.   Requested: Received:   . Please indicate the contact details of any co-applica			



Please provide a short summary of your experience in Public Engagement (Non-members should demonstrate their expertise in public engagement and science communication) For non-clinical applicants, please provide details of how you plan to involve Infection Prevention and Control experts.



Please provide details of the project, a proposed timeline, target audience and planned activities,
including how you will mitigate any potential concerns.

Please provide clear, detailed objectives and expected outcomes for the project

Please provide details of any resources that will be produced (and when they will be supplied to HIS)

Please provide details of how you plan to evaluate the success of y	your event/activity
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# Please include a cost breakdown for the funding requested (please fill in categories as appropriate)

Learning resources	£	Details of 'other' costs			
Engagement	£				
Total Estimated costs	£				
Please provide justification of requested funds					

### Include:

### I acknowledge that (if funded):

- Funds will be claimed, via invoice, in arrears and the claim will be accompanied by a 500-word report to HIS post-event  $\Box$
- The event must acknowledge the funding from the 'Healthcare Infection Society' and use the HIS logo included on marketing material in advance of the event, on the day of the event and any resources produced for the event (after approval from HIS)
- Society materials may be requested for display at the event, where appropriate, and will be provided in advance by the Society  $\Box$

### Declaration

1. To the best of my knowledge the information given in this application is accurate and complete

#### www.his.org.uk

2. I have read and understood the terms and conditions under which the grant is awarded, and if an award is made, I agree to adhere to them.

Applicant signature:

Print name:

Date:

