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**HRCI/HRB Joint Funding Scheme 2022**

**PART B1**

**Application form**

**IMPORTANT INSTRUCTIONS**

Please fill in the application form with reference to the Applicant Guidance Notes. These contain more detailed explanations of the type of information expected under each question.

\*\*The final file size of the application form must be a maximum of 2MB. Supporting figures, Gantt chart, and other associated documents (e.g. signature page) must not be embedded in the main ‘application’ document but provided as separate files.

\*\*Any figures to support the project description must be provided in a *single additional document* up to a maximum file size of 2MB.

\*\*The Gantt chart should be provided as a separate file with a maximum file size of 2MB.

**Please use font Calibri, size 11**

**Project Title** (maximum 20 words)**:**

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**Section 1: DETAILS OF PI AND CO-APPLICANTS**

**1.1 Principal Investigator details:**

|  |  |
| --- | --- |
| Name: |  |
| Title/position: |  |
| Department or equivalent: |  |
| Name of Institution: |  |
| Address: |  |
|  |
|  |
| Tel number: |  |
| Mobile number: |  |
| Email address: |  |

**1.2 Co-Applicant details:**

Details of all Co-Applicants associated with this research proposal should be listed.

**Note:** For additional co-applicants please copy and paste table as necessary **(up to a maximum of 5 Co-Applicants can be listed).**

|  |  |
| --- | --- |
| **Co-Applicant 1** | |
| Name: |  |
| Title/position: |  |
| Department or equivalent: |  |
| Name of Institution: |  |
| Address: |  |
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| Tel number: |  |
| Email address: |  |

**1.3 Host Institution for the award**

Please list theHost Institution for this award**, i.e. the institution to which the research award will be made.** Provide details of the Dean of Research/CEO/equivalent authorised person of that institution. Please note that **the HRB has introduced a new Host Institution Policy with effect of 1 July 2015**. Research performing organisations wishing to submit an application need to comply with the new policy.

**A list of these Host Institutions recognised by the HRB at the time of this call going live is included as a PDF and can be downloaded by clicking** [**here**](https://hrb-test.ccgranttracker.com/Forms/en/Submit/Attachments/RedirectToDocumentTemplate/7c61bc89-ed1b-4c73-8b46-a0ec00ee7b0d)**.**

**For international Host Institutions, an additional Warrant for International Hosts Form needs to be signed (Part C3)**

|  |  |
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| Name of research institution: |  |
| Address: |  |
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| Contact person (Dean of Research/ CEO/ Equivalent authorised personnel of institution): |  |
| Title/position: |  |
| Tel number: |  |
| Email address: |  |

**Section 2: PROJECT DESCRIPTION**

**2.1 Project Lay Summary**

Please provide a plain English summary such that it is clear, easy to understand, and is easily accessible to a **broad lay audience** (maximum **300 words**).

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**2.2 Project Abstract** of research proposal (maximum **300 words**).

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**2.3 Relevance of research to strategic aims of the charity or charities (maximum 300 words)**

Please set out the relevance of your application in addressing the strategic aims of the charity or charities (in the case that two charities are co-funding) and why the charity/charities should select your application to bring forward to the HRCI/HRB-jointly nominated selection committee. Where available, refer specifically to the strategic plan of the charity/charities you apply to, and to any other relevant strategy documents (maximum **300 words**).

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**2.4 Keywords**

Please list up to five keywords that specifically describe your area of research.

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##### 2.5 Project Description

The Project Description\* should include the following:

* *Research Question*
* *Current knowledge and background to the area of the proposed research.*
* *Overall Aim*
* *Objectives and Deliverables (including Gantt chart or alternative)*
* *Research Design and Methodological approach*
* *Project Management*
* *Public and Patient and Carer involvement in the research*
* *Gender and/or sex issues in the research project*
* *Impact Statement*
* *Biobanking*
* *Potential Risks and Ethical Concerns*
* *FAIR data management and stewardship*
* *Dissemination and Knowledge Exchange Plan*
* *IP Considerations*

Please ensure that your application is focused, and that sufficient evidence is provided to enable the international peer reviewers and grant selection panel to reach a considered judgement as to the quality of your research application, its significance and its feasibility.

**\*Any figures to support the project description must be provided in a *single additional document* up to a maximum file size of 2MB.**

**2.5a Research Question (maximum 50 words).**

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**2.5b Current knowledge and background to the area of the proposed research (maximum 1200 words).**

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**2.5c Overall Aim (maximum 100 words).**

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**Objectives and deliverables (maximum 60 words for each objective and 150 for deliverables).**

Please add at least 3 individual objectives. Objectives should be SMART (specific, measurable, achievable, realistic and time-bound). For each objective please list a subset of deliverables which will be used to measure progress. Note that the stated objectives and deliverables will be used to monitor progress throughout the lifetime of the award. Timelines should be set against objectives/deliverables in your Gantt chart.

**Objective 1 and associated deliverables**

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**Objective 2 and associated deliverables**

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**Objective 3 and associated deliverables**

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You must provide a Gantt chart which lists the above objectives and deliverables against the estimated timelines for completion, together with any additional milestones/key dates (e.g. PhD submission) and roles and responsibilities of the Principal Investigator team etc. Please note that the preparation and submission of Data Management Plans should also be added as deliverables/milestones of the Programme. The Gantt chart should be provided as a separate file with a **maximum file size of 2MB**.

**2.5d Research Design and Methodological Approach (maximum 4500 words)**

*Please review the Applicant Guidance notes carefully for the details required in this section*

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**Has an iteration of the proposed research been submitted to any HRB award scheme in the last 3 years?**

Yes

No

(If yes) Include the award scheme and year of previous submission in your answer below.

Please briefly describe the changes that have been made to the application. Have the recommendations from the previous peer, panel, or public review you received influenced the changes you have made? The word limit is **300 words.**

**2.5e Project Management (maximum 600 words).**

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**2.5f Public and Patient and Carer Involvement in the Research Project (maximum 600 words).**

Important: The PPI section needs to be written as a plain English summary such that it is clear, easy to understand, and is easily accessible to a lay audience. **If No:** please explain why PPI is not relevant to your project.

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**2.5g Gender and/or sex issues in the research project (maximum 400 words).**

**Are there potential sex (biological) considerations for this research?**

**Are there potential gender (socio-cultural) considerations for this research?**

If so, outline how sex and/or gender analysis will be integrated in the design, implementation, evaluation, interpretation, and dissemination of the results of the research application.

If not, you must clearly demonstrate why it is not relevant to the research application; have you done a literature search to confirm this?

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**2.5h Impact Statement (maximum 400 words).**

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**2.5i Biobanking**

Does your application include an element of biobanking?

Yes

No

***If Yes,*** *you must submit a completed* ***Infrastructure Agreement form: Form C2*** *with details of the biobank.*

If Yes, you must submit a completed Infrastructure Agreement form with details of the biobank. Please describe how you will ensure good practice for biobanking components in this project, with particular regard to quality of sample collection, processing, annotation and storage. Please reference relevant guidelines/standards you will use. Where material will be obtained or stored for a future research purpose, or where you will use material previously obtained for another purpose, please refer to the Instructions to Applicants July 2021 Page 24 latest Recommendation of the Council of Europe. See Appendix II of Instructions for Applicants for some useful links. The word limit is **400 words**.

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**2.5j Potential Risks and Ethical Concerns** (**maximum** **400 words).**

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**2.5k Dissemination and Knowledge Exchange Plan (maximum 500 words).**

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**2.5l Outline of FAIR data management and stewardship** (**maximum** **500 words).**

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**2.5m IP Considerations (maximum 500 words).**

**2.6 References**

##### Provide a list of publications/references (maximum 30) cited in the project description above

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***Example***

Smyth, B.P. & O'Brien, M. (2004) Children Attending Addiction Treatment Services in county Dublin, 1990-1999. *European Addiction Research,* 10(7455) pp. 68-74.

**Section 3: DETAILS OF RESEARCH TEAM**

**Research Team Roles**

**3.1 Principal Investigator's Role**

Outline the role of the PI in the project on a day-to-day basis including amount of time to be spent working on the project either as a percentage or proportion of a full time equivalent (FTE) (maximum **250 words**).

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**3.2 Co-Applicants Role**

For each Co-Applicant, please identify the type of Co-Applicant they are here (Researcher Co-applicant, Knowledge User Co-applicant, or PPI Co-applicant) and outline their role in the project on a day-to-day basis including amount of time to be spent working on the project either as a percentage or proportion of a full time equivalent (FTE). Describe the specific contribution and responsibilities of the Co-Applicant (maximum **250 words**).

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**3.3 Collaborator’s Role**

For each Collaborator, please outline their role in the project on a day-to-day basis including amount of time to be spent working on the project either as a percentage or proportion of a full time equivalent (FTE).

**Note:** For each collaborator a signed **Collaboration Agreement Form** must be provided. A template Collaboration Agreement Form is available with all application forms from the HRCI-registered research charity (maximum **250 words per Collaborator**).

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**3.4 Personnel**

Give full details of all personnel to be funded through this project. Please fill in the following table for each person. If more tables are required please copy and paste as necessary.

|  |  |
| --- | --- |
| Specify Personnel Type |  |
| State percent time on project |  |
| State specific role in the project |  |
| Person known – y/n |  |
| If yes, name |  |
| If yes, address |  |
| If yes, Present position |  |
| If yes, Academic and Professional Qualifications |  |
| Give a detailed justification for the nature of the research personnel relative to the scale and complexity of the project. The word limit is **400 words**. | |
|  | |

**Section 4: Research Institution Infrastructure and Support**

**4.1 Host Institution Infrastructure and Support**

Describe the infrastructure, facilities, specialist expertise and other support available at the Host Institution and/or at other sites where the research will be conducted. Please include details of critical supports in areas such as statistics, methods, trial management or regulatory expertise where this is being provided above and beyond the activities/expertise of members of the research team. **(**maximum **400 words).**

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**4.2 Access to Research Infrastructure**

Do you plan to avail of the advice, research design, data management services and/or other forms of support from a Clinical Research Facility/Centre (CRF/CRC), other infrastructure unit (e.g., Centre for Applied Medical Imaging, CAMI, Centre for Support and Training in Analysis and Research (CSTAR)) at research design or implementation stages?

Yes

No

If Yes, the following information must be provided **(maximum 400 words)**:

* Name and address of the facility/centre/network
* Information on the nature and stage/s of the input/advice/collaboration/service;
* Rationale for the choice of facility/centre/network
* How the proposed involvement enables the planned research to be undertaken to the required quality or timescale.

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If No, applications involving patients which do not detail such input, advice and/or support (and where this expertise is not clearly evident within the applicant team) should justify why they have chosen not to access such support **(maximum 400 words).**

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Where applicable a signed **Infrastructure Agreement Form** (Appendix 1 of the Application Form) must be provided. Failure to provide an Infrastructure Agreement Form(s) will result in the application being deemed ineligible. Electronic signatures are acceptable.

**Section 5: PROJECT DURATION AND BUDGET**

**5.1 Project duration and budget total**

Please indicate the expected length of the proposed project in months and the total budget requested. The minimum duration is 12 months and the maximum is 36 months.

The maximum total value of an award is **€300,000**. There is no set limit per annum: costs should be allocated in the year expected to occur.

|  |
| --- |
| **Duration:** |
| **Budget Total:** |

**5.2 Project Budget**

**See the Instructions to Applicants for detailed guidance regarding the project budget.**

A **full detailed breakdown** of **costings** and **justification for all funding** is required for items listed under each subheading. You are strongly advised to seek guidance from the research office/finance office in the Host Institution before completing this section of the form. HRCI/HRB will not provide additional funding in the case of either under-estimates or over expenditure.

Use **Table 1** to provide a summary of the costs requested and **Table 2** to justify each amount requested.

**Table 1: Total direct costs related to the proposal**

Please provide details of the **total amount of funding** requested for each year of the research proposal (Direct Costs only). Note that HRCI/HRB awards will be up to a maximum total award value (direct costs) of **€300,000** for projects from 12 months up to 36 months.

**Only include direct costs in this application. HRB will apply a rate of 30% TDMC overhead on the HRB portion of research funding at time of contract for successful applications.**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Cost Item** | **Year 1** | **Year 2** | **Year 3** | **Total** |
| **1. Personnel Costs** |  | | |  |
| **a) Gross Salary (inclusive of employees’ pension contribution)** |  |  |  |  |
| **b) Employer’s PRSI** |  |  |  |  |
| **c) Employer Pension Contribution** |  |  |  |  |
| **e) Student Stipend** |  |  |  |  |
| **f) Student Fees** |  |  |  |  |
| **2. Running Costs** |  |  |  |  |
| **3. FAIR Data Management Costs** |  |  |  |  |
| **4.** **Equipment** |  |  |  |  |
| **5. Dissemination Costs** |  |  |  |  |
| **Total Costs** |  |  |  |  |

**Table 2: Justification of costs.**

Under each of the headings please **itemise each cost** and provide a brief but explicit **justification of the costs** claimed.

For Personnel Costs, please state the pay scale used and the level and point on the scale. This should be justified accordingly. For appointment of Research Fellows or Senior Research Fellows evidence of position must be provided at point of award.

|  |  |
| --- | --- |
| **Line Item** | **Justification** |
| **1**. **Personnel Costs**  **a) Gross Salary**  **b) PRSI**  **c) Pension**  **(max 200 words)** |  |
| **1e) Student Stipend**  **(max 100 words)** |  |
| **1f) Student Fees**  **(max 100 words)** |  |
| **2. Running Costs**  **(max 400 words)** |  |
| **3. FAIR Data Management Costs**  **(max 200 words)** |  |
| **4.** **Equipment**  **(max 200 words)** |  |
| **5. Dissemination Costs**  **(max 200 words)** |  |

**5.3 Other Funding (maximum 300 words).**

Give details of any other financial support available for this or other related projects e.g. existing national or international studies. Indicate project title, funding agency or sponsor, the amount of award and a summary of the project.

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Failure to disclose accurately or fully will result in your application being deemed ineligible and withdrawn without further review.

**Section 6: ETHICAL AND REGULATORY APPROVAL, AND USE OF ANIMALS**

Ethical approval is required for all research work funded by the HRB that involves human participants, human material (including tissue) or animals. Applicants are responsible for ensuring that all necessary approvals are in place prior to the start of the research.

Applicants should allow sufficient time to obtain ethical and/or competent authority approval and/or animal licenses as a copy of such approvals must be submitted to the HRB before the initiation of the award. It is suggested that these are sought in parallel to the submission of the application to the HRB.

**Please complete the following Approvals Declaration.**

**HRB Grant – APPROVALs DECLARATION**

|  |  |
| --- | --- |
| **Name of Principal Investigator** | **«Lead Applicant»** |
| **Grant Reference** | **«Grant Reference»** |
| **Title of Grant** | **«Grant Title»** |
| **Duration of Grant** | **«Grant Duration months» months** |
| **Commencement Date of Research** | **«Grant Start Date»** |

|  |  |
| --- | --- |
| **(A) Do you require any of the following approvals\* for some/all aspects of your research programme?** | **Insert Yes/No in all cases** |
| **Research Ethics Committee (REC) Approval** |  |
| **HPRA Authorisations for use of animals in research** |  |
| **Clinical Trial Approval from HPRA** |  |
| **HR-CDC Consent Declaration** |  |

*\*Refers to requirements that were declared at the outset of the project and any additional requirements or amendments* *since then, including renewals required within the timeframe of the project/programme.*

*IF* ***Yes*** *to any of the above, Complete (B) to (D)*

|  |  |  |  |
| --- | --- | --- | --- |
| **(B)** | **Approval required from: (e.g. month 1)** | **Approval anticipated by: (date)** | **From**  **(e.g. Committee name)** |
| **REC Approval** |  |  |  |
| **Animal Authorisations** |  |  | HPRA |
| **Clinical Trial Approval** |  |  | HPRA |
| **HR-CDC Consent Declaration** |  |  | HR-CDC |

|  |  |
| --- | --- |
| **(C) I confirm that I have received the following** | **Confirm by completing details below** |
| **Research Ethics Committee (REC) Approval** | *Date received; reference number* |
| **Animal Authorisations** | *Dates received; reference numbers* |
| **Clinical Trial Approval from HPRA** | *Date received; reference number* |
| **HR-CDC Consent Declaration from HR-CDC** | *Date received; reference number* |

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| **(D)** **I am not in a position to include confirmation of (*tick those that apply*)**  **REC Approval \_\_\_ Animal authorisations \_\_\_ Clinical Trial Approval \_\_\_ HR-CDC declaration \_\_\_**  **at this time but** I hereby confirm that I will not proceed with any element of the research programme which requires approval before receipt of approval and sending an updated approvals declaration to the HRB confirming same. |

|  |  |  |  |
| --- | --- | --- | --- |
| **PI Signature** |  | **Date** |  |
| **HI Signature** |  | **Date** |  |

**Section 7 : PRINCIPAL INVESTIGATOR AND CO-APPLICANT CVs AND COLLABORATOR PROFILES**

The templates below **must** be used for CVs.

PI and Co-Applicant CVs can be a maximum of 5 pages and should be broken down as follows: *Section 1 (max 2 pages) + Section 2 (max 1 page) + Section 3 (max 1 pages)*

**PRINCIPAL INVESTIGATOR**

**7.1 Principal Investigator CV**

**Section 1 – Required Details (max 2 pages)**

|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Name and contact details** | | | | | | | | | | | |
| ***Title*** | | |  | | | ***Institution*** | | | |  | |
| ***Forename(s)*** | | |  | | | ***Address Line 1*** | | | |  | |
| ***Surname*** | | |  | | | ***Address Line 2*** | | | |  | |
| ***Email Address*** | | |  | | | ***City/Town*** | | | |  | |
| ***Position*** | | |  | | | ***County*** | | | |  | |
| ***Department*** | | |  | | | ***Phone No.*** | | | |  | |
|  | | | | | | | | | | | |
| **Permanent Position YES /NO**  **Contract Position YES /NO  If yes, state contract end date: \_\_\_\_\_\_\_\_\_\_** | | | | | | | | | | | |
| ***Research Institution Letter of Support*** *must be provided for* ***(1) all******Principal Investigators in a contract position and (2) Co-Applicants in a contract position who are seeking their own salary.*** *The formal letter on headed notepaper and signed by the Head of School/Research Centre/Hospital must include the following information:*  [*Research Institution – insert name*] which is the research institution of [*applicant - insert name*] confirms that [*applicant - insert name*]: (i) holds an employment contract which extends until [*insert date*] or will be recognised by the research institution upon receipt of the HRCI/HRB award as a contract researcher; (ii) has an independent office and research space/facilities for which he/she is fully responsible for at least the duration of the award, and (iii) has the capability and authority to mentor and supervise the research team. | | | | | | | | | | | |
| **Education** | | | | | | | | | | | |
| ***From*** | ***To*** | | ***Qualification*** | | ***Subject*** | | ***Country*** | ***Institution*** | | ***Class*** | ***Dept.*** |
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| **Previous positions** | | | | | | | | | | | |
| ***From*** | | ***To*** | | ***Position*** | | | | | ***Organisation*** | | |
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| **ORCID (if known)**  For more information and to register please see <https://orcid.org/> | | | | | | | | | | | |
| ORCID iD number: | | | | | |  | | | | | |
| **Membership of professional body/council** | | | | | | | | | | | |
| *Details:* | | | | | | | | | | | |

**Section 2 - Publications and funding (max 1 page)**

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| **Publications (5 most relevant)** | | | | | | | | | | |
| *Please fill in the table including the total number of publications and categorise that number according to the additional categories below. Please list the 5 publications that are most relevant to this application.* | | | | | | | | | | |
| ***Date of Publication*** | | | | ***Title*** | | | | ***Authors*** | | |
|  | | | |  | | | |  | | |
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| ***Please underline the name of the PI on each publication listed.*** | | | | | | | | | | |
| Total Publications # | | | | | |  | | | | |
| Senior author publications # | | | | | |  | | | | |
| Journal Articles # | | | | | |  | | | | |
| Reviews # | | | | | |  | | | | |
| Book Chapters # | | | | | |  | | | | |
| Books # | | | | | |  | | | | |
| Conference associated publications\* # | | | | | |  | | | | |
| Other # | | | | | |  | | | | |
| *\*Conference associated publications can be classified into peer reviewed conference papers and edited conference proceedings where appropriate as per discipline* | | | | | | | | | | |
| **Details of research funding most relevant to this application as Principal Investigator/Co-Applicant (up to 5).** | | | | | | | | | | |
| *Please note that this section should only include funding obtained as Principal or Co-Investigator (expand columns as required).* | | | | | | | | | | |
| ***Start mm/yyyy*** | ***Duration (months)*** | ***Total amount***  ***(currency)*** | ***Name of funder*** | | ***Funding Body ref. no.*** | | ***Type (project/fellowship/other)*** | | ***Title*** | ***Role of applicant*** |
|  |  |  |  | |  | |  | |  |  |
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**Section 3 – Supervisory experience (max 1 page)**

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| **Supervisory experience** |
| *If you are planning to supervise a higher degree/postgraduate student, as part of this application, please include a brief summary of your supervisory experience to date. Please state the number of students supervised, those successfully completed and indicate how many of these are still in progress. The word limit is* ***200 words****.* |
|  |

**7.2 Additional evidence for Lead Applicant**

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| **Additional evidence of experience and expertise relevant to this application** |
| *Please describe any additional experience or expertise that will provide evidence of the ability of the Lead Applicant to successfully lead the proposed project. Please use this opportunity to describe any career gaps in your CV. The word limit is* ***500 words****.* |
|  |

**CO-APPLICANTS**

**7.3 Co-Applicant CVs**

Please fill in the following table for each co-applicant. If more tables are required please copy and paste as necessary. (max. **3 pages per Co-Applicant**).

**Co-Applicant 1**

**Section 1 – Required Details (max 2 pages)**

|  |  |  |  |
| --- | --- | --- | --- |
| **Name and contact details** | | | |
| ***Title*** |  | ***Institution*** |  | |
| ***Forename(s)*** |  | ***Address Line 1*** |  | |
| ***Surname*** |  | ***Address Line 2*** |  | |
| ***Email Address*** |  | ***City/Town*** |  | |
| ***Position*** |  | ***County*** |  | |
| ***Department*** |  | ***Phone No.*** |  | |
| **Perspective as a Co-Applicant** | | | | |
| *If a Co-Applicant contributes from more than one perspective please select the dominant role* | | | | |
| **Researcher Co-Applicant**  **Knowledge User Co-Applicant**  **PPI Contributor Co-Applicant** | | | | |

**In addition please complete one of the following sections depending on the type of Co-Applicant:**

|  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **IF RESEARCHER CO-APPLICANT; complete the following** | | | | | | | | | | | | |
| **ORCID (if known)**  For more information and to register please see <https://orcid.org/> | | | | | | | | | | | | |
| ORCID iD number: | | | | | | |  | | | | | |
|  | | | | | | | | | | | | |
| **Publications (5 most relevant)** | | | | | | | | | | | | |
| *Please fill in the table including the total number of publications and categorise that number according to the additional categories below. Please list the 5 publications that are most relevant to this application.* | | | | | | | | | | | | |
| ***Date of Publication*** | | | | ***Title*** | | | | | | ***Authors*** | | |
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| ***Please underline the name of the PI on each publication listed.*** | | | | | | | | | | | | |
| Total Publications # | | | | | | | |  | | | | |
| Senior author publications # | | | | | | | |  | | | | |
| Journal Articles # | | | | | | | |  | | | | |
| Reviews # | | | | | | | |  | | | | |
| Book Chapters # | | | | | | | |  | | | | |
| Books # | | | | | | | |  | | | | |
| Conference associated publications\* # | | | | | | | |  | | | | |
| Other # | | | | | | | |  | | | | |
| *\*Conference associated publications can be classified into peer reviewed conference papers and edited conference proceedings where appropriate as per discipline* | | | | | | | | | | | | |
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| **Details of research funding most relevant to this application as Principal Investigator/Co-Applicant (up to 5).** | | | | | | | | | | | | |
| *Please note that this section should only include funding obtained as Principal or Co-Investigator.* | | | | | | | | | | | | |
| ***Start mm/yyyy*** | ***Duration (months)*** | ***Total amount***  ***(currency)*** | ***Name of funder*** | | ***Funding Body ref. no.*** | ***Type (project/fellowship/other)*** | | | ***Title*** | | ***Role of applicant*** |
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| **Permanent Position YES /NO**  **Contract Position YES /NO  If yes, state contract end date: \_\_\_\_\_\_\_\_\_\_** | | | | | | | | | | | | |
| ***Research Institution Letter of Support*** *must be provided for* ***(1) all******Principal Investigators in a contract position and (2) Co-Applicants in a contract position who are seeking their own salary.*** *The formal letter on headed notepaper and signed by the Head of School/Research Centre/Hospital must include the following information:*  [*Research Institution – insert name*] which is the research institution of [*applicant - insert name*] confirms that [*applicant - insert name*]: (i) holds an employment contract which extends until [*insert date*] or will be recognised by the research institution upon receipt of the HRCI/HRB award as a contract researcher; (ii) has an independent office and research space/facilities for which he/she is fully responsible for at least the duration of the award, and (iii) has the capability and authority to mentor and supervise the research team. | | | | | | | | | | | | |
| **Supervisory experience** | | | | | | | | | | | | |
| *If you are planning to supervise a higher degree/postgraduate student, as part of this application, please include a brief summary of your supervisory experience to date. Please state the number of students supervised, those successfully completed and indicate how many of these are still in progress. The word limit is* ***200 words****.* | | | | | | | | | | | | |

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| **IF KNOWLEDGE USE CO-APPLICANT; complete the following** |
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| **Evidence of expertise and experience in influencing decision making within knowledge user organisation(s)** |
| Knowledge User Co-Applicants should highlight their previous and current roles in influencing decision-making processes within their organization or other relevant organisations. They should also use this space to highlight their specific experiences and expertise for the Knowledge User Co-Applicant role in relation to the proposed research. The word limit is **300 words**.  A **knowledge user** is defined as one in a position of authority to influence and/or make data decisions about health policy or the delivery of services and that can act to ensure that the findings of the research will be translated to influence decision making and change within their (or other) organisations. |
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| **Additional evidence of experience and expertise relevant to this application** |
| You may wish to include here any additional experience or expertise that will support the application. For example, you may wish to include any relevant research experience/expertise, previous experience of working in collaboration or links with researchers to produce research or evidence for health, evidence of Patient Public Involvement in your knowledge user role, and roles/responsibilities as a constructive and effective change agent. The word limit is **400 words**. |
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| **IF PPI CONTRIBUTOR CO-APPLICANT complete the following** |
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| **PPI Co-Applicant experience and expertise relevant to this application** |
| PPI Co-Applicants should provide some information regarding their experience and expertise relevant to this application. For example, they may wish to include relevant experience as a service user or carer, relevant experience from their personal lives, prior experience in PPI or any other useful background information. The word limit is **400 words**. |
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| **Additional evidence of experience and expertise relevant to this application** |
| You may wish to include here any additional experience or expertise that will support the application. For example, you may wish to include any relevant research experience/expertise, previous experience of working in collaboration or links with researchers to produce research or evidence for health, evidence of Patient Public Involvement in your knowledge user role, and roles/responsibilities as a constructive and effective change agent. The word limit is **400 words**. |
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**COLLABORATORS**

**7.4 Collaborators Profile**

Please fill in the following table for each collaborator associated with the project. If more tables are required please copy and paste as necessary (max. **2 pages per Collaborator**).

**Not all sections will be relevant to all Collaborators.**

**Collaborator 1**

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| **Name and contact details** | | | | | | | | | | | | | | | | | | | | | |
| ***Title*** | | | | |  | | | | | | | ***Institution*** | | | | | | |  | | | |
| ***Forename(s)*** | | | | |  | | | | | | | ***Address Line 1*** | | | | | | |  | | | |
| ***Surname*** | | | | |  | | | | | | | ***Address Line 2*** | | | | | | |  | | | |
| ***Email Address*** | | | | |  | | | | | | | ***City/Town*** | | | | | | |  | | | |
| ***Position*** | | | | |  | | | | | | | ***County*** | | | | | | |  | | | |
| ***Department*** | | | | |  | | | | | | | ***Phone No.*** | | | | | | |  | | | |
| **Education** | | | | | | | | | | | | | | | | | | | | | | |
| ***From*** | | ***To*** | | | ***Qualification*** | | | | ***Subject*** | | | | | ***Country*** | | ***Institution*** | | | ***Class*** | | ***Dept.*** | |
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| **Previous positions** | | | | | | | | | | | | | | | | | | | | | | |
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| **Membership of professional body/council** | | | | | | | | | | | | | | | | | | | | | | |
| *Details:* | | | | | | | | | | | | | | | | | | | | | | |
| **Publications (5 most relevant)** | | | | | | | | | | | | | | | | | | | | | | |
| *Please fill in the table including the total number of publications and categorise that number according to the additional categories below. Please list the 5 publications that are most relevant to this application.* | | | | | | | | | | | | | | | | | | | | | | |
| ***Date of Publication*** | | | | | | | | ***Title*** | | | | | | | | | ***Authors*** | | | | | |
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| ***Please underline the name of the PI on each publication listed.*** | | | | | | | | | | | | | | | | | | | | | | |
| Total Publications # | | | | | | | | | | | | |  | | | | | | | | | |
| Senior author publications # | | | | | | | | | | | | |  | | | | | | | | | |
| Journal Articles # | | | | | | | | | | | | |  | | | | | | | | | |
| Reviews # | | | | | | | | | | | | |  | | | | | | | | | |
| Book Chapters # | | | | | | | | | | | | |  | | | | | | | | | |
| Books # | | | | | | | | | | | | |  | | | | | | | | | |
| Conference associated publications\* # | | | | | | | | | | | | |  | | | | | | | | | |
| Other # | | | | | | | | | | | | |  | | | | | | | | | |
| *\*Conference associated publications can be classified into peer reviewed conference papers and edited conference proceedings where appropriate as per discipline* | | | | | | | | | | | | | | | | | | | | | | |
| **Details of research funding most relevant to this application as Principal/Co- investigator (up to 5)** | | | | | | | | | | | | | | | | | | | | | | |
| *Please note that this section should only include funding obtained as Principal or Co-Investigator.* | | | | | | | | | | | | | | | | | | | | | | |
| ***Start mm/yyyy*** | ***Duration (months)*** | | | ***Total amount***  ***(currency)*** | | | ***Name of funder*** | | | ***Funding Body ref. no.*** | ***Type (project/fellowship/other)*** | | | | ***Title*** | | | | | ***Role of applicant*** | | | |
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**Note:** For each collaborator a signed **Collaboration Agreement Form** must be provided. A template Collaboration Agreement Form is available in **Part C1**. Failure to provide Collaboration Agreement Form(s) will result in the application being deemed ineligible.

All applications for funding must provide a signature page which has been signed by the Principal Investigator and the Dean of Research/CEO/equivalent authorised personnel of the Research Institution. ***All signatures must be originals. Electronic versions of signatures are not acceptable.***

**Checklist for submission**

**For all applications**

|  |  |  |
| --- | --- | --- |
| Document Number | Title | Included? |
| B1 | Application form |  |
| Upload attachment | Gantt chart |  |
| Upload attachment | Figures |  |
| D1 | PI Signature page |  |
| D2 | Host Institution Signature page |  |

**Where applicable**

|  |  |  |  |
| --- | --- | --- | --- |
| Document Number | Title | Included? |  |
| C1 | Collaboration Agreement Form |  |  |
| C2 | Infrastructure Agreement Form |  | |
| C3 | Letters of support |  | |
| C4 | Warrant for international Host Institutions only |  | |