Irish Cancer Society
Research

Appendix 1: Research Scholarship Budget Guidelines

1. Introduction

The Irish Cancer Society is the largest voluntary funder of cancer research in Ireland. The majority of the Society's funds are raised from public donations and we are therefore committed to ensuring that all funds are budgeted for and used sensibly in line with donor's expectations and the scientific goals of the work. This document should be consulted when completing Irish Cancer Society grant application for the Research Scholarship programmes 2024.

Bearing in mind that funding from the Society comes from the enormous effort, sacrifice and generosity of the general public, it should be a general principle of all budgeting to get the most value and minimise costs in every way that is reasonable and justifiable.

Please note:

- These guidelines apply for Research Scholarships to be awarded in 2024 only.
- These guiding principles are not an automatic approval for the use of funds from any grant. The Society reserves the right to review expenditure for reasonableness at any time during the research project.
- As an Irish charity, The Irish Cancer Society will fund eligible direct costs only. The Society do not pay any overhead contribution to host universities.

This guidance document does not represent an exhaustive list and where queries arise that fall outside of the guidance herein, prior authorisation from the Society should be sought by emailing grants@irishcancer.ie.

2. Budgeting for Personnel Costs

a. PhD Scholar Stipend

The Irish Cancer Society will fund the stipend of full-time postgraduate students at a minimum rate of €22,000 per year. The annual stipend may go above €22,000 at the discretion of the research supervisor, but this must fit into the total budget available for the specific call.

The funding of part-time PhD students over longer periods of time is permitted for Irish Cancer Society Research Scholarships 2024. Stipends for a part-time PhD Scholarship should be calculated on a pro-rata basis. If considering applying for a part-time scholarship, please contact grants@irishcancer.ie prior to submitting your application.

b. Fees

The Irish Cancer Society will make a contribution of up to €8,500 towards the annual costs of EU or non-EU postgraduate registration fees for up to four years. Some host institutions provide a reduction of fees in the latter years of the postgraduate degree (e.g. a 50% reduction in year 4 of a PhD), and this should be taken into account when calculating the total registration fees over the four years. The Society is not in a position to fully fund the full registration fees of non-EU applicants. In this instance, it would be the responsibility of the host institution to cover the remaining fee shortfall.

3. Budgeting Non-Personnel Costs

a. Research Running Costs

The Irish Cancer Society will allow the payment of reasonable running costs relevant to the specific project. Such costs may include but are not limited to: materials and consumables, research sample costs, access costs, survey costs, costs associated with research participants, transcription costs, data management costs, bench fees etc.

Please note: Travel-based costs specifically associated with the running of the research project, e.g., travel costs associated with research participants should be outlined in this section, and not in the travel and dissemination section.

All costs must be inclusive of VAT, where applicable. All running costs should be itemised and suitably justified.

b. Small Equipment Items

The Irish Cancer Society will allow researchers to purchase small equipment items. A strong justification must be provided for each equipment item, and a rationale must be given as to why this item is not already available to the researcher at their host institution. Only equipment items that are **specific** to the applicant's research project will be allowed. Requests for large pieces of equipment will not be funded, nor will the costs associated with the servicing or upkeep of any of the equipment items budgeted. All costs must be inclusive of VAT, where applicable.

i. Computer/Laptop Equipment

The purchase of computer equipment as part of an Irish Cancer Society funding award will be considered for any grant of over 24 months' duration, provided a strong rationale is given at the time of grant application. The maximum allowed contribution from the Irish Cancer Society for the purchase of a computer or laptop is €1,500.

For any individuals undertaking a bioinformatics-based PhD Scholarship, the Irish Cancer Society will consider a contribution over the €1,500 threshold. This is at the discretion of the Society and prior approval must be sought at the time application.

ii. Mobile Phone Budget

The Irish Cancer Society will not generally cover mobile phone expenses of any researcher working on a Society-funded project. However, the Society do acknowledge that for exceptional cases only, the provision of a phone for specific research projects may be required.

The researcher must use the most economical and cost-effective means for purchasing a phone and bill-pay call plan. The Society will cover mobile phone bill costs associated specifically with the funded research project up to a **maximum** of €40 per month. No expenditure outside of the standard call plan allowance will be permitted to be charged to the Irish Cancer Society Research Grant.

Please note: Mobile phones can only be used for specific research purposes only and expenditure will be scrutinised through annual financial reports. It is at the discretion of the Society to request copies of all mobile phone bills and justification of calls.

c. Training and Education Budget

These are the costs associated with the education and training of the PhD Scholar. These include costs relating to technical skills training specific to the research project, e.g., animal handling, statistical analysis.

In addition, costs relating to the long-term career development of the researchers will also be permitted, e.g., personal and professional development training, providing it relates to future research career aspirations.

All costs relating to training must be outlined and justified. When justifying these costs, it is important to provide details on the training type, location and rationale.

Please note, for any training elements where travel is required, please detail the travel costs as part of the Travel and Dissemination budget (Section 3.d).

a. Travel and Dissemination Budget

i. Travel

These are the costs relating to the travel of the **PhD Scholar**. Such costs must be directly related to events as part of the research programme and only the PhD Scholar will be eligible to claim these expenses.

As a charitable organisation, we would expect that all costs in relation to travel be reasonable, and must be clearly justified. Please note that the Irish Cancer Society will fund Economy-Class flights only.

An example of permitted travel includes but is not limited to: costs associated with attendance at meetings, conferences, patient engagement events, workshops, fostering collaborations etc.

Reimbursement for costs associated with conference attendance will only be provided if the recipient is presenting their specific Society-funded research project in poster and/or oral format. Exceptions may apply for post-graduate students in the first year of study, who would benefit from attendance at a national conference.

The applicant should provide as much detail as possible at the application stage. For example, if planning to attend a conference: the name, location and dates (where possible) of the conference should be detailed, in addition to the reason for attendance.

ii. Dissemination

These are the costs associated with the communication and reporting of your research results. Dissemination costs should be clearly planned and articulated as part of your research budget. Such costs may include printing, posters, costs associated and hosting of public awareness events etc. All costs must be inclusive of VAT, where applicable.

iii. Open Access Publication

The Irish Cancer Society encourage publication in open-access journals and publication costs may be included in the ‘Dissemination & Travel’ budget. Please note, the Irish Cancer Society will not fund any research published in so called ‘predatory journals’. We therefore ask that all researchers be aware of predatory publishers and exercise caution in this regard when publishing their research.

b. PPI Budget

A mandatory **minimum** provision of €1,500 for specifically costing PPI activities into grant applications is required in Irish Cancer Society Scholarships 2024. At the very minimum it is expected that that all costs to PPI Contributors associated with involvement are covered by the research grant, e.g., bus/train fares, mileage, parking charges, and subsistence. These costs should be outlined as part of the PPI section of your grant application.

Universities will have their own specific rules and policies regarding budgeting and expenditure in relation to PPI costs. We therefore strongly encourage all researchers to consult with their host university and local PPI resource (e.g., PPI Ignite) when completing the PPI section of their application budget.

Irish Cancer Society
Research

Appendix 2: Public and Patient Involvement (PPI) in Research Guidelines

1. Background

The Irish Cancer Society is committed to putting patients, families, survivors, carers, supporters and the public at the very heart of what we do. In keeping with this commitment, we are embedding Patient and Public Involvement (PPI) in our research processes. The majority of Irish Cancer Society grant calls will require researchers to detail their plans for including PPI in their proposed research. These involvement sections will be reviewed by people affected by cancer (PPI reviewers).

This document is intended as an additional resource on PPI for researchers planning on submitting a grant application to the Irish Cancer Society. Information specific to individual grant calls can be found in the Guidelines to Applicants document for each call.

2. What is Public and Patient Involvement in Research?

Interaction with patients and the public can be contextualised in the many different ways people with cancer can interact with research, specifically by means of participation, engagement, and involvement outlined below.

Participation

A person with cancer may be recruited into, and take part in, a research study, e.g., a clinical trial, and provide data of some form.

Engagement

Engagement is when the researcher communicates and disseminates research information, for example, at science festivals, public talks, television programmes, or radio.

Involvement

Involvement is distinct from participation or engagement. Where participation and engagement are conducted ‘to’, ‘about’, and ‘for’ people with cancer, involvement is conducted ‘with’ or ‘by’ people with cancer[1]. People with cancer can be involved at any stage of the research process, from conceptualisation to dissemination.

Involvement does not refer to researchers raising awareness of research, sharing knowledge or engaging and creating a dialogue with the public. It also does not refer to the recruitment of patients or members of the public as participants in research. However, these different activities – involvement, engagement and participation – are often linked and, although they are distinct, can complement each other[1].

3. Why is PPI Important?

PPI is becoming increasingly important in research. The Irish Cancer Society is committed to expanding the involvement of those affected by cancer in the research that the Society funds, and in the funding decision-making process. This commitment is reinforced by the Irish Governments’ National Cancer Strategy (2017-2026)[2], which highlighted:

“Patient involvement in cancer research improves the relevance of research questions, the quality, acceptability and feasibility of research conduct and the likelihood of uptake of research outputs.”

PPI creates a partnership between people affected by cancer and researchers. It is more than a tokenistic gesture to comply with policy, but can provide a real and substantial benefit to all key stakeholders. While not without its challenges, PPI can:

- Promote a sense of empowerment and value among patients[3]
- Enhance patient trust in researchers[3]
- Improve researchers’ insight into their own research area[3]
- Help researchers identify barriers and come up with solutions to research[3]
- Increase trust and acceptability in the patient community of research findings[3]
- Inform the provision, access, and location of healthcare services[4]
- Improve the dialogue between healthcare professionals and patients[4]

Specific to the cancer setting, PPI may be used by patients as a resource, to make sense of living with a chronic condition[5]. People with cancer report feeling enhanced knowledge and skills from taking part in PPI, as well as feeling they contributed to research by providing a lay perspective (i.e., practical knowledge about being a patient with cancer)[6].

As such, PPI can be a valuable tool in the research process for both patients and researchers, and the Irish Cancer Society aims to continually to build on its PPI work.

4. PPI is a Partnership

PPI is about creating a partnership between researchers and people affected by cancer, whereby all contribute collaboratively in varying degrees towards the research process or the research output. Each voice is of equal importance in PPI.

Involving people affected by cancer as early as possible in your planning process, and ensuring on-going clarity about their activities, roles and goals, is crucial to the success of PPI.

Be clear from the outset what will be required from all involved in the patient involvement activities. A good exercise to do is to complete a role description for the role of the patient involved along with a description of what your role (the researcher) is with regards to PPI. This is beneficial as it is clear to both the researcher and the person affected by cancer what exactly is involved from both sides from the outset.

Relationship building is fundamental for successful PPI. Having an open and respectful relationship is key to successful PPI It is a good idea to keep in mind this relationship aspect of PPI when designing the PPI plans. A number of different factors are important for a good relationship between the PPI contributor(s) and the researcher(s), examples of these are listed below.

- A good communication, including keeping in touch as needed.
- Showing respect, empathy and understanding.
- Having time for each other and the PPI activities.

5. PPI and the Funding Process

The majority of Irish Cancer Society application forms contain sections relating to PPI. These sections will be reviewed by PPI reviewers and in most instances PPI reviewers will contribute to funding decisions along with scientific reviewers. As such, the review of applications is undertaken by scientific and PPI reviewers. In doing this, we ensure that the research we fund is of the highest scientific quality, while being relevant and important to people affected by cancer.

PPI reviewers are people effected by cancer including patients, survivors, family members and carers who have all received appropriate reviewer training.

6. PPI Sections in the Application

The following sections give information on PPI sections in application forms. Please note that not all sections outlined below may be in all application forms.

These sections will be reviewed by PPI reviewers. For some grant calls the PPI reviewers will score the sections and provide feedback and for other grant calls the PPI reviewers will give feedback only. This information will be given in the call guidelines.

6.1. Project Summary

A project summary should provide an overview of the research proposal, written in a format appropriate and understandable to your audience. A good summary should describe what you intend to do, why you intend to do it, and establish context. A clear understanding of the research project will allow the PPI panel to effectively evaluate other sections, such as the PPI Plan and Sharing of Research Findings sections.

For some awards, particularly those that include human participants, the PPI panel will review the practicalities and feasibility of the project and its relevance to people affected by cancer. Therefore, it is important to be clear and detailed.

Remember, your audience, who will be people affected by cancer, **may not** have a scientific background. Therefore, ensure the project summary is written in plain English (please see Section 6). However, an important consideration when writing the project summary is to determine the right balance between pitching it to the correct audience and oversimplifying it too much. As such, the summary should be written in clear plain English, but also adequately conveys the details on the research question, research plan and what makes that particular research project important. The abstract may still have some “jargon” or scientific names when necessary, once they are clearly defined in understandable terms.

6.2. PPI Plan

The PPI plan should detail how people affected by cancer will be involved in the research project. It should be well thought out and as detailed as possible. The PPI plan should be given as much consideration as the scientific sections in the application. It is strongly recommended that plans include specific details such as how many PPI Contributors will be involved, how they will be recruited, what exactly they will be doing, etc.

As with any project, we acknowledge that PPI plans may change over the course of an award, but detailed plans are still sought at the application stage. Please note that activities outlined in the PPI plan are required to be included in the Gantt chart (when a Gantt chart is required as part of the application).

Information on types of involvement:
Involvement can be incorporated into almost any stage of the research process, which should be planned from the very beginning of study design. Some examples of how PPI can be incorporated into research includes (but is not limited to):

- Members of an advisory group for the project
    - Advising on the direction of the research;*
    - Commenting on and developing patient information leaflets, consent forms, questionnaires or other research materials;
    - Commenting on and developing dissemination materials (e.g., conference abstracts, posters, presentations);
- User and/or carer researchers carrying out the research, e.g., conducting interviews, co-facilitating focus groups, assisting in the interpretation of results;
- Involvement in organising and running public and patient engagement activities;
- Input into grant applications.

*Any post-award significant alterations to study design or protocol would need to be approved in advance by the Irish Cancer Society throughout the duration of the research project.

Challenges

- When planning how you will involve PPI, it is important to think about what might go wrong and how you might handle any challenges that arise.
    - A PPI Ready: Researcher Planning Canvas was developed by MacCarthy et al [7], which researchers may find useful when considering potential challenges and how to address them.
- In some instances, PPI Contributors may need psychological support. It is a good idea to identify supports that could be offered to PPI Contributors should they need it.
- PPI Contributors may also need practical supports to be involved. For example, not all PPI Contributors might have easy access to a computer. Offer to post printed copies of information and allow for additional time for people to read information and paperwork. Some people may need to use the phone as opposed to a computer to join meetings. These practical needs should be assessed at the start.

Additional things to consider

- A number of universities within the Republic of Ireland already have dedicated individuals, infrastructure, training, or programmes in place dedicated to PPI.

We strongly recommend that you engage with these local resources when planning how PPI will be integrated into your project.

- Engagement can sometimes be mistaken for involvement (more information on both in Section 2). While engagement activities are important and can often lead to involvement opportunities, it is predominantly involvement that should be outlined in this section. Involvement is conducted '**with**' or '**by**' people affected by cancer.
- For translational biomedical laboratory-based research it can be difficult to initially envision the practicalities of how PPI Contributors can be involved in a research project in a meaningful way. However, there are a lot of valuable opportunities to involve PPI Contributors in this type of research. Further guidance on PPI in lab-based research can be found here: https://sites.google.com/parkinsons.org.uk/ppi-in-lab-based-research/home

6.3. Sharing of Research Findings

The Irish Cancer Society is the largest voluntary funder of cancer research in Ireland. Research is conducted primarily for the benefit of people affected by cancer, therefore, a key priority of the Irish Cancer Society is to ensure that the public (including people affected by cancer) are kept up to date on research that it funds. In line with this, it is a requirement that all applicants produce a sharing of research findings plan to include communication of their research to **all** relevant audiences including the public and patients. As part of this section of the grant application, researchers are encouraged to carefully consider the different stakeholders that may be interested in their research, and develop a plan for communicating which each of these stakeholder groups.

It is important to note that while peer-reviewed journals are an important means of communicating research findings to academic researchers, members of the public are less likely to access academic journals.

Some examples of research dissemination and knowledge exchange includes but is not limited to:

- Peer-reviewed journals (open-access is encouraged);
- Dissemination at conferences and meetings;
- Non-peer reviewed professional periodicals, e.g., The Irish Psychologist, World of Irish Nursing;
- Public engagement talks or events, e.g., Irish Cancer Society webinars, Pint of Science, Science Week events, public university talks, etc.
- Newspapers/media e.g., The Irish Times, thejournal.ie, Newstalk;
- Blog posts e.g., professional blog, Irish Cancer Society website;
- Newsletters;
- Online videos and website content.

6.4. Budgeting for PPI

The cost of PPI is dependent on how you plan to embed it into your study, i.e., your PPI Plan. As such, it is difficult to prescribe guidelines on how to budget for PPI. However, at a minimum, it is expected that the out-of-pocket expenses of PPI members associated with involvement are covered by the research grant. Please note, certain calls may have set minimum budgets for PPI – please refer to call guidelines for more information.

Before beginning to budget we recommend that you check that the host institute has appropriate systems in place for the payment of PPI costs and expenses. The host institute may also have specific guidelines in place around budget costs and allowable expenses, we recommend that you check this with your institute before completing the budget.

The steps to PPI budgeting are described below:

Step	Activity
Step 1: Framework selection	Select a framework for mapping involvement costs. This might be the research project cycle (i.e., the step-by-step research process/procedure) or a project timeline (e.g., Gantt chart).
Step 2: Planning your involvement	Make a plan of the involvement activities you intend to incorporate into your research.
Step 3: What are the costs?	For each activity, identify the specific costs for which you will need to budget.
Step 4: How much will it cost?	Estimate the cost or range of costs against each involvement activity. To work out the budget for your study, go to the online cost calculator: https://www.invo.org.uk/resource-centre/payment-and-recognition-for-public-involvement/involvement-cost-calculator/. Please note the online calculator is in Pound Sterling.
Step 5: Mapping	Map the involvement activities onto your selected project framework so that you know exactly when in the project timeline costs are allocated.
Adapted from the UK National Institute for Health Research, Budgeting for Involvement (2013)	

An online calculator is available on the NIHR Involve website: https://www.invo.org.uk/resource-centre/payment-and-recognition-for-public-involvement/involvement-cost-calculator/ . Please note the online calculator is in pound sterling (£), euro conversion rates will apply. **The online calculator is a guiding tool, all costs must be appropriate to costing in the Republic of Ireland and all researchers must verify the costs associated with their PPI plan**.

Costings from all categories of the online calculator will be eligible (see below). However, please note that final approval of all costs is at the discretion of the Irish Cancer Society.

Justification must also be given for all costs. Please note this is not an opportunity to elaborate on details of your PPI plan or sharing of research findings plan, all relevant information on these plans must be in the relevant sections.

PPI Budgeting Costs:

Costing Category	Related Costs
Payments and rewards	Fees to individuals Vouchers/tokens for individuals Prize draw awards Fee/donation to a group Funding for additional training and learning Honorary appointment, e.g., lay fellow or research partner
Expenses	Travel Subsistence Childcare Carer costs Personal assistants Overnight accommodation Home office costs
Involvement activity	Finding people/advertising Training and learning costs Venues and catering Equipment and books Access to university facilities Conference fees

Involvement staffing	Administrative support Involvement coordinator Independent facilitator Peer researchers/interviewers
Other costs	Disclosure and barring service Language translation and interpretation costs Support for people with impairments

Adapted from the UK National Institute for Health Research, Involvement Cost Calculator.

Please see the worked costing examples below for guidance on creating and budgeting for the PPI plan.

Worked costing example for virtual advisory group:

A researcher wishes to set up a patient advisory group to advise on dissemination of the research results and assist with writing plain English summaries for grant applications. The researcher is looking for three patient representatives to form the advisory group. The group will meet for 3 half day virtual workshops over 2 years.

The estimated costs associated with the advisory group are as follows:

Category	Detail	Quantity	Cost	Total
Virtual Meetings	Online meeting platform used by institution for example Zoom. No cost as institute pays for the licence.	1	€0	€0
Advisory group honorarium	Fee for attending virtual advisory group/workshops	3 x 3= 9 (3 representatives x 3 meetings)	€100	€900
TOTAL COST				€ 900

All costs were calculated in the Republic of Ireland as of January 2021.

Worked costing example for in-person advisory group:

A researcher wishes to set up a PPI advisory group to advise on dissemination of the research results and assist with writing plain English summaries for grant applications. The researcher is looking for three PPI Contributors to form the advisory group. The group will meet for 2 half day in-person meetings and 1 virtual meeting over 2 years.

The estimated costs associated with the advisory group are as follows:

Category	Detail	Quantity	Unit Cost	Total
Travel	Local travel in Dublin (1 representative x 2 meetings)	1 x 2= 2	€8	€16
	Travel from outside of Dublin	2 x 2= 4 (2 representatives x 2 meetings)	€40	€160
Advisory group payment x 2	Fee for attending advisory group meetings)	3 x 3= 9 (3 representatives X 3 meetings	€100	€900
Virtual Meetings	Online meeting platform used by institution for example Zoom. No costs as institute pays for licence.	1	€0	€0
Venue costs	University meeting room cost No cost as at host institute.	1	€0	€0
Catering costs	Lunch for attendees (€10 per person/per meal	3 x 2= 6 (3 representatives x 2 meetings)	€10	€60
TOTAL COST				€1,136

All costs were calculated using estimated costs for train tickets, hotels, and so on in the Republic of Ireland as of January 2024.

Please note: This budget is for specific costs associated with involvement only. If part of your PPI plan is that PPI Contributors will organise an event or dissemination materials, the budget for these must be incorporated into the dissemination category of the main grant budget.

7. Writing in Plain English

As outlined in Section 6 the project summary should be written in plain English. There are many online resources available to guide you in writing an effective plain English summary. Some of these resources are listed in Section 9 of this document.

Here are some general notes on how to write in plain English:

- People affected by cancer are not scientists (usually) and knowledge should not be assumed. Avoid using technical language or scientific terminology. Use everyday words to communicate your point and explain the science.
- While language should be understandable, it should not be dumbed down. It may be necessary to use scientific words and jargon in order to convey why your research is special, but be sure to explain it thoroughly and be consistent in its use.
- Use short clear sentences.
- Use paragraphs.
- Make sure grammar, punctuation, and spelling are accurate.
- Bullet points (like these ones) can make it easy to digest a lot of information.

8.Contact

If you have any questions relating to PPI please contact ppi@irishcancer.ie.

9. Additional Resources

General Resources:

- INVOLVE – UK National Institute of Health Research (NIHR) initiative to support PPI. *http://www.invo.org.uk*
- National Standards for Public Involvement. https://www.invo.org.uk/posttypepublication/national-standards-for-public-involvement/
- NALA (National Adult Literacy Agency). *https://www.nala.ie*
- Access to Understanding: Promoting public understanding of biomedical and health research. *http://www.access2understanding.org*
- Versus Arthritis: Patient & Public Involvement, A researcher's guide. *https://www.versusarthritis.org/media/1373/patient-and-public-involvement-booklet.pdf*

Writing a Plain English Summary:

- Duke, M. (2012). How to write a lay summary. *http://www.dcc.ac.uk/sites/default/files/documents/publications/HowToLaySummariesDec2012.pdf*

Communicating to Patients:

- NHS England. Language Matters: Language and Diabetes. *https://www.england.nhs.uk/wp-content/uploads/2018/06/language-matters.pdf*

Writing in Plain English:

- NALA (National Adult Literacy Agency). *Writing and Design Tips. https://www.nala.ie/wp-content/uploads/2019/08/Writing-and-design-tips.pdf*

Budgeting for PPI:

- INVOLVE PPI Involvement Cost Calculator. *https://www.invo.org.uk/resource-centre/payment-and-recognition-for-public-involvement/involvement-cost-calculator/*

10. References

1) INVOLVE. (2018). *What is public involvement in research*? Retrieved from http://www.invo.org.uk/find-out-more/what-is-public-involvement-in-research-2/. Accessed 07/01/21.
2) Department of Health. (2017). National Cancer Strategy (2017-2016). Retrieved from https://health.gov.ie/wp-content/uploads/2017/07/National-Cancer-Strategy-2017-2026.pdf. Accessed 07/01/21.
3) Brett, J., Staniszewska, S., Mockford, C., Herron-Marx, S., Hughes, J., Tysall, C., & Suleman, R. (2014a). A systematic review of the impact of patient and public involvement on service users, researchers and communities*. The Patient-Patient-Centered Outcomes Research, 7*(4), 387-395.
4) Mockford, C., Staniszewska, S., Griffiths, F., & Herron-Marx, S. (2011). The impact of patient and public involvement on UK NHS health care: a systematic review. *International Journal for Quality in Health Care, 24*(1), 28-38.
5) Thompson, J., Bissell, P., Cooper, C. L., Armitage, C. J., & Barber, R. (2014). Exploring the impact of patient and public involvement in a cancer research setting. Qualitative Health Research, 24(1), 46-54.
6) Froggatt, K., Preston, N., Turner, M., & Kerr, C. (2014). Patient and public involvement in research and the Cancer Experiences Collaborative: benefits and challenges. BMJ Supportive & P Care, 5, 518–521.
7) MacCarthy, J., Guerin, S., Wilson., A and Dorris, E. (2019). Facilitating public and patient involvement in basic and preclinical health research. PLoS One, 12(5).

Irish Cancer Society
Research

Appendix 3: Research Impact Framework (RIF)

1. Introduction

1.1 Purpose

The Research Impact Framework (RIF) is a guide on research impact for those applying for funding from the Irish Cancer Society and for grant holders who currently hold an ICS funded award.

Its purpose is to **help maximise the impact of the research that the Irish Cancer Society funds through our grants scheme.**

Creating impact from the research that we fund has always been of great importance to the Irish Cancer Society. This RIF pulls together previous information and guidance on impact into a single document.

The RIF is the central Irish Cancer Society guidance document on research impact.

It is intended to support researchers to understand, plan for, deliver, and demonstrate research impact and to enable the Irish Cancer Society to facilitate, understand, and communicate the impact of Irish Cancer Society funded research.

It should act as an important reference point for grant applicants, grant holders, and the Irish Cancer Society to ensure that impact remains a focus before, during, and after a funded research project is completed.

Please note that each successful award will have terms and conditions (T&Cs) specific to that award. These T&Cs will cover many of the same areas as this document but the specific terms may be slightly different. Precedence is given to the T&Cs specific to each award.

1.2 What is research impact?

Broadly speaking, research impact is the demonstrable contribution that research makes to society; the real-life impact that research can have on people affected by cancer.

For the Irish Cancer Society, research impact is defined as **‘research being used to bring about a positive change to the lives of people affected by cancer.’**

We recognise that the impact is specific to each project and can be varied; impact can occur over different timescales, from the short- to the long-term. However, all forms of impact are important to the Irish Cancer Society and we must work in partnership with researchers to not only achieve and measure impact, but also communicate it.

1.3 Why is impact important?

The Irish Cancer Society receives the vast majority of its income from donations. People donate to us because they want to make a difference to the lives of those affected by cancer.

Therefore, it is our duty to our donors to ensure that the research we fund does just that - makes a difference.

It is very important that the research we fund is always working towards making an impact on the lives of those affected by cancer. It is equally important that we can communicate this impact to our donors to let them know how their donations have made a difference.

The Irish Cancer Society’s vision is:

‘By 2025, 3 out of 4 Irish cancer patients will survive their diagnosis and everyone affected by the disease will have access to world-class treatment, care and support. In future, no one in Ireland will die from cancer.’

In working towards this vision, we must strongly focus on maximising the impact of our funded research, in particular, putting an emphasis on achieving outcomes that will ultimately contribute to realising this goal.

2. Research Impact Framework

2.1 Framework overview

The RIF describes how the Irish Cancer Society approaches research impact in four sections:

Framework Principles - How the Irish Cancer Society and researchers will work together. This is a set of principles that underpin how the charity will work in partnership with grant holders to maximise research impact.

Theory of Change - What the Irish Cancer Society is aiming to achieve. The ‘goal’ and the ‘outcomes’ (changes that need to happen in order for that goal to be achieved), to which all research projects funded through the grants scheme should aim to make a contribution; this is articulated in the ‘Theory of Change’.

Impact Plan - How impact should be planned by researchers at the application stage.

Impact Reporting - How the progress of achieving impact will be monitored by the Irish Cancer Society.

2.2 Framework principles

The research impact principles frame the relationship that the Irish Cancer Society want to have with all of its grant holders.

By having these principles, it allows us all to work from the same page from the very start. They are designed to ensure the best levels of support, partnership, and mutual understanding, with the ultimate aim of maximising research impact.

Principle	Principle in practice
1. Working in partnership	Partnership is the best way to ensure maximum impact and this is a two-way relationship. The Irish Cancer Society will contribute internal expertise and networks to support and promote the research. Grant holders will work with the Irish Cancer Society to maximise the benefit of research to people affected by cancer.
2. Involving the public and people affected by cancer	Grant holders will need to carefully consider how the public and people affected by cancer can be meaningfully involved in their research. The Irish Cancer Society requires that public and patient involvement (PPI) is included in the research projects that we fund. The Irish Cancer Society can provide guidance and training on how to include PPI in grant applications and projects.
3. Regular communication	Grant holders will maintain an ongoing dialogue with the Irish Cancer Society through regular reporting. Reporting schedules will be determined for each grant and will be detailed in the special Terms and Conditions of their contract. Outside of these reports, we encourage regular communication with our grant holders. The Irish Cancer Society will provide a named contact for each grant and will respond promptly to queries, issues, or updates.
4. Dissemination and engagement	Grant holders will inform the Irish Cancer Society of any dissemination or engagement activities planned as soon as possible. The Irish Cancer Society's Research and Communication Departments will support grant holders to communicate their research in an accessible way, especially for people affected by cancer, donors, and the general public. Grant holders will work closely with the Irish Cancer Society (e.g. Communications and Fundraising) to plan and undertake

	communication activities and attend engagement events run by the Irish Cancer Society to raise awareness of their research and its findings. It is expected that grant holders will engage with, and participate in, Irish Cancer Society engagement, dissemination and awareness activities relating to outputs funded by the Society throughout the lifetime of their grant and following the cessation of the grant. Grant holders must accurately represent the Irish Cancer Society and their research outputs. In order to facilitate this arrangement, grant holders contact details may be shared with the communications team within the Irish Cancer Society.
5. Open access	Open access to research outputs are an important way of maximising the impact of research. Grant holders are strongly encouraged to share their research outputs (not just publications, but also datasets and other outputs) with the wider research community, the public, and other audiences as appropriate. The Irish Cancer Society will support open access publication costs where requested for in a grant's budget
6. Long term impact monitoring	Impact can take a long time to emerge, often beyond the timescales of a research project. The Irish Cancer Society will want to work with grant holders to monitor impact both during and beyond the grant-funding period. Each year, all grant holders must complete a mandatory Impact Census to help researchers take stock of their achievements and to allow The Society to monitor research impact. Grant holders are encouraged to maintain longer-term contact with the Society through its research community.

3. Theory of Change

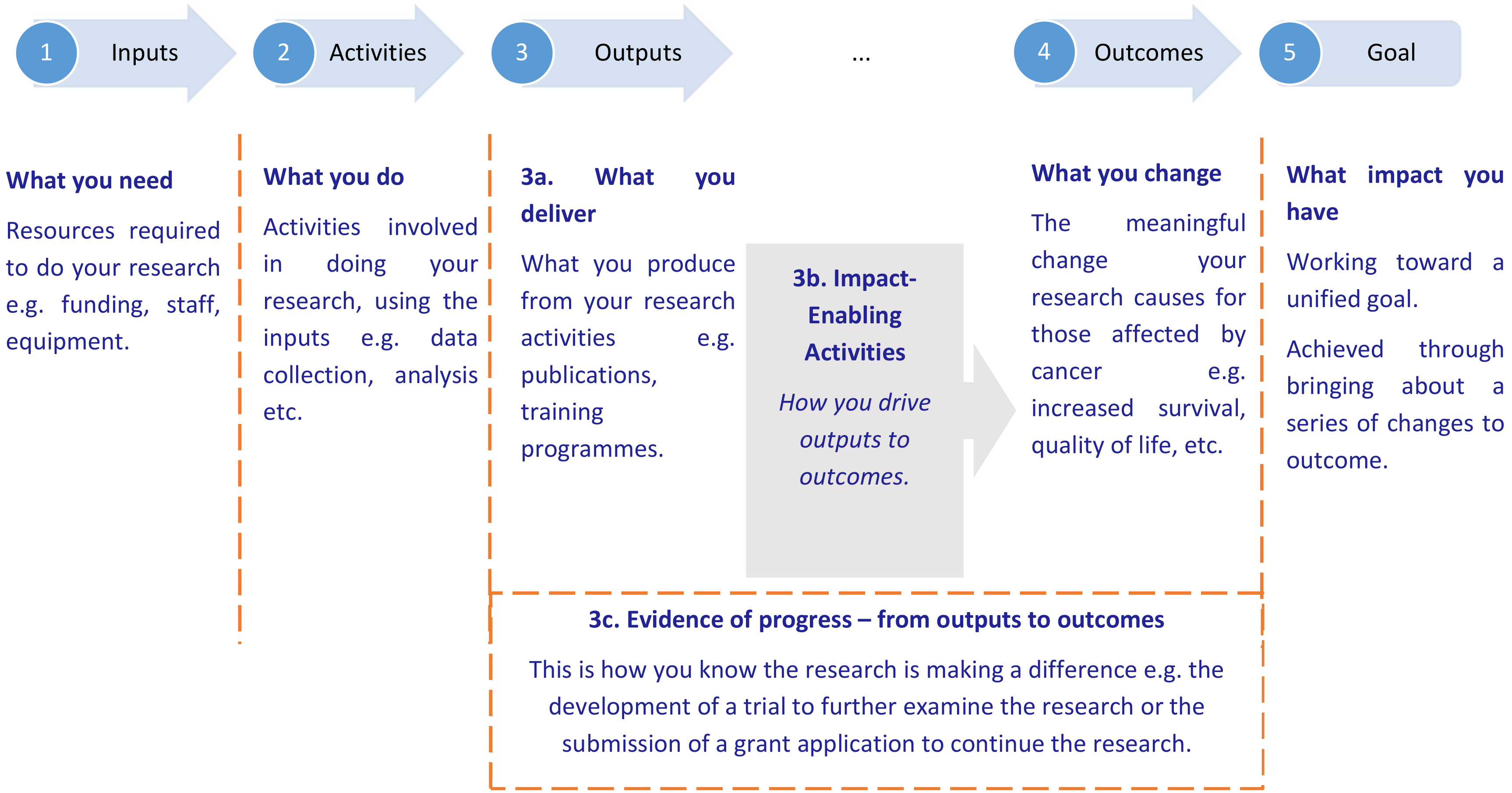
A Theory of Change, in simple terms, is a method of showing how activities create outcomes (or change), often in diagram form. This is the methodology that the Irish Cancer Society will use to measure impact.

The *Theory of Change method* provides a clear structure for the progression of research towards achieving impact (or a goal). It defines long-term goals and then maps backward to identify necessary outcomes, impact-enabling activities, outputs, activities, and inputs.

Applicants to the Irish Cancer Society grant schemes will be required to provide an impact plan at application stage. The key factors to be considered in the impact plan are mapped off the structure of the Theory of Change diagram.

The Theory of Change is set out in diagrammatic form in ***Figure 1.***

The goal and outcomes for all impact plans submitted to the Irish Cancer Society will remain the same. These are detailed in ***Figure 1*** and are explained in more detail in Section 4.



What you need

Resources required to do your research e.g. funding, staff, equipment.

What you do

Activities involved in doing your research, using the inputs e.g. data collection, analysis etc.

3a. What you deliver

What you produce from your research activities e.g. publications, training programmes.

3b. Impact-Enabling Activities

How you drive outputs to outcomes.

What you change

The meaningful change your research causes for those affected by cancer e.g. increased survival, quality of life, etc.

What impact you have

Working toward a unified goal.

Achieved through bringing about a series of changes to outcome.

3c. Evidence of progress – from outputs to outcomes

This is how you know the research is making a difference e.g. the development of a trial to further examine the research or the submission of a grant application to continue the research.

Figure 1. Theory of Change shown in diagrammatic form. The examples of each key factor are only for illustrative purposes and are not comprehensive.

4. Impact Plan

As mentioned in Section 3, at the application stage for the majority of the Irish Cancer Society awards, applicants will be required to complete an impact plan based on the Theory of Change model.

The purpose of including an impact plan at the application stage is to focus all projects on working towards achieving impact from the outset.

The information provided in the impact plan by researchers at the application stage may be somewhat limited, as the project has not yet started; it can be difficult to predict research results or how a research landscape may change over time. However, it is still important to start thinking about the key steps on the pathway to achieving long-term impact from the start of the project as it will provide a strong foundation for maximising progress towards research impact when a grant gets underway.

There are a number of key factors to consider when developing an impact plan, these are illustrated in **Figure 1** and explained in more detail below (Section 4.1).

At the application stage, the ‘Outcomes’, ‘Impact enabling activities’, ‘Evidence of progress’ and ‘Outputs’ sections are of particular importance in the impact plan.

For the ‘Inputs’ and ‘Activities’ sections of the impact plan, high level information is adequate as information on these sections will be detailed in other sections of the application such as aims and objectives and budget sections.

Please note for funded projects, the level of information required as part of the impact plan will become more detailed as the project progresses (for more information see Section 5).

4.1 Key factors to consider

The impact plan must consider the following key factors:

Please note, the recommended approach is to develop the impact plan by working backwards, from goal to inputs.

As such, the impact plan consists of:

5. Goal

4. Outcomes

3a. Outputs

3b. Impact-enabling activities

3c. Evidence of progress

2. Activities

1. Inputs

5. Goal

A goal is an idea of the future or desired result that a group of people or organisation envision. It is the ultimate impact that an organisation wants to achieve.

For the Irish Cancer Society, investing in research is a way of contributing to achieving this goal. Therefore, all Irish Cancer Society grant holders should be working towards achieving this goal.

For impact plans required by the Irish Cancer Society, the goal is the Society's vision:

'By 2025, 3 out of 4 Irish cancer patients will survive their diagnosis and everyone affected by the disease will have access to world-class treatment, care and support. In future, no one in Ireland will die from cancer.'

4. Outcomes

Achieving impact or a goal can be complex, take time and involve change in a number of different factors. **Outcomes are factors that need to change in order for that goal to be achieved.**

Demonstrating that impact has been achieved can be difficult and it is often inferred by looking at changes in outcomes.

There are **7** key outcomes that the Irish Cancer Society work towards in order to ensure that Irish patients benefit from world class research.

These outcomes tie into the Irish Cancer Society strategy and are outcomes we have identified that will help us achieve our ultimate goal. Like the goal, these outcomes are pre-determined for all applicants. Applicants should select one or more of these specific outcomes for their research project.

It is important to start thinking about the pathway to impact from the start of the project. This will provide a strong foundation when a grant gets underway. As such, plans should be as comprehensive and considered as possible. The recommended approach is to develop the impact plan by working backwards, from goal to inputs

While the direction of the research may change over time or may not succeed in its original objectives, linking the research to (at least) one of the framework's outcomes sets the direction of the research in the context of what is important to the Irish Cancer Society.

The outcomes as identified by the Irish Cancer Society are listed in Table 1. There is no particular hierarchy to the order of these outcomes, all of them contribute to the goal.

Applicants will also be asked to detail why they have selected the outcome(s).

Irish patients benefit from world class cancer research
Treatments and diagnostics increase survival

Treatments and diagnostics increase the quality of life of people affected by cancer
Increased numbers of patients accessing clinical trials and early access programmes
Screening increases survival
Improved care and support increase survival
Improved care and support increase the quality of life of people affected by cancer
People affected by cancer feel more empowered in their cancer journey
Other*

*'Other' should only be selected by the researcher if they feel strongly that none of the other outcomes covers the potential outcome of the research. If other is selected, then more detail will be required on the proposed outcome.

3a. Outputs

Outputs are quantitative results which are achieved after implementing an activity. Examples of outputs include papers, publications, patents, information leaflets and training programmes.

These are just examples and are not a comprehensive list. The appropriate outputs will vary for each type of project and what outcome has been selected.

The Society recognises that outputs are important for a researcher's career and are encouraged. However, as outlined in section 4 the plan for driving outputs to outcomes is more important in terms of achieving impact from a research project.

3b. Impact-Enabling Activities

An output is unlikely to achieve a desired outcome on its own. Impact-enabling activities bridge the gap between outputs and outcomes. Impact-enabling activities are activities that drive outputs to outcomes. These impact-enabling activities are very important as they support the progression of the research along the pathway to impact.

For example, if a report is published detailing how a service can be improved, the report alone cannot be impactful if it is not shared with the people who make decisions on that service.

Therefore, an activity to drive the report (output) to potentially contribute to achieving an outcome would be to organise a meeting with the decision makers to discuss the report.

Other examples of impact-enabling activities include-

- Partnering with industry to translate findings
- Establishing collaborations to continue the research after funding period ends

- Public engagement campaigns to try contribute to and influence the public or policy discourse on cancer

These are just examples and are not a comprehensive list. The appropriate activities will vary for each type of project and what outcome has been selected.

For many projects the impact-enabling activities will not directly contribute towards achieving the outcome, but may be a step on the pathway to achieving the outcome.

This does not mean that the impact plan should not be ambitious, but constraints of the project should be kept in mind. A well-thought out, ambitious but achievable impact plan is recommended.

Please note the difference between 'Impact-enabling activities' and 'Activities'*.*

3c. Evidence of progress – from outputs to outcomes

An impact-enabling activity can occur, but what is important is what is achieved through the activity.

Evidence of progress means that the impact-enabling activities are progressing the research on the impact pathway towards contributing to an outcome i.e. having a tangible benefit outside the lab or academia.

The type of evidence a grant holder will collect will depend on the impact-enabling activities and the outcome that has been selected.

Progress evidence can be both quantitative and qualitative. However, quantitative evidence can be difficult to show when it comes to progress towards impact; therefore, in the majority of cases the evidence will be qualitative.

For example, an impact-enabling activity may be organising a meeting with other groups to discuss collaboration to bring the research further. The evidence of the meeting (the impact-enabling activity) progressing the research on the impact pathway would be that the meeting went positively and the groups agreed to collaborate on funding applications to bring the research forward.

This is an example of short-term qualitative evidence- the meeting went positively and the groups agreed to collaborate. An example of longer-term quantitative evidence would be that a grant application was applied for.

Applicants will be asked to consider both short-term and medium-term evidence. Medium-term evidence may only occur after the grant end date.

It can be difficult to envisage what evidence will be needed at the start of a project as plans may change over the course of the project for a number of different reasons. The reason for asking for this information at the application stage is for researchers to identify and plan the appropriate methods for gathering evidence so that relevant evidence is gathered in real-time and that no evidence is lost.

For some projects evidence gathering may start earlier in a project or it may start later, either way it is important to be prepared.

2. Activities

These are the activities that will be undertaken by the researcher as part of the research project. These activities will generate an output.

For the impact plan, the information on the activities can be high level and in most cases the project objectives with a breakdown of what will be done under each objective will be adequate.

Examples of activities in a translational research project include- completing *in vitro* and *in vivo* testing of a drug compound in a cancer model. The output of these activities could be a paper on the results of the research.

Examples of activities in a social and allied health project would be trialling an intervention to increase treatment compliance in cancer patients. The output of these activities could be the publication of a report.

1. Inputs

The inputs of research include the funding needed and resources required to deliver the research. Resources can include personnel, equipment, consumables etc. The inputs allow the activities to take place.

4.2 Format of Impact Plan at application stage

Key Factor	Additional guidance
5. Goal	This is pre-determined and will be standard for all the research that we fund.
4. Outcome	There are 7 pre-determined outcomes based on our strategy. It is recommended that you start the impact plan by selecting one of the seven outcomes most relevant to your research. Once this has been selected you can then work backwards from this to complete the other sections. You can select more than one outcome if relevant.
3a. Outputs	Planned outputs for the project.
3b. Impact-Enabling Activities	Impact-enabling activities are activities that drive outputs to outcomes- i.e. progress the research along the impact pathway. What activities need to happen to drive outputs to outcomes? When will these activities take place? The information provided can be a mixture of bullet point and narrative in style.

3c. Evidence of Progress	How will you know that the impact-enabling activities have progressed the research on the path to impact? What evidence can be used to show this? Indicators of evidence may be qualitative or quantitative.
2. Activities	Activities that will take place as part of the research project. A high-level breakdown of what will be done under each objective will be adequate. Bullet points can be used.
1. Inputs	Resources needed for the project- high level information is adequate and can be in bullet points.

Please note, you can find worked examples in 'Section 6: Worked Examples' of this document.

5. Reporting to the Irish Cancer Society on Impact

An impact plan has been required as part of the application process for the majority of the Irish Cancer Society awards from early 2021 onwards.

It is important both for the Irish Cancer Society and for grant holders to be able to demonstrate evidence of progress in the impact plans.

Therefore, grant holders will be required to give an update on the progress of their impact plan in their **reports** to the Irish Cancer Society and complete an annual **Impact Census**. The schedule of reporting will be determined by the T&Cs of the award. Generally, reports are required annually, for shorter awards a 6-month report may also be requested.

Progress in the first report will be monitored according to the original impact plan submitted as part of the original application. Progress in the second report will be monitored according to the progress in the first report and so on.

More detailed information will be required as the project progresses. The impact plan may change during the grant period in response to both the research findings and changes in the wider research landscape. Any changes in the impact plan must be detailed and explained in the progress reports.

Two additional sections will be part of impact reporting in the progress reports:

- **Progress on the path to impact**
- **Plans for next reporting period**

5.1 Progress on the path to impact

Grant holders will be asked to update on the progress of the research on the path to impact.

Grant holders must update on the contribution that the enabling activities have had to an outcome. This will be done by detailing the evidence that the impact-enabling activities have contributed to an outcome.

This evidence will have been gathered throughout the project. The method and type of evidence gathered will be identified in the impact plan at application stage. Both quantitative and qualitative evidence may be given. However, as it is often difficult to quantify ‘contribution’ it is more likely that the evidence will be qualitative and the information in this section will be narrative in style.

In addition, impact-enabling activities may not have directly contributed to an outcome. In these cases, what we are looking for in this section is evidence that the research is progressing towards contributing to an outcome.

5.2 Plans for next reporting period

Grant holders will be asked to detail the impact-enabling activities for the next reporting period and how evidence of progress will be gathered.

It is important to take stock of the research that has already been carried out and think about where the research is headed. Research plans can change overtime and it’s vital that these changes are reflected in the plans for the next reporting period. Maximising the impact of research should be at the forefront of all future research in order to ensure that research funded by the Irish Cancer Society has as much impact on the lives of those who are affected by cancer as possible.

5.3 Format of Impact Reporting for funded project

Below is an example of impact reporting in a funded project. Please note this example is for indicative purposes only.

	Additional guidance
Title	Project title
Goal	Is set and cannot be changed
Outcome	Set at application stage.
Outputs	Update on outputs for the project planned activities and any new or changed activities. If outputs have changed or new outputs added an explanation must be given.
Impact-enabling activities	Update on activities. Information will be required on status of planned activities and any new or changed activities. If activities have changed or new activities added an explanation must be given.

Evidence of progress	Has the research progressed on the path to being impactful? What evidence can you provide to illustrate this? Has the impact-enabling activities contributed to achieving the outcome directly or indirectly?
Plans for next reporting period	Impact-enabling activities for the upcoming reporting period.
Activities	Can remain the same from application stage. Details will be required if the activities have changed and these changes affect the impact plan.
Inputs	Can remain the same from application stage. Details will be required if the inputs have changed and these changes affect the impact plan.

5.4 Working with the Irish Cancer Society to communicate impact

As detailed in the Framework Principles (Section 2.2) it is encouraged that grant holders work in partnership with the Irish Cancer Society to maximise the potential of the research to benefit people affected by cancer. Therefore, a member of the research team will be available to work with you on your impact plans throughout the duration of your project. Regular communication is strongly encouraged.

Impact can take a long time to emerge, often beyond the timescales of a research project. The Irish Cancer Society will also want to work with grant holders to monitor impact both beyond the grant funding period. Grant holders are encouraged to maintain longer term contact with the Society through its research community.

5.5 Impact Census

Research impact and output monitoring is an important strategic priority[1] for the Society. The Irish Cancer Society receives the vast majority of its income from donations. People donate to us because they want to make a difference to the lives of those affected by cancer. Therefore, it is the Society's duty to our donors and to all people affected by cancer in Ireland to ensure that the research we fund does just that- makes a difference.

For the Irish Cancer Society, research impact is defined as:

'research being used to bring about a positive change to the lives of people affected by cancer'.

It is crucial that the research we fund is always working towards making a positive impact on the lives of those who are affected by cancer. It is equally important that

---

[1] **Irish Cancer Society Strategic Plan- 2020-2025 (https://www.cancer.ie/about-us/irish-cancer-society-strategy-2020-2025)**

we can communicate this impact to the all of our stakeholder to let them know that the research we fund has made a difference.

In order for us to capture the impact of our funded research projects, in 2020 the Society launched an annual Research Census for all of our currently funded researchers. The aim of this annual Census is to capture the key performance indicators and case studies of impact across all research projects, within our translational, trials, survivorship and specialised areas research themes.

Therefore, this census will ask for information on both outputs and research impact from the Irish Cancer Society funded project or programme. It is envisaged that the results from the census will be used to demonstrate the impact that our research investment is having to both internal and external stakeholders such as our donors, the general public, the medical community, our partners, and those who are affected by cancer in Ireland.

It is compulsory that all researchers funded by the Irish Cancer Society complete the census. For researchers who hold more than one funding award with the Irish Cancer Society, one census for each grant should be completed and clearly marked with each grant code.

6. Worked Examples

In this section, you will find some worked examples across the four Irish Cancer Society research themes: translational, survivorship, clinical trials and strategic areas. These are to help guide you in creating your own research impact plan.

6.1 Translational Research

Section	**Description & Information given to applicant**	**Worked Example**
5. Goal	This is the goal of the Irish Cancer Society. It is pre-determined by the Strategy 2020-2025 and cannot be changed. This goal is that 'by 2025, 3 out of 4 Irish cancer patients will survive their diagnosis and everyone affected by the disease will have access to world-class treatment, care and support. In future, no one in Ireland will die from cancer.' This is the goal that all research funded by the Irish Cancer Society	This is fixed to the Irish Cancer Society set goal so will always be the same: By 2025, 3 out of 4 Irish cancer patients will survive their diagnosis and everyone affected by the disease will have access to world-class treatment, care and support. In future, no one in Ireland will die from cancer

	should be working towards. Please note, you will not be required to add anything additional to this category of the impact section.	
4. Outcome	To reach the above goal, a number of core changes or 'outcomes' must first be accomplished. These outcomes, identified through stakeholder consultation, will drive us toward our goal. You must select at least one outcome from the below list: — Treatments and diagnostics increase survival. — Treatments and diagnostics increase the quality of life of people affected by cancer. — Increased numbers of patients accessing clinical trials and early access programmes. — Screening increases survival. — Improved care and support increase survival. — Improved care and support increase the quality of life of people affected by cancer. — People affected by cancer feel more empowered in their cancer journey. You may choose 'other' if you feel strongly that none of the other outcomes covers the potential outcome of your research. If 'other' is selected, then more detail will be required on the proposed outcome. By targeting a strategic outcome, every funded study funded is contributing to the Society's goal.	This PhD project involves examining new treatments to overcome drug resistance in bowel cancer. Therefore, the first Irish Cancer Society outcome would be the most appropriate to use here: Outcome 1: Treatments and diagnostics increase survival.

3a. Outputs	Planned outputs for the project e.g. publications, newsletters, a website policy document, patents, information leaflets, reports, and training programmes etc. (150 words max). These are just examples and are not a comprehensive list. The appropriate outputs will vary for each type of project and what outcome has been selected.	The publication of a paper on a new drug combination tested in the lab using patient tumour samples.
b. Impact-enabling activities	An output is unlikely to achieve a desired outcome on its own. Impact-enabling activities bridge the gap between **outputs** and **outcomes.** Please detail what activities need to occur for the outputs to impact the identified outcome. When will these activities take place? Information can be provided in narrative or bullet point format (300 words max).	Using the above output as an example, the impact enabling activity could be a workshop with key stakeholders (scientists, clinicians, people affected by cancer) in the field to discuss the findings from the publication and make a plan on how best to develop this translational research further in order to build more scientific evidence.
c. Evidence of progress	Please detail how you will measure the effectiveness of impact-enabling activities? i.e. how do you know your activity made a difference? What evidence can be used to show this? Indicators may be qualitative (descriptive or non-numerical) or quantitative (numerical) (300 words max).	Using the example provided in 3.b, the evidence of progress could be the development of a grant application in collaboration with key stakeholders to develop the research further (this would be an example of qualitative evidence), or it could be details on how additional funding was obtained to develop the research further (this would be an example of qualitative evidence).

2. Activities	Please outline the activities that will take place as part of the research project. As a lot of this has been provided in detail as part of the methodology section of your application, a high-level summary of what will be done over the course of the funding period is sufficient. Bullet points may be used (150 words max).	An experiment to test 2 new drug combinations using patient samples.
1. Inputs	Please detail the resources needed for the project. As a lot of this has been provided in detail as part of your application, a high-level summary is sufficient. Bullet points may be used (150 words max).	Funding to pay for the research project to be undertaken. Supplies to undertake their experiments. A piece of equipment which helps them test their drug combinations in the lab.

6.2 Survivorship

Section	**Description & Information given to applicant**	**Worked Example**
5. Goal	This is the goal of the Irish Cancer Society. It is pre-determined by the Strategy 2020-2025 and cannot be changed. This goal is that ‘by 2025, 3 out of 4 Irish cancer patients will survive their diagnosis and everyone affected by the disease will have access to world-class treatment, care and support. In future, no one in Ireland will die from cancer.’ This is the goal that all research funded by the Irish Cancer Society	This is fixed to the Irish Cancer Society set goal so will always be the same: By 2025, 3 out of 4 Irish cancer patients will survive their diagnosis and everyone affected by the disease will have access to world-class treatment, care and support. In future, no one in Ireland will die from cancer

	should be working towards. Please note, you will not be required to add anything additional to this category of the impact section.	
4. Outcome	To reach the above goal, a number of core changes or 'outcomes' must first be accomplished. These outcomes, identified through stakeholder consultation, will drive us toward our goal. You must select at least one outcome from the below list: — Treatments and diagnostics increase survival. — Treatments and diagnostics increase the quality of life of people affected by cancer. — Increased numbers of patients accessing clinical trials and early access programmes. — Screening increases survival. — Improved care and support increase survival. — Improved care and support increase the quality of life of people affected by cancer. — People affected by cancer feel more empowered in their cancer journey. You may choose 'other' if you feel strongly that none of the other outcomes covers the potential outcome of your research. If 'other' is selected, then more detail will be required on the proposed outcome. By targeting a strategic outcome, every funded study funded is contributing to the Society's goal.	This project is about developing a new intervention to reduce levels of anxiety in people with cancer. Therefore, the first Irish Cancer Society outcome would be the most appropriate to use here: Outcome 6: Improved care and support increase the quality of life of people affected by cancer

3a. Outputs	Planned outputs for the project e.g. publications, newsletters, a website policy document, patents, information leaflets, reports, and training programmes etc. (150 words max). These are just examples and are not a comprehensive list. The appropriate outputs will vary for each type of project and what outcome has been selected.	The publication of a peer reviewed paper on how effective the intervention was in reducing levels of anxiety.
b. Impact-enabling activities	An output is unlikely to achieve a desired outcome on its own. Impact-enabling activities bridge the gap between **outputs** and **outcomes.** Please detail what activities need to occur for the outputs to impact the identified outcome. When will these activities take place? Information can be provided in narrative or bullet point format (300 words max).	Using the above output as an example, the publication alone cannot be impactful if it is not shared with people who make decisions about that service. The impact enabling activity could be a workshop with key stakeholders (clinical psychologists, people affected by cancer) to discuss the findings and how to implement them. Another activity would be the provision of a training course for the new intervention.
c. Evidence of progress	Please detail how you will measure the effectiveness of impact-enabling activities? i.e. how do you know your activity made a difference? What evidence can be used to show this? Indicators may be qualitative (descriptive or non-numerical) or quantitative (numerical) (300 words max).	Using the example provided in 3.b, the evidence of progress could be the development of a grant application in collaboration with key stakeholders to implement the intervention into clinical practice (this would be an example of qualitative evidence). It could also be the number of new clinical sites piloting the intervention (this would

		be an example of quantitative evidence).
2. Activities	Please outline the activities that will take place as part of the research project. As a lot of this has been provided in detail as part of the methodology section of your application, a high-level summary of what will be done over the course of the funding period is sufficient. Bullet points may be used (150 words max).	A Randomised Controlled Trial (RCT) to compare the effectiveness of the new intervention to routine care.
1. Inputs	Please detail the resources needed for the project. As a lot of this has been provided in detail as part of your application, a high-level summary is sufficient. Bullet points may be used (150 words max).	• Funding to pay for the research project • Materials to undertake the experiments • A piece of software to conduct the data analysis

6.3 Clinical Trials

Section	**Description & Information given to applicant**	**Worked Example**
5. Goal	This is the goal of the Irish Cancer Society. It is pre-determined by the Strategy 2020-2025 and cannot be changed. This goal is that 'by 2025, 3 out of 4 Irish cancer patients will survive their diagnosis and everyone affected by the disease will have access to world-class treatment, care and support. In future, no one in Ireland will die from cancer.'	This is fixed to the Irish Cancer Society set goal so will always be the same: By 2025, 3 out of 4 Irish cancer patients will survive their diagnosis and everyone affected by the disease will have access to world-class treatment, care and support. In future, no

	This is the goal that all research funded by the Irish Cancer Society should be working towards. Please note, you will not be required to add anything additional to this category of the impact section.	one in Ireland will die from cancer
4. Outcome	To reach the above goal, a number of core changes or ‘outcomes’ must first be accomplished. These outcomes, identified through stakeholder consultation, will drive us toward our goal. You must select at least one outcome from the below list: — Treatments and diagnostics increase survival. — Treatments and diagnostics increase the quality of life of people affected by cancer. — Increased numbers of patients accessing clinical trials and early access programmes. — Screening increases survival. — Improved care and support increase survival. — Improved care and support increase the quality of life of people affected by cancer. — People affected by cancer feel more empowered in their cancer journey. You may choose ‘other’ if you feel strongly that none of the other outcomes covers the potential outcome of your research. If ‘other’ is selected, then more detail will be required on the proposed outcome. By targeting a strategic outcome, every funded study funded is contributing to the Society’s goal.	This trial involves examining a new treatment for bowel cancer. Therefore, the first Irish Cancer Society outcome would be the most appropriate to use here: Outcome 1: Treatments and diagnostics increase survival. Outcome 2: Treatments and diagnostics increase the quality of life of people affected by cancer. Outcome 3: Increased numbers of patients accessing clinical trials and early access programmes.

3a. Outputs	Planned outputs for the project e.g. publications, newsletters, a website policy document, patents, information leaflets, reports, and training programmes etc. (150 words max). These are just examples and are not a comprehensive list. The appropriate outputs will vary for each type of project and what outcome has been selected.	The publication of a paper on the outcome of the trial.
b. Impact-enabling activities	An output is unlikely to achieve a desired outcome on its own. Impact-enabling activities bridge the gap between **outputs** and **outcomes.** Please detail what activities need to occur for the outputs to impact the identified outcome. When will these activities take place? Information can be provided in narrative or bullet point format (300 words max).	Using the above output as an example, the impact enabling activity could be a workshop with key stakeholders (scientists, clinicians, people affected by cancer) in the field to discuss the findings from the publication and make a plan on how best to build more scientific evidence or bring the evidence into the clinic.
c. Evidence of progress	Please detail how you will measure the effectiveness of impact-enabling activities? i.e. how do you know your activity made a difference? What evidence can be used to show this? Indicators may be qualitative (descriptive or non-numerical) or quantitative (numerical) (300 words max).	Using the example provided in 3.b, the evidence of progress could be the development of a grant application in collaboration with key stakeholders to complete another more extensive clinical trial (this would be an example of qualitative evidence). It could also be details on how additional funding was obtained to develop the research further (this would be an example of qualitative evidence).

2. Activities	Please outline the activities that will take place as part of the research project. As a lot of this has been provided in detail as part of the methodology section of your application, a high-level summary of what will be done over the course of the funding period is sufficient. Bullet points may be used (150 words max).	Accrual of patients on to the trial.
1. Inputs	Please detail the resources needed for the project. As a lot of this has been provided in detail as part of your application, a high-level summary is sufficient. Bullet points may be used (150 words max).	• Funding to pay for the research project to be undertaken. • Protected time for the lead clinician.

6.4 Strategic

Section	**Description & Information given to applicant**	**Worked Example**
5. Goal	This is the goal of the Irish Cancer Society. It is pre-determined by the Strategy 2020-2025 and cannot be changed. This goal is that ‘by 2025, 3 out of 4 Irish cancer patients will survive their diagnosis and everyone affected by the disease will have access to world-class treatment, care and support. In future, no one in Ireland will die from cancer.’ This is the goal that all research funded by the Irish Cancer Society should be working towards. Please note, you will not be required to add anything additional to this category of the impact section.	This is fixed to the Irish Cancer Society set goal so will always be the same: By 2025, 3 out of 4 Irish cancer patients will survive their diagnosis and everyone affected by the disease will have access to world-class treatment, care and support. In future, no one in Ireland will die from cancer

4. Outcome	To reach the above goal, a number of core changes or 'outcomes' must first be accomplished. These outcomes, identified through stakeholder consultation, will drive us toward our goal. You must select at least one outcome from the below list: — Treatments and diagnostics increase survival. — Treatments and diagnostics increase the quality of life of people affected by cancer. — Increased numbers of patients accessing clinical trials and early access programmes. — Screening increases survival. — Improved care and support increase survival. — Improved care and support increase the quality of life of people affected by cancer. — People affected by cancer feel more empowered in their cancer journey. You may choose 'other' if you feel strongly that none of the other outcomes covers the potential outcome of your research. If 'other' is selected, then more detail will be required on the proposed outcome. By targeting a strategic outcome, every funded study funded is contributing to the Society's goal.	The aim of the Underrepresented Communities Scoping Award is to identify the groups in Ireland who have the poorest cancer outcomes, then having identified these groups, identify the barriers that exist to accessing cancer services in Ireland. Therefore, the 4th and 5th and 6th Irish Cancer Society outcomes would be the most appropriate to use here: Outcome 4: Screening increases survival. Outcome 5: Improved care and support increase survival. Outcome 6: Improved care and support increase the quality of life of people affected by cancer.
3a. Outputs	Planned outputs for the project e.g. publications, newsletters, a website policy document, patents, information leaflets, reports, and training programmes etc. (150 words max).	For example, the output could be the development of a report which aims to identify which groups have especially poor cancer outcomes and what barriers exist to accessing cancer

	These are just examples and are not a comprehensive list. The appropriate outputs will vary for each type of project and what outcome has been selected.	services amongst these groups. The report would inform the needs of these groups to the Irish Cancer Society and other stakeholders. The intended outcome would be “Improved care and support increase survival.”
b. Impact-enabling activities	An output is unlikely to achieve a desired outcome on its own. Impact-enabling activities bridge the gap between **outputs** and **outcomes.** Please detail what activities need to occur for the outputs to impact the identified outcome. When will these activities take place? Information can be provided in narrative or bullet point format (300 words max).	The impact enabling activity could be a workshop or presentation with key stakeholders (doctors, social workers, organisations etc.) in the field to discuss how best to disseminate and/or implement the information outlined in the report.
c. Evidence of progress	Please detail how you will measure the effectiveness of impact-enabling activities? i.e. how do you know your activity made a difference? What evidence can be used to show this? Indicators may be qualitative (descriptive or non-numerical) or quantitative (numerical) (300 words max).	Using the example provided in 3.b, the evidence of progress could be how many key stakeholders from change-making organisations attended the meeting and what feedback was given.
2. Activities	Please outline the activities that will take place as part of the research project. As a lot of this has been provided in detail as part of the methodology section of your application, a high-level summary of what will be done over the course of	This may be looking at hospital records to find information on the demographics of people diagnosed with cancer, the development of a survey designed to assess the

	the funding period is sufficient. Bullet points may be used (150 words max).	needs of people affected by cancer etc.
1. Inputs	Please detail the resources needed for the project. As a lot of this has been provided in detail as part of your application, a high-level summary is sufficient. Bullet points may be used (150 words max).	This possibly could be transcribing services to transcribe interviews with people affected by cancer or personnel costs for a researcher to facilitate the study.

7. More information

This RIF should act as a guide for researchers making applications to the Irish Cancer Society awards and also to grant holders. However, impact is a broad and varied topic and therefore not all aspects of impact may be covered in the RIF.

All queries and questions should be sent to grants@irishcancer.ie.

Irish Cancer Society
Research

Appendix 4: Application Form Details

There are **10 sections** in the online application form:

1. **Project Outline**
2. **Applicant Details**
    a. Curriculum Vitae
    b. Personal Statement
    c. References
3. **Supervision**
    a. Supervisors
    b. Supervisor CVs
    c. Declaration of Support - Supervisors
4. **Research Programme**
    a. Alignment to ‘Underserved Communities in Cancer Research’ Theme
    b. Basis for Research
    c. Hypothesis and Aims
    d. Methods of Research
    e. Research Programme References
    f. Gantt Chart
    g. SWOT Analysis of Proposed Project
    h. Ethical Approval
    i. Research Environment
    j. Declaration of Support – Head of Department
5. **Mobility Element**
    a. Mobility Element Summary

6. **Public and Patient Involvement Plan**
    a. Project Summary (Public and Patient Involvement)
    b. Public and Patient Involvement Plan
7. **Sharing of Research Findings Plan**
8. **Research Impact Plan**
9. **Budget**
    a. Main grant budget
    b. Public and Patient Involvement plan budget
10. **Validation Summary**

Further details on each section of the application form:

1. Project Outline

In this section, you will be asked to provide basic information about your application under the following headings:

i. Proposed PhD Title
ii. Has the proposed project been submitted elsewhere?
iii. Proposed start date – must not be before 01/09/2024
iv. Duration
v. Proposed host institution
vi. Cancer type(s)
vii. Research type(s)
viii. Discipline(s)
ix. Keywords

2. Applicant Details

a. Curriculum Vitae

Please upload your CV completed using the template provided. You can access the template from this section on the online system, or on our website. More information on each section is given in the template.

i. Name
ii. Contact details
iii. Academic qualifications: Please complete a table for **each** year of your qualification, i.e., one table for Year 1, another table for Year 2, etc.
An example is presented below:

Degree/Qualification	**BSc Genetics**
Year	1
From	01/09/22
To	01/06/23

Subjects	Molecular Genetics, Emerging Therapies, Drug Discovery and Development, etc.
Institute	University College Dublin (UCD)
Department/School/Division	Pharmacology
Country	Ireland
Grade	70% or GPA 3.1 (First Class Honours)

iv. Research experience
v. Employment
vi. Publications
vii. Research grants

b. Personal Statement

The personal statement section should include only relevant information which will add merit to your application (**300 words max**).

The following must be covered:

i. Reasons for pursuing a PhD in underserved communities in cancer research.
ii. Reasons for choosing the proposed research centre and supervisors.
iii. What opportunities will this Scholarship open for you towards your own personal and professional development.
iv. Future career plans.

c. Reference

A reference is required from one relevant referee (e.g., Undergraduate research supervisor, head of Undergraduate/Masters' course). **This reference cannot be from your proposed supervisors.** Letter must be one page in length (uploaded in PDF format).

3. Supervision

a. Supervisors

You must add **two** proposed primary supervisors to the application. One supervisor must be in the host institution, while the second may be from the same institution, or a different university. Your supervisors are required to confirm participation in the application prior to submission. They will also approve the application after you complete it and before final submission to the Society.

To add your supervisors, you can search for your supervisors by entering their email address. If the supervisor has already created an account, then they will appear on the list. To add them as your supervisor, click 'Select'. Please note that on saving, the contact will be added to the application as supervisor and they will receive a notification of this via email.

If your supervisor does not already have an account, you can click ‘Add a New Contact’ and enter their name and email address. Please note that on saving, the contact will be added to the Application as a Supervisor. They will receive a notification of this via email.

Please note: You must upload a CV from each of your proposed supervisors (see section below).

b. Supervisor CVs

Please upload the CVs of your two proposed primary supervisors. These CVs must be completed using the template provided (this template is downloadable in this section on the online system or on the website). Please ensure that you first have the permission from your supervisors to upload their CVs.

Please note: This template is different to the Applicant CV Template.

c. Declaration of Support – Supervisors

Please upload a declaration of support from each of your two proposed primary supervisors. The Declaration of Support Template is downloadable from this section on the online system or on the website. This must be completed on headed paper.

Please note: Reviewers will use this declaration of support to help assess supervisory support and the research environment.

4. Research Programme

a. Alignment to ‘Underserved Communities in Cancer Research’ Theme

Please clearly state how your research proposal aligns with the Underserved Communities in Cancer Research theme (**300 words max**).

b. Basis for Research

Please clearly state previous research carried out by the associated research team or others, that forms the basis of your research proposal (**300 words max**).

You may also upload up to five relevant research images/figures to support your application (one-page each, in PDF format). Please ensure that figures are legible when uploading. Please do **not** upload large multi-page documents.

c. Hypothesis and Aims

Please outline the hypothesis and the aims of your research proposal. Please ensure that the aims are realistic and achievable for a PhD project (**300 words max**).

d. Methods of Research

Please **describe and justify** the methods, procedures, and experimental design you will use to conduct your research (**1,000 words max**).

For quantitative research, please provide statistical analysis for each part of your experimental plan: power calculations, sample size, number of matched controls (if applicable), etc. Additionally, please discuss the feasibility of obtaining or accessing sufficient numbers of participants and controls that will result in statistically meaningful results.

For qualitative research, please describe the planned sample size, rationale and research methodologies. Additionally, please discuss the methodology and feasibility of recruiting the planned sample size.

e. Research Programme References

Please cite any literature referenced in the sections above.

f. Gantt Chart

You must upload a Gantt chart detailing the timeline for your scholarship. This should include the Mobility Element, and PPI activities (one-page max, PDF format).

Please note: The Gantt chart will also be reviewed by the PPI panel to ensure that PPI activities have been appropriately incorporated into the research project timeline.

g. SWOT Analysis of Proposed Project

Please provide a SWOT analysis of your proposed project outlining the potential strengths, weaknesses, opportunities, and threats of the project.

Please describe the contingency plan that you will employ if initial investigations prove unfruitful (**300 words max**).

h. Ethical Approval

Please indicate if ethical approval is required for the research application. If it is required, please upload proof of approval/application for approval (in PDF format) **or** outline your plan/timeline for obtaining ethical approval for the project.

i. Research Environment

Please detail how the research group and the overall research environment in your proposed host institute is best positioned to support you and facilitate the cancer research detailed in your application (**300 words max**).

Things to consider:

1. The number of researchers in your group and their core research focus and expertise.
2. The established relationship between academic and healthcare institutes (if appropriate).
3. The support you will receive from your research group, e.g., post-doctoral supervision.
4. Will you be participating in a structured PhD programme at the host institute?
5. Are training courses offered at the host institute?
6. The research theme at your centre/department and the different research groups in your immediate environment with which you could collaborate.
7. Is there any special infrastructure or are there local factors that make your research environment a particularly good place to carry out the research?

j. Declaration of Support – Head of Department

Please upload a declaration of support from the Head of Department in which the proposed project will take place. The Declaration of Support Template is downloadable from this section on the online system or on the website. This must be completed on headed paper.

The declaration of support required from the head of department is simply a standard letter stating that they are aware of and support the application.

5. Mobility Element Plan

This award provides provision for experience that goes beyond the traditional research environment in developing the researcher, their career, and the wider research environment. In order to encourage well-rounded researchers with varied experiences, applicants are required to develop a Mobility Element plan.

Please describe the Mobility Element Plan (**300 words max**) addressing:

1. How the placement will aid the professional development of the applicant (i.e., new laboratory techniques/skills to be acquired).
2. How the placement will contribute to the personal development of the applicant and their future career.
3. Develop/nurture international/national collaboration.

Please note: You may change the details of this element during the research scholarship. Successful applicants must re-apply for this funding closer to the period of travel or the initiative start date (at least three months in advance of this element commencing).

6. Public and Patient Involvement

As PPI is a fundamental aspect of the application, a detailed public and patient involvement plan and budget are required at this stage. PPI plans should also be incorporated into the project Gantt chart.

Failure to provide a comprehensive PPI plan may affect your chances of getting through to the interview stage. This section, and any other section assessed by the PPI panel, should be written in **plain English**.

Please note: While patient participation and engagement activities are permitted and encouraged as part of an application and can be detailed as part of the PPI plan**,** the Society will only fund applicants who predominantly include **involvement activities**. Please see **Appendix 2** for further details and examples. The successful recipient of this award will be expected to attend a public and patient involvement development workshop upon commencement of their Scholarship.

Please detail the following:

a. Project Summary (Public and Patient Involvement)

The project summary section will be used to set the context for PPI reviewers.

When completing this section, please carefully consider the following questions (**350 words max**):

i. What is the background information to your research? Briefly outline the background of your research proposal, i.e., how and why your proposal came about, and the context in which your proposal will take place.

ii. What is the overall aim of your research project?

iii. Describe the specific problem, issue or question that you are asking in your research proposal and describe how you are addressing it (including the variables being measured, and why you have chosen these specific variables).

iv. What steps are involved in the research project?

v. How is the proposed research relevant and important to people affected by cancer and the public?

b. Public and Patient Involvement Plan

The involvement plan should detail how people affected by cancer and any other relevant stakeholder will be **involved** in the study as partners. It should be well thought out, as detailed as possible, and given as much consideration as the scientific sections in the form.

When completing this section, please carefully consider the following questions:

i. Aims and objectives (**300 words max**):

    a. What is the overall goal of your PPI plan?
    b. What are the aims and objectives of your PPI plan?

ii. Plan delivery (**400 words max**):
    a. At what stages (e.g., planning, design, implementation, management, evaluation and/or dissemination) in the research process will people affected by cancer be involved in your research project?
    b. What are the planned timelines for each of the stages detailed above?
    c. What are the steps or procedures for integrating PPI into these aspects/areas?
    d. What are the proposed logistical plans (e.g., venues, timings, locations etc.) for your PPI plan?

iii. Stakeholder involvement (**400 words max**):
    a. What do you want from the people involved, and how will it influence your research?
    b. What key stakeholders will be approached, and from where?
    c. How many stakeholders will be involved throughout the project?
    d. What steps will be taken to ensure public and patient involvement is **not tokenistic**?
    e. Were public and patient stakeholders involved in the design and development of this proposal? If yes, please upload a letter of support from the stakeholder using the template provided (PDF format, one letter max, one page in length).
    f. Were patient organisations involved in the design and development of this proposal? If yes, please upload a letter of support from the patient organisations using the template provided (PDF format, one letter max, one page in length).
    g. What PPI infrastructure is available within your university, and how will it be utilised?
    h. What supports will be available for PPI contributors involved (should they be needed)?
    i. Please identify any challenges that might arise from involving PPI in your research, and how any issues will be prevented.

Please note: The PPI Review Panel will review this section. Feedback from the PPI review will be given to shortlisted applicants **prior** to the interview stage. PPI reviewers will be present during the interview stage.

7. Sharing of Research Findings Plan

As the largest voluntary funder of cancer research in Ireland, the Irish Cancer Society relies on the generous donations from the public in order to fund cancer research. A key priority is, therefore, to ensure that the public (including people affected by cancer) are kept up to date on research that is funded by the Society. In line with this, it is a requirement that all applicants produce a Sharing of Research Findings plan to include communication of their research to **all** relevant audiences, in particular, the public and people affected by cancer.

Please describe your plan for sharing your findings. This may include printed or electronic articles, presentations, public engagement events, social media content, etc. (**250 words max**).

Please note: The PPI Review Panel will review this section. Feedback from the PPI review will be given to shortlisted applicants **prior** to the interview stage. PPI reviewers will be present during the interview stage.

8. Impact Plan

Please consult the Research Impact Framework (Appendix 3) when completing this section.

The impact plan details how the input of research funding ultimately results in meaningful impact for people who are affected by cancer. Therefore, it is the impact of the research beyond academia, i.e., the real-life benefit of the research and how this may improve the lives of people who are affected by cancer.

Please note: Both the PPI and Scientific Review Panels will review this section. **It should be written in a manner that is accessible to both reviewer groups**. Feedback from the PPI review will be given to shortlisted applicants **prior** to the interview stage. PPI reviewers will be present during the interview stage.

9. Budget

All applications should include a detailed budget. Indirect costs/overheads are not eligible costs for Irish Cancer Society awards. Please consult the Irish Cancer Society Scholarship Budget and Expenses Policy guidelines when developing your grant budget (Appendix 1). The award for this scholarship is €155,000 with an additional €5,000 ringfenced for the mobility element (total award fund €160,000).

Approval of all budget items is at the discretion of the Irish Cancer Society. Any budgeted costs that do not adhere to spending guidelines risk rejection.

10. Validation Summary

In this section, any required fields in the application form that have not been completed will be detailed. You will not be able to submit the application until all required fields are completed.

Application Checklist

Please ensure you have the following documents/approvals to support your application, and ensure to plan your time carefully to allow completion prior to the submission deadline:

- ✓ Intention to Submit form submitted
- ✓ Completed application form
- ✓ Approval from each signatory
- ✓ Your CV
- ✓ Academic reference (not from your proposed supervisor)
- ✓ CV for each of the two proposed supervisors
- ✓ Letter of Support from each proposed supervisor
- ✓ Letter of Support from Head of Department
- ✓ Project Gantt Chart

Please note: Where applicable, please ensure to use ICS templates for each document upload (e.g., your CV, supervisor CV, Letters of Support).

These are available to download from the online application system, or from the Irish Cancer Society Research Website.