**Further details of application**

**Save this file as a Word File before starting to fill it out. Please submit only as a Word File as we are unable to process this in other file types.**

**Do not exceed more than two sides of A4 for each applicant, single spacing may be needed (previous grant reports and signatures are in addition to this). The instructions are not included in the length.**

**Please use a readable font size (normally not smaller than 12pt).**

**Avoid blank rows on the end of your answers and do not insert page breaks.**

**Please delete these instructions once all applicants have finished.**

|  |
| --- |
| **Principal applicant name (Please type in the white boxes below)** |
|  |
| **Professional qualifications with dates (max 50 words)** |
|  |
| **Details of current position including start date (max 50 words)** |
|  |
| **Number of hours per week you will spend on this project** |
|  |
| **Previous positions held (include job title, dates and institute)** |
|  |
| **Brief details of research currently supported by any outside body (include project title, dates of support, funding source and value). Please indicate any potential overlaps with this application (max 250 words)** |
|  |
| **Recent publications of relevance to this application (this could be less than ten but no more than fifteen and listed on separate lines)** |
|  |
| **1. Have you had any previous Action Medical Research grants? (Includes both Principal Investigators and Co-grantholders on project grants and the Research Training Fellow on Fellowships) Please type ‘Yes’ or ‘No’ in the white box below.** |
|  |
| **2. If yes and they were awarded in the last ten years please go to the end of this document and complete the section on previous Action Medical Research grants.** |

**Co-applicants**

**(Copy the table for every co-applicant or delete the table if there are no co-applicants on the application. When copying and pasting do not paste by appending to the table – this ensures that the blue colour remains on the table and that the tables are not joined together.)**

**\*\* Please do not exceed more than two sides of A4 per applicant (the instructions are not included in the length). Previous grant reports are in addition to this and at the end of the document.**

**\*\* Please use a readable font size (normally not smaller than 12pt).**

**\*\* Avoid blank rows on the end of your answers and do not insert page breaks.**

**\*\* Please delete these instructions once all co-applicant details have been completed.**

|  |
| --- |
| **Name (Please type in the white boxes below)** |
|  |
| **Professional qualifications with dates (max 50 words)** |
|  |
| **Further details of current position including start date (max 50 words)** |
|  |
| **Number of hours per week you will spend on this project** |
|  |
| **Previous positions held (include job title, dates and institute)** |
|  |
| **Brief details of research currently supported by any outside body (include project title, dates of support, funding source and value). Please indicate any potential overlaps with this application (max 250 words)** |
|  |
| **Recent publications of relevance to this application (this could be less than ten but no more than fifteen and listed on separate lines)** |
|  |
| **1. Have you had any previous Action Medical Research grants? (Includes both Principal Investigators and Co-grantholders on project grants and the Research Training Fellow on Fellowships). Please type ‘Yes’ or ‘No’ in the white box below.** |
|  |
| **2. If yes and awarded in the last ten years please go to the end of this document and complete the section on previous Action Medical Research grants.** |

**Previous grants from Action Medical Research**

|  |
| --- |
| If applicable, please give brief details (maximum 1 page per grant) regarding grants awarded to any of the applicants in the last ten years from Action Medical Research. For each award please give the following:   * Reference number, award date, award amount, title and number of years, start date and end date. * Names of the grant holder(s) with the name of the principal investigator (PI) at the start. * Give a brief summary of the significance of the work done and any likely clinical impact (max 200 words) and the project’s significance to your own or colleague’s scientific development (maximum 100 words). * List scientific papers directly resulting from this grant. |

**Type previous grant details here and delete this instruction.**

**Signatures**

**There is space below for applicants and the heads of departments to complete their hard copy signatures in agreement to the statement below. Please leave the table blank and sign (with printed name in capitals below each signature) once the form is complete. The signed application can be returned up to two weeks after electronic submission of the application**

**Applicants must sign to show that they agree to the following:**

I understand that I will be bound by the charity's conditions and I agree to notify the charity of any significant change in the above particulars occurring either before or during the tenure of the award if made.

**Each applicant's superior (eg Head of Department or person responsible for the allocation of resources) must sign to confirm that they agree with the following:**

I confirm that I have read this application and agree to its submission for peer review by Action Medical Research. If granted, the work will be accommodated and supported by this Department/Institute.

|  |  |  |
| --- | --- | --- |
| **Print name of Applicant** | **Applicant signature** | **Head of Department signature** |
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