

# SSCRF Support Grant Application Form [SAMPLE]

PLEASE READ THE GUIDANCE NOTES FOR THE SSCRF SUPPORT GRANTS AND ALSO THE STANDARD CONDITIONS APPLYING TO THE AWARD OF MEDICAL RESEARCH SCOTLAND RESEARCH FUNDING *BEFORE* COMPLETING THIS APPLICATION FORM

For official use only:  
REFERENCE NO.

## 1. APPLICANT – Remember also to complete Appendix 3– Applicant’s CV

Surname:		Date of Birth:		Age: 00	
Title: select	Please	Forenames:			
Designation:			Institution:		
Department:			Address:		
Address:		Town:		Postcode:	
Tel No(s):		Fax No:		Email address:	

## 2. PROJECT

2.1 Keywords (Please supply up to 5 describing the project – enter one into each field)					
2.2 Project Title (maximum of 25 words – this field is limited to 250 characters and spaces)					
2.3 Total Amount Requested					£

## 3. JUSTIFICATION

In no more than 30 words, please indicate the reasons why you consider your application complies with the aims of Medical Research Scotland Research funding.
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## 4. DATES

<b>(a) Duration</b> (maximum 36 months):
Please also indicate the dates on which, if your application is successful, you would be anticipating starting and finishing your research project.
<b>(b) Start:</b>
<b>(c) Finish:</b>

## 5. SUMMARY OF TOTAL FINANCIAL SUPPORT REQUESTED (provide details in Appendix 1)

Financial Year (1 April – 31 March)					
	Year 1	Year 2	Year 3	Year 4	TOTAL
Salary	£0.00	£0.00	£0.00	£0.00	£0.00
NHI/SUP	£0.00	£0.00	£0.00	£0.00	£0.00
Equipment	£0.00	£0.00	£0.00	£0.00	£0.00
Consumables	£0.00	£0.00	£0.00	£0.00	£0.00
Travel	£0.00	£0.00	£0.00	£0.00	£0.00
Other	£0.00	£0.00	£0.00	£0.00	£0.00

<b>TOTAL</b>	<b>£0.00</b>	<b>£0.00</b>	<b>£0.00</b>	<b>£0.00</b>	<b>£0.00</b>
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## 6. OTHER SUPPORT

(a) This application has been submitted in the past year to:
(b) As well as to Medical Research Scotland, this application is currently being submitted to:
(c) Other research grants currently held ( <i>provide information about source, level and duration of funding and the project title</i> )
(d) Is there any overlap between this application and the other grants, which you hold or are applying for? ( <i>provide information about source, level and duration of funding and the project title</i> )
(e) Is any financial support being supplied by the NHS? If 'yes', please provide details :

## 7. PATIENT TREATMENT

Please state from where funding of patient treatment will be obtained if this is a component of your research project:
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## 8. COLLABORATORS (8A) & MENTOR (8B)

**8A: Collaborator(s)** Please supply the following information (if there are more than two, please email [enquiries@medicalresearchscotland.org.uk](mailto:enquiries@medicalresearchscotland.org.uk) and we will provide a suitable form)

### Collaborator 1

Surname:		Title: Please select	
Forenames:			
Address Department:		Institution:	
Address:		Address:	
Address:		Town:	Postcode:
Tel No(s):	Fax No:	Email address:	
Contribution to Project ( <i>Please note this field is limited to ~25 words</i> ):			

### Collaborator 2

Surname:		Title: Please select	
Forenames:			
Address Department:		Institution:	
Address:		Address:	
Address:		Town:	Postcode:
Tel No(s):	Fax No:	Email address:	
Contribution to Project ( <i>Please note this field is limited to ~25 words</i> ):			

**8B: Mentor** (*please complete the following as appropriate*)

The mentor for this project <b>is</b> a Collaborator: Please select	If yes, indicate which: Please select
The mentor for this project <b>is not</b> a Collaborator, his/her contact details are as follows:	
Surname:	Title:

Forenames:			
Address Department:		Institution:	
Address:		Address:	
Address:		Town:	Postcode:
Tel No(s):		Fax No:	Email address:

**9. APPROVALS:** Please complete the following by selecting from the drop-down options.

**[CLEAR PHOTOCOPIES OF ALL DOCUMENTS MARKED WITH AN ASTERISK SHOULD BE SENT IF RELEVANT TO THIS APPLICATION, TOGETHER WITH AN ORIGINAL HARD COPY OF THIS APPLICATION FORM CONTAINING THE SIGNATURES OF THE RELEVANT AUTHORITIES, BY POST TO THE TRUST ADMINISTRATOR, IMMEDIATELY FOLLOWING ONLINE SUBMISSION OF THE APPLICATION FORM.]**

a) Ethical Approval (REC)*	select	Please
b) Animal Licences		
(i) Personal*	select	Please
(ii) Project*	select	Please
c) HSE Approval*	select	Please
d) GTAC Approval*	select	Please
e) MHRA Approval*	select	Please
f) HFEA Stem cell work Approval*	select	Please
g) Collaborators: <b>Letter of consent*</b>		Please select
h) Human Tissue Use : Confirm HTA Codes of Practice being followed	select	Please
i) Statistical Methods/Power Calculations: details included	select	Please
j) Pilot Data: details included	select	Please

#### 10. COMMERCIAL EXPLOITATION

Medical Research Scotland's constitutive legislation requires exploitation of intellectual property arising from work funded by it and accordingly the "Standard Conditions Applying to the Award of Medical Research Scotland Research Funding" contain provisions in relation to exploitation of commercial, industrial and intellectual property rights. Those conditions apply to **all** Medical Research Scotland Research Awards.

(a) Do you hold, or have you applied for, a patent or a commercial contract for work related to this application? (Please give details)

(b) Is the proposed research likely to lead to patentable or other commercially exploitable results? (Please give details)

**11. PROJECT SUMMARY (150 words max)** This summary should be copied by the applicant to the Report Form when submitting Progress and Final Reports. It should therefore summarise concisely the proposed work, aims of the project, research design & method and expected outcomes, to enable those reports to be assessed. Background information should be brief. (An opportunity to explain the project in full is provided in Appendix 2.)

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## 12. DECLARATIONS AND AUTHORISATIONS

### (12a) Applicant:

By signing below, I

(i) agree to follow the guidance of the code of practice on confidentiality of personal health information which was issued by SODoH under cover of NHS Circular No 1990(GEN)22;

(ii) agree to follow the guidelines set out by the Data Protection Act 1998 (see [www.dataprotection.gov.uk](http://www.dataprotection.gov.uk));

(iii) acknowledge that I have read the "Standard Conditions Applying to the Award of Medical Research Scotland Research Funding" and agree to abide by them and any amendments which may subsequently be issued by Medical Research Scotland;

(iv) confirm that to the best of my knowledge and belief the project described here represents the ideas, concepts and writings of me and my co-investigators and is not a modification of projects submitted by others elsewhere and;

(v) confirm that the mentor and collaborator(s) have given permission for their names to be cited on this application.

**Signature of Applicant:** (Original signature to be included in printed hard copy sent by post)

**Name (BLOCK CAPITALS):**

**Date:**

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### (12b) Head of Department/Division (or Equivalent) of the Applicant

**This application should be submitted to the Head of Department/ Division or equivalent (the "Head") for approval.**

**The Head requires to complete and sign the following declaration:**

By signing below, I confirm on behalf of my Institution (as named below) that:

(i) this application has been reviewed and approved and that, if successful, the work will be accommodated in and administered by the Department/Division or equivalent (as named below) of the Institution;

(ii) the staff grades and salaries proposed in the application are correct and in accordance with the normal practice of this Institution;

(iii) we accept responsibility for the conduct of this project and funds awarded for it and shall immediately inform Medical Research Scotland if there is any indication of scientific misconduct or misuse of grant funds; and

(iv) acknowledge that we have read the "Standard Conditions Applying to the Award of Medical Research Scotland Research Funding" and agree to abide by them and any amendments which may subsequently be issued by Medical Research Scotland.

**Signature of Head of Department/Division or equivalent:** (Original signature to be included in printed hard copy sent by post)

Date:

**Title and full name (BLOCK CAPITALS):**

Position held:

Full name and address of host institution:

Postcode:

Tel. no./ext.:

Fax no.:

email:

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### (12c) Institution

**This application should be submitted to the Officer who will be responsible for administering**

**any grant that may be awarded (the "Officer") for approval.**

**The Officer requires to complete and sign the following declaration:**

By signing below, I confirm on behalf of my Institution (as named below) that:

(i) this application has been reviewed and approved and that, if successful, the work will be accommodated in and administered by the Department/Division or equivalent (as named below) of the Administering Institution;

(ii) the staff grades and salaries proposed in the application are correct and in accordance with the normal practice of the Administering Institution;

(iii) we accept responsibility for the conduct of this project and funds awarded for it and shall immediately inform Medical Research Scotland if there is any indication of scientific misconduct or misuse of grant funds;

(iv) we acknowledge that we have read the "Standard Conditions Applying to the Award of Medical Research Scotland Research Funding" ("Standard Conditions") and agree to abide by them and any amendments which may subsequently be issued by Medical Research Scotland; and

(v) we further acknowledge that the Intellectual Property Manager of the Institution whose details are noted below has been made aware of the requirement for protection and exploitation of the research as set out in the application and the *Standard Conditions* and that any replacement Intellectual Property Managers from time to time will be similarly advised by us.

**Signature of Officer :** *(Original signature to be included in the printed hard copy sent by post)*

Date:

**Title and full name (BLOCK CAPITALS):**

Position held:

Full name and address of institution:

Postcode:

Tel. no/ext.:

Fax no.:

email:

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**(12d) Intellectual Property Manager:**

**Signature of Intellectual Property Manager :** *(Original signature to be included in the printed hard copy sent by post)*

**to confirm that he/she is aware of the requirement for protection and exploitation of the research and the *Standard Conditions***

Date:

Name **(BLOCK CAPITALS):**

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**(12e) Where the application requires the use of NHS facilities this application should also be submitted to the relevant NHS R&D Director ("NHS R&D Director") for approval.**

**The NHS R&D Director requires to complete and sign the following declaration:**

By signing below, I confirm on behalf of my NHS Institution (as named below) that access to the NHS facilities shall be provided to the applicant as is required in terms of this application.

**Signature of NHS R&D Director:** *(Original signature to be included in the printed hard copy sent by post)*

Date:

**Title and full name (BLOCK CAPITALS):**

NHS Organisation:

NHS facilities (name and address):

Postcode:

Tel. no/ext.: Fax no.: email:

**Where applicable, the NHS R&D Director should also enter the amount of NHS support awarded to this project: £0.00**

**APPENDIX 1 - DETAILS OF FINANCIAL SUPPORT REQUESTED**

**1. Staff details**

Name	Job Title	Grade	Spine point	Effort on project		Net salary	NI/Sup	Gross salary
				%	months			
						£0.00	£0.00	<b>£0.00</b>
						£0.00	£0.00	<b>£0.00</b>
						£0.00	£0.00	<b>£0.00</b>

**2. Consumables** (Please specify details of essential items applied for and provide a short justification for their necessity)

	£0.00
	£0.00
	£0.00
	£0.00
	£0.00
	£0.00
<b>Total Annual Costs</b>	<b>£0.00</b>

**3. Travel** (Referring to Guidance Notes, please specify details)

	£0.00
	£0.00
<b>Total 3-year Costs</b>	<b>£0.00</b>

**4. Exceptional items** (Please specify details of and provide short justification for items requested)

	£0.00
	£0.00
	£0.00
<b>Total 3-year Costs</b>	<b>£0.00</b>

**5. Equipment essential to your project**

Description of items and country of manufacture	Date of purchase	Purchase price £	VAT £	<b>TOTAL £</b>
		£0.00	£0.00	£0.00

		£0.00	£0.00	£0.00
		£0.00	£0.00	£0.00
<b>TOTALS</b>		<b>£0.00</b>	<b>£0.00</b>	<b>£0.00</b>

**APPENDIX 2 - PROPOSED RESEARCH PROJECT IN DETAIL** (please address **all** of the following points)

Project Title: (Maximum of 25 words – this field is limited to 250 characters and spaces)
1. Introduction (Be concise, citing key references key references, searches used, etc. this field is limited to 6,000 characters & spaces)
2. Results of pilot studies (This field is limited to 10,000 characters & spaces)
3. Aims of the proposed study (This field is limited to 1,000 characters & spaces)
4. Research questions to be addressed (State clearly – this field is limited to 3,000 characters & spaces)
5. Research design, methods, expertise available (This field is limited to 12,000 characters & spaces)
6. Statistical information (This field is limited to 3,000 characters & spaces)
7. Timetable (This field is limited to 2,000 characters & spaces)
8. Existing facilities (This field is limited to 1,000 characters & spaces)
9. Justification of requirements (This field is limited to 1,000 characters & spaces)
10. Research outcomes (This field is limited to 1,000 characters & spaces)
11. Dissemination (publications, presentations etc.) (This field is limited to 1,000 characters & spaces)
12. Key references (Should be provided in full – including titles and all authors – and in alphabetical order of first author – please note this field is limited to 4,000 characters & spaces)
13. Additional relevant information – please insert copies of any documents into <b>Appendix B</b> and provide a brief description here (This field is limited to 3,000 characters & spaces)
14. Lay Summary to describe succinctly (in approximately 250 words or fewer) the aims of the proposed research, the way the investigation will be carried out and the results expected. Finally, the application should indicate the potential value, if any, to human health. This summary should be written in such a way as to permit members of the Trust with no medical, scientific or nursing background to understand the application and decide on the importance of funding the work. (This field

is limited to 3,000 characters & spaces)

15. FIGURES/ILLUSTRATIONS/IMAGES – these should be uploaded, with appropriate legends, separately to the MS Word document **Appendix A**. **Please indicate here whether or not you have figures to upload and, if so, how many.**

<b>Yes or No:</b>	Please select	<b>Number (max 2):</b>	Please select
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**APPENDIX 3 - APPLICANT'S CV**

Surname:		Date of Birth:	Age: 00
Title: select	Please	Forenames:	
Degrees & Professional Qualifications ( <i>with dates</i> ):			
Awards & Certificates ( <i>with dates</i> ):			
Department:		Institution:	
Address:		Address:	
Town:		Postcode:	
Tel No(s):		Fax No:	Email address:
Positions held ( <i>with dates</i> ):			
Please give details of five (5) recent relevant publications			Total publications 0
Justification for receiving Medical Research Scotland funding ( <i>of particular importance if the applicant is over 35 years of age</i> ) ( <i>Please note this field is limited to 4,000 characters ~350 words</i> )			

**APPENDIX 4 – PREVIOUS Medical Research Scotland/SHERT GRANTS** – For each and every Medical Research Scotland/SHERT grant which you or your collaborators have held, please give the information requested.

Name of grant holder	Names of co-applicants	Medical Research Scotland/SHERT Ref No.	Final Report Score	Research Project Title