**NHS GG&C Research Endowment Fund 2017**

**The conditions of funding and notes for applicants must be read before completing this form**

**ALL ENTRIES MUST BE TYPED**

**PLEASE SEND AN ELECTRONIC COPY OF YOUR COMPLETED APPLICATION AND CV TO** [**lyndsay.mcdade@ggc.scot.nhs.uk**](mailto:lyndsay.mcdade@ggc.scot.nhs.uk)

**APPLICANT DETAILS**

|  |  |
| --- | --- |
| **Surname** |  |
| **First name(s)** |  |
| **Title** |  |
| **Address** |  |

|  |  |
| --- | --- |
| **Current post** |  |
| **Basic/Scientist/**  **Clinician/Other** |  |

|  |  |
| --- | --- |
| **Tel / Fax** |  |
| **E-mail:** |  |

**Please give the title of your proposed research/project and identify the category e.g.: Cancer/Chest Heart & Stroke/Renal/General:**

|  |  |
| --- | --- |
| **Proposed start date of project:** |  |
| **Duration of proposed project:** |  |

|  |  |
| --- | --- |
| **Total funding requested:** |  |

**Please provide a lay summary of your proposal (max 100 words)**

|  |
| --- |
|  |

**Scientific Protocol: (max 1000 words)**

|  |
| --- |
|  |

**Justify why this project should be funded, using the following headings:**

|  |
| --- |
| **Benefit to Patients, Science, & the NHS: (max 250 words)**  **Benefit to applicant: (max 100 words)** |

**Is Ethics/R&D/Home Office approval required for this project: YES / NO**

**If yes, has this approval already been granted: YES / NO**

**FINANCIAL DETAILS**

**Please contact the finance office if you have any queries** [R&D.Finance@ggc.scot.nhs.uk](mailto:R&D.Finance@ggc.scot.nhs.uk)**Subject title: ENDOWMENTS**

**Please specify costs as indicated and carry totals forward to Section B (Funding Summary)**

**COST BREAKDOWN**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **STAFFING COSTS** | | | | | | | |
| **List any additional salary costs incurred as a direct result of this study** | | | | | | | |
|  | | | | | | | |
| **NAME & EMPLOYER** | **STAFF TYPE AND GRADE** | **START DATE** | **TIME ON PROJECT**  **WTE MTHS** | | **STARTING SALARY** | **SPINE POINT** | **INCREMENT DATE** |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |

**1 Please detail employing institution e.g. NHSGGC, University etc.**

**2 Please note that the costs of ADH payments should be included above, where applicable.**

**3 Please indicate any on call / out of hours work involved.**

|  |
| --- |
| **NHS SERVICE SUPPORT COSTS** |
| **List any costs incurred by NHS Support Departments as a direct result of this study** |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **LABORATORIES** | **NAME OF TEST** | **TOTAL NUMBER OF TESTS** | **COSTPER TEST** | **TOTAL COST** |
| **Biochemistry** |  |  |  |  |
| **Haematology** |  |  |  |  |
| **Pathology/Cytology** |  |  |  |  |
| **Microbiology** |  |  |  |  |
| **Pharmacy** |  |  |  |  |
| **Other** |  |  |  |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **RADIOLOGY/**  **CARDIOLOGY/**  **THEATRE** | **DESCRIPTION** | **TOTAL NUMBER OF TESTS** | **COSTPER TEST** | **TOTAL COST** |
| **CT** |  |  |  |  |
| **MRI** |  |  |  |  |
| **X RAY** |  |  |  |  |
| **Ultrasound** |  |  |  |  |
| **ECG** |  |  |  |  |
| **EEG** |  |  |  |  |
| **Endoscopy** |  |  |  |  |
| **Other** |  |  |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **PAMS/OTHER SUPPORT** | **DESCRIPTION** | **VOLUME PER PATIENT** | **TOTAL COST** |
| **Dietetics** |  |  |  |
| **Occ. Therapy** |  |  |  |
| **Physiotherapy** |  |  |  |
| **Speech Therapy** |  |  |  |
| **Medical Records** |  |  |  |
| **Other** |  |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **SUPPLIES, CONSUMABLES AND EQUIPMENT**  **(e.g. computer equipment and software, scientific equipment etc.)** | | | |
| **DESCRIPTION** | **QUANTITY** | **TOTAL COST (INCLUDE VAT)** | **FUNDING REQUESTED Y/N** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **ADDITIONAL COSTS NOT COVERED ABOVE**  **(e.g. travel, expenses, exceptional items)** | | | |
| **DESCRIPTION** | **VOLUME** | **TOTAL COST** | **FUNDING REQUESTED Y/N** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

**FUNDING SUMMARY**

**Please include all of the total costs as detailed above**

|  |  |
| --- | --- |
|  | **TOTAL COST £** |
| **STAFFING:**  **NHSGGC (provide name and gross cost for each post)**  **OTHER (provide name, employer and gross cost for each post)** |  |
| **LABORATORIES** |  |
| **RADIOLOGY etc** |  |
| **PAMS etc** |  |
| **ADDITIONAL PATIENT STAYS** |  |
| **SUPPLIES/**  **EQUIPMENT** |  |
| **OTHER COSTS** |  |
| **TOTAL** |  |

|  |
| --- |
| **Details of other bodies/organisations this application has been submitted:** |
|  |
|  |
| **Other grants held:** |
|  |
|  |

**PROJECT AUTHORISATION**

|  |  |
| --- | --- |
| **Line Manager:** | |
| **Signature:** | **Date** |
| **Title and full name (block capitals)** | **Position held** |
|  |  |
| **R&D Finance:** | |
| **Signature:** | **Date** |
| **Title and full name (block capitals)** | **Position held** |
|  |  |

**Note: Funding will be awarded in accordance with Conditions of Funding as detailed in NHSGGC Research Endowments Application for Research Funding – Covering Notes.**

**Sign off by an R&D Co-ordinator, is NOT needed prior to submission of your proposal**

**SUPPORTING STATEMENT:**

**TO BE COMPLETED BY THE ACADEMIC, LABORATORY LEAD OR HEAD OF DEPARTMENT SUPPORTING THE FUNDIND APPLICATION (max 150 words)**

|  |
| --- |
|  |

**Signature:**

**Lead/Head of Department supporting application**

**Email address: Date:**

**Signature: Date:**

**(Endowment applicant)**

**PLEASE SEND AN ELECTRONIC COPY OF YOUR COMPLETED APPLICATION AND CV TO**[**Lyndsay.Mcdade@ggc.scot.nhs.uk**](mailto:Lyndsay.Mcdade@ggc.scot.nhs.uk)