

PRINCIPAL INVESTIGATOR DETAILS

Title
Name
Surname
Organisation
Email (Work)

Address

Section 1 - Applicant Details

PRINCIPAL INVESTIGATOR DETAILS

Title
Name
Surname
Organisation
Email (Work)
Address

GMS ORGANISATION

Type	Hospital
Name	
Address	

Are there any Co-applicants involved?

- ☐ Yes
☐ No

Are there any Collaborators involved?

- ☐ Yes
☐ No

Section 2 - Research Plan and Impact

Project name

No Response

Length of project (in full months, maximum 36 months)

No Response

Which health category does your project fit into?

Select the primary health category your project covers. See the link to the HRCS handbook in the guidance document.

No Response

Which HRCS Research Activity Codes does your project cover?

Select the HRCS activity code which best describes your project. See the link to the HRCS handbook in the guidance document.

No Response

Main condition keyword

State the main condition this project is focussed on

No Response

Which age groups is your project focussed on?

Select as many age groups as your research covers from:

- ☐ Unborn babies
- ☐ Preterm babies (baby born before 37 weeks gestation)
- ☐ Newborn babies (up to 1 month)
- ☐ Babies (up to 1 year)
- ☐ Toddlers (1 to 3 years)
- ☐ Children (4 to 12 years)
- ☐ Teenagers (13 to 19 years)
- ☐ Young people (16 to 24 years)

Plain English summary of research

It must be structured as follows:

Background

Objectives

Clinical benefits

No Response

Non-confidential scientific abstract of proposed investigation

No Response

Remit

Briefly describe how this project fits the remit of Action Medical Research and, if applicable, the remit of the co-funder indicated.

No Response

Clinical relevance and impact

Describe the clinical relevance of this project and the route to clinical application. Provide a timeframe for its clinical application and impact in 1) the short term 1-3 years, 2) the medium term 3-7 years and 3) the long term 7+ years.

No Response

Briefly describe the overall aim of the project and any hypothesis to be tested

No Response

Research plan

Outline your proposed research plan.

No Response

Upload a maximum of one figure which supports your research plan or provide preliminary data (optional).

No Response

Publications

List up to five recent publications for the Principal Investigator.

No Response

Patient/public involvement

Have you involved, or plan to involve, patients or members of the public in the research process? Briefly outline your plan or provide an explanation for why you do not plan to do so.

No Response

Section 3 - Finance and Resources

Estimated total cost to the charity

No Response

Estimated salary total

No Response

Estimated consumables total

No Response

Estimated equipment costs

No Response

Section 4 - Previous Applications and Awards

Have you applied to Action Medical Research or co-funder with this or a related application before?

- ☐ Yes
☐ No

Do you or your co-applicants have any grants from Action Medical Research or co-funder that are currently active?

- ☐ Yes
☐ No

Where did you first hear about this grant round?

If from a website, please specify which website.

No Response