

BCRT

Application for a project grant

Please type throughout and return this form with nine photocopies

1 Applicant(s)	Applicant 1		Applicant 2		Applicant 3	
Surname						
Forename(s)						
Age						
Title						
Post held						
No. of hours p.w. on project						
2 Institution/Authority (administering grant if approved)			Department accommodating project (and institution if other than opposite)			
City or Town						
3 Title of project			4 Type of grant sought			
5 Abstract of research						
For Office use						
6 Proposed starting date			Proposed duration (in months)			
7 Summary of support requested			First year £	Second year £	Third year £	
(a) Staff (Specify post & grade)						
(b) Laboratory Expenses						
(c) Equipment						
(d) Other						
Total support requested						

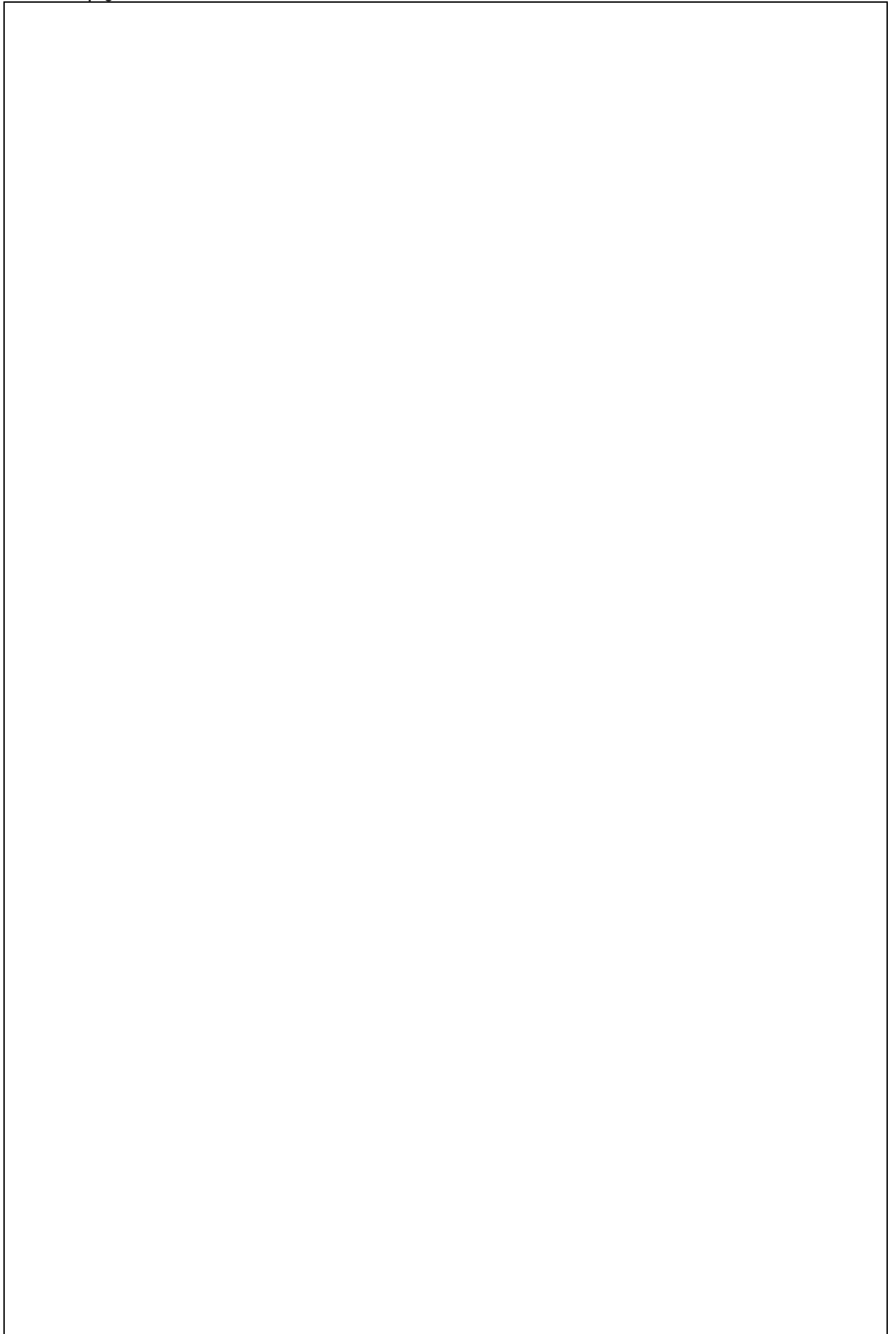
8 Does the project require Local Ethical Committee approval?	Yes/No		
<p>9 (a) Is your related research currently being supported by any outside body (other than the MRC)? If so, please indicate the topic, supporting organisation, value and tenure</p> <p>(b) Are you currently applying elsewhere for support for work relating to the present proposal? If so, please give details as for 9(a)</p> <p>(c) Is this application currently being submitted elsewhere? If so, to which organisation; and by what date is a decision expected?</p> <p>(d) Has this application been submitted elsewhere over the past year? If so, which organisation and what was the result?</p> <p>(e) Is the proposed research likely to lead to patentable or otherwise commercially exploitable results? If so, please give brief details</p>			
10 Full official postal address of applicant	Telephone number of applicant (please give STD code from London and extension)		
<p>11 Acceptance of regulations and conditions</p> <p>I shall be actively engaged in, and in day-to-day control of, the project.</p> <p>Signature of applicant(s): _____ Date: _____</p>			
<p>12 This application should be submitted by/through (i) the Head of Department and (ii) the officer who will be responsible for administering any grant that may be awarded. Each should sign the following declaration:</p> <p>I confirm that I have read this application and that, if granted, the work will be accommodated and administered in the Department/Institution in accordance with the conditions in the Council's current Project Grants booklet. The staff gradings and salaries quoted are correct and in accordance with the normal practice of this Institution.</p> <table border="0" style="width: 100%;"> <tr> <td style="width: 50%; vertical-align: top;"> <p>(i) Signature of Head of Department</p> <p>Title</p> <p>To be appended in typescript or block capitals</p> <p>Name and initials (of (i) above)</p> <p>Institution</p> <p>Address (if different from 10 above)</p> <p>Date:</p> </td> <td style="width: 50%; vertical-align: top;"> <p>(ii) Signature of Administrative Authority</p> <p>Finance Officer/Bursar/Registrar/Secretary of Institution (delete as appropriate)</p> <p>To be appended in typescript or block capitals</p> <p>Name and initials (of (ii) above)</p> <p>Institution</p> <p>Address and telephone number (including STD code from London and extension)</p> <p>Date:</p> </td> </tr> </table>		<p>(i) Signature of Head of Department</p> <p>Title</p> <p>To be appended in typescript or block capitals</p> <p>Name and initials (of (i) above)</p> <p>Institution</p> <p>Address (if different from 10 above)</p> <p>Date:</p>	<p>(ii) Signature of Administrative Authority</p> <p>Finance Officer/Bursar/Registrar/Secretary of Institution (delete as appropriate)</p> <p>To be appended in typescript or block capitals</p> <p>Name and initials (of (ii) above)</p> <p>Institution</p> <p>Address and telephone number (including STD code from London and extension)</p> <p>Date:</p>
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<p>13 Name, address and telephone number (including STD code from London and extension) in typescript (or block capitals) of the officer who should be contacted regarding the administration of the grant if awarded, if different from (ii) above:</p>			

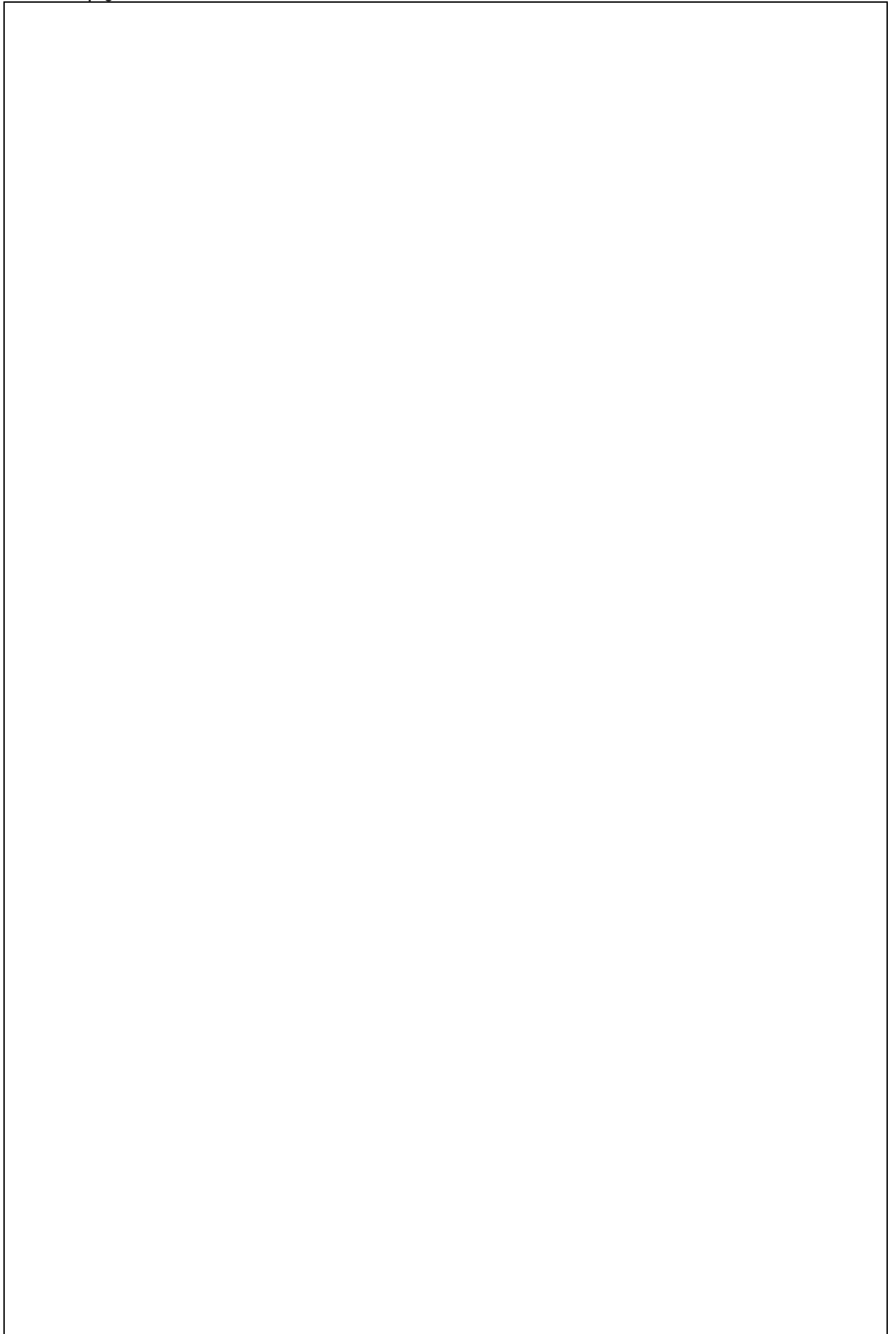
PROPOSED INVESTIGATION

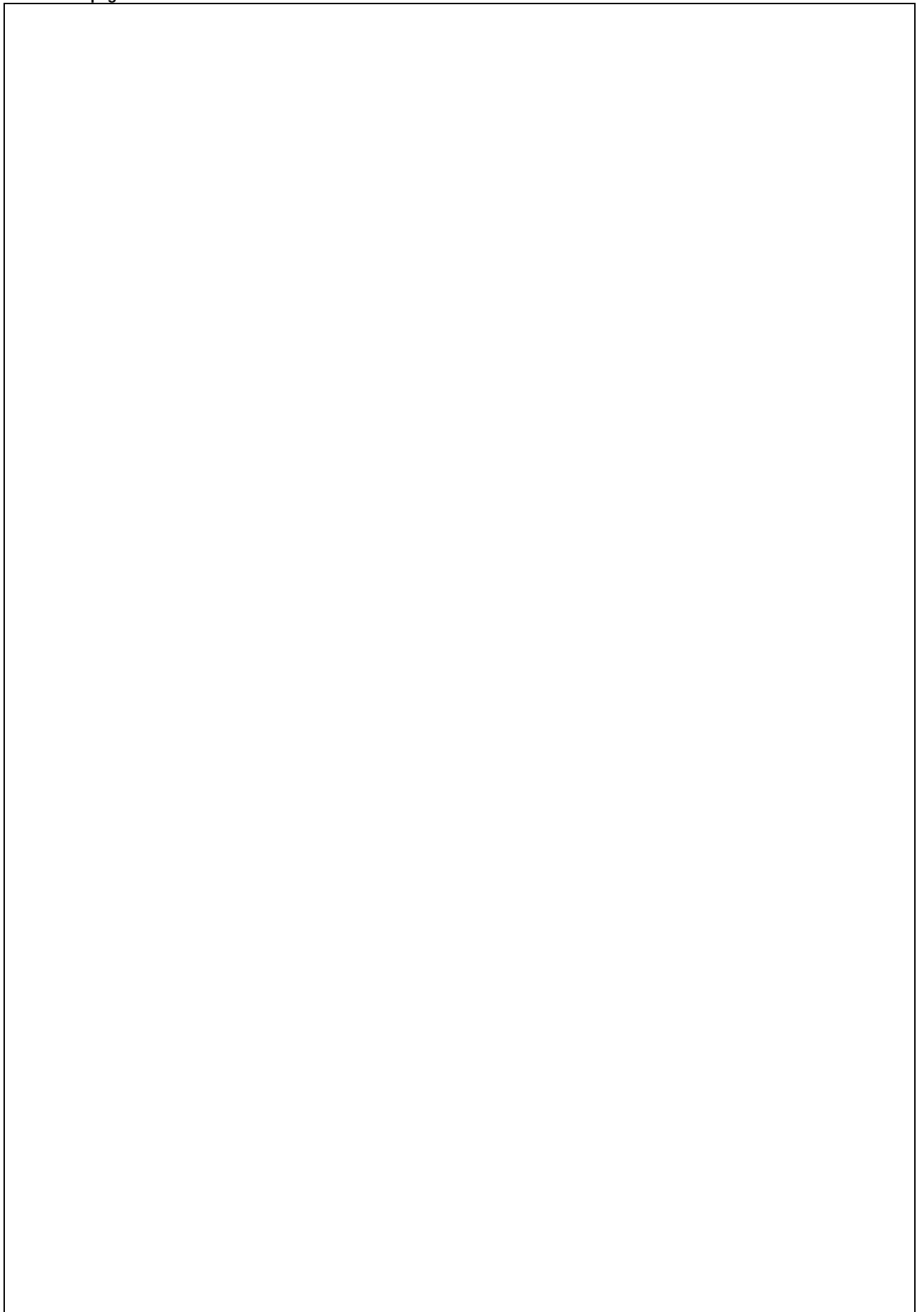
1. Title of project
2. Purpose of proposed investigation
3. Background of the project

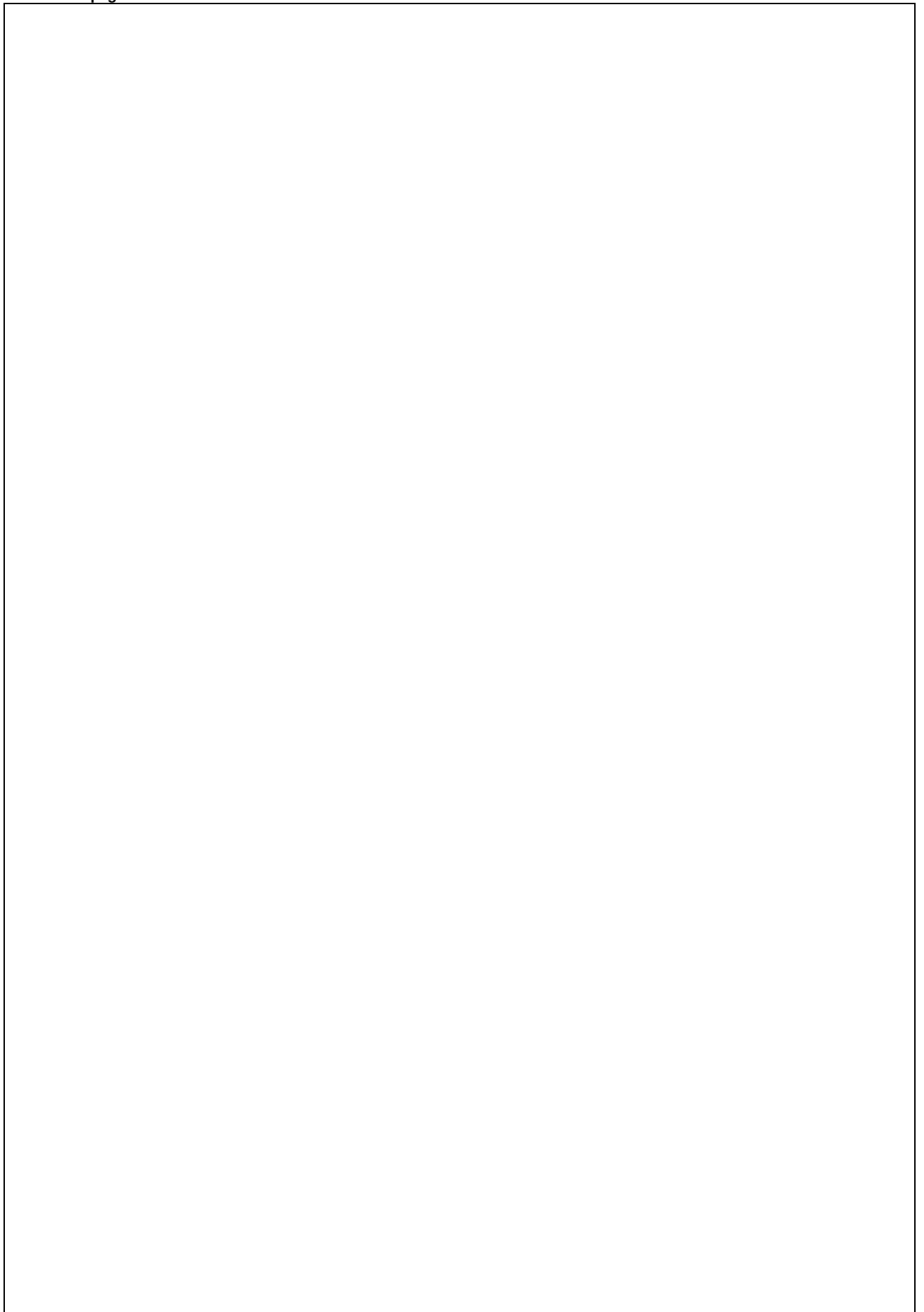
4. Plan of investigation
5. Detailed justification for support requested

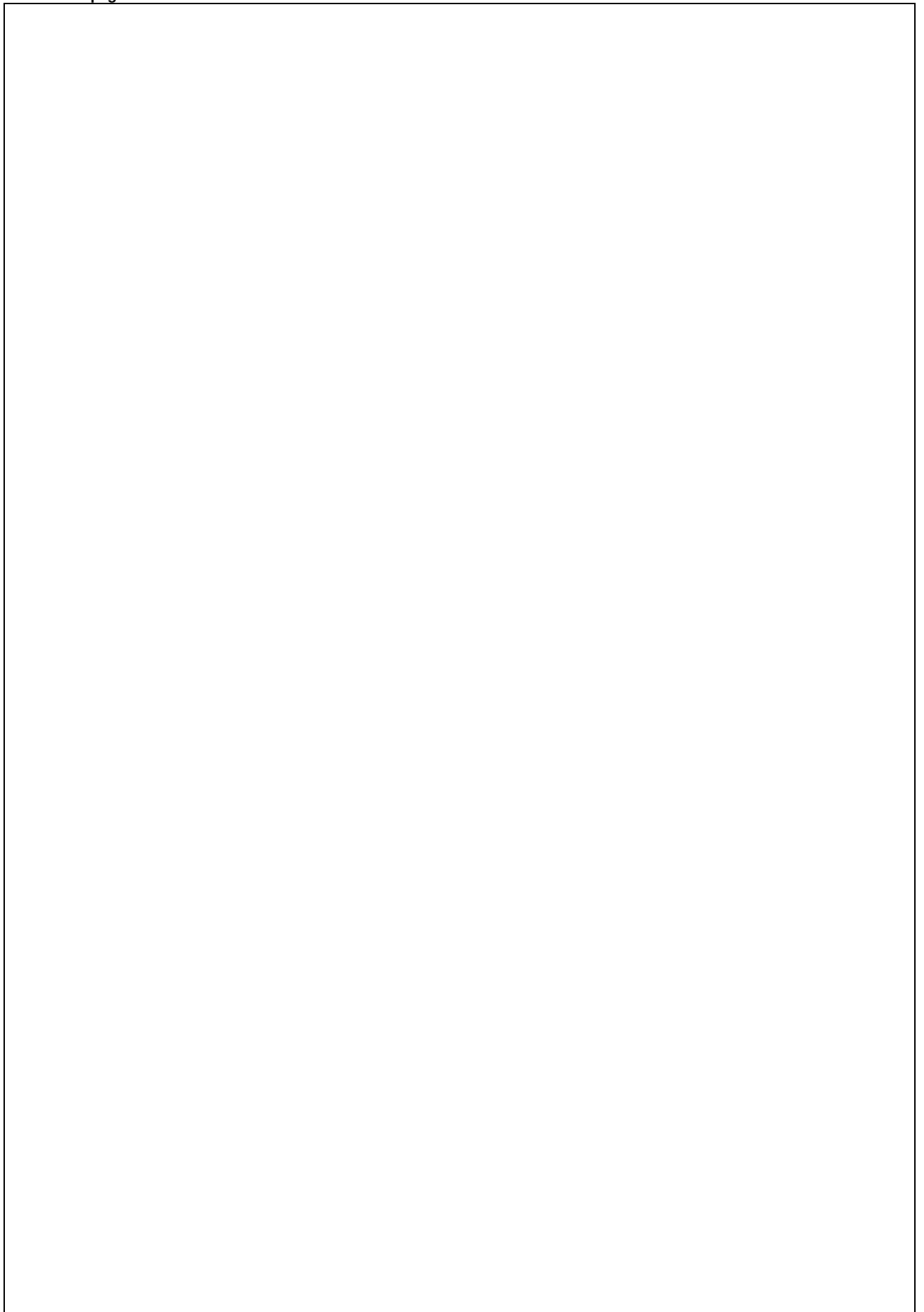
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(a) Personal support of applicant(s)								
Name	Grade	1st year £		2nd year £		3rd year £		
		Salary	26%	Salary	26%	Salary	26%	
(b) Research staff (medical/scientific)								
Name	Grade	1st year £		2nd year £		3rd year £		
		Salary	26%	Salary	26%	Salary	26%	
	Totals							
(c) Technical/other assistance								
Staff Category	Age & Qualifications	Grade	1st year £		2nd year £		3rd year £	
			Salary	26%	Salary	26%	Salary	26%
		Totals						
(d) Visiting senior scientist								
Name and country from which he/she would be coming to UK	Present position	Period of visit	Salary subsistence Air fares £	Support available from other sources (eg scientist's own institution)				

EXPENSES			
	No 'inflation' allowable for years 2/3		
	1st year	2nd year	3rd year
(e) Materials and consumables			
<p>(f) Animals</p> <p>Purchase: applicants should state for each species:</p> <ul style="list-style-type: none"> (i) the intended source of supply (ii) the microbiological quality required (where applicable) (iii) the number required (iv) the price per animal <p>Maintenance</p>			
(g) Other expenses			
Total £			

(h) APPARATUS	£ (including VAT)*	£ (excluding VAT)*
	TOTAL £	

* use whichever column is applicable

1 Surname	Forenames(s)	Age	d.o.b.
2 Degrees, etc (subject, class, university, and date)			
3 Posts held (with dates). Where personal support is requested please identify tenure and source of funding of present post			
4 Recent publications; also papers in press			

CURRICULUM VITAE OF PROPOSED RESEARCH STAFF/VISITING SENIOR SCIENTIST

1 Surname	Forename(s)	Age	d.o.b
2 Degrees, etc (subject, class, university, and date)			
3 Posts held (with dates); please identify tenure and source of funding of present post			
4 Recent publications (title and reference)			
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2 Degrees, etc (subject, class, university, and date)			
3 Posts held (with dates); please identify tenure and source of funding of present post			
4 Recent publications (title and reference)			

Please return form on completion to: BCRT, PO Box 861, Bognor Regis, West Sussex PO21 9HW