Logo, company name

Description automatically generated

**Research Grant Application Form**

Before completing this form, please refer to the following pages on our website:

* [Research Grant Conditions](https://www.ms-research.org.uk/for-ms-professionals/our-resarch-grants/research-grant-conditions.html)
* [Grant Application Guidance Notes](https://www.ms-research.org.uk/for-ms-professionals/our-resarch-grants/grant-application-guidance-notes.html)

Return your completed form to Abigail Wiltshire at [abi.wiltshire@ms-research.org.uk](mailto:abi.wiltshire@ms-research.org.uk).

Please also let us know if you require any further help or advice.

PLEASE NOTE:

* We will not review incomplete applications.
* Responses exceeding the stated word limit will be truncated before being sent to reviewers.

|  |  |
| --- | --- |
| **Project Title (max 20 words)** |  |

|  |  |
| --- | --- |
| **Proposed Start Date (DD/MM/YYYY)** |  |

|  |  |
| --- | --- |
| **Proposed Project Duration (months)** |  |
| **Total Estimated Funding Requested (£)** |  |

# SECTION 1: Details of Applicants

## 1.1 Lead Applicant Details

|  |  |
| --- | --- |
| **Title** |  |
| **Full Name** |  |
| **Job Title** |  |
| **Work Address** |  |
| **Post Code** |  |
| **Email** |  |
| **Role in study** |  |
| **Main Point of Contact (POC)** |  |
| **POC Tel** |  |
| **POC Email** |  |

## 1.2 Co-applicant Details

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Co-applicant 1** | **Co-applicant 2** | **Co-applicant 3** |
| **Title** |  |  |  |
| **Full Name** |  |  |  |
| **Job Title** |  |  |  |
| **Work Address** |  |  |  |
| **Post Code** |  |  |  |
| **Email** |  |  |  |
| **Tel** |  |  |  |
| **Role in Study** |  |  |  |

|  |
| --- |
| **If there are more than three co-applicants, please provide further details for each additional co-applicant below.** |
|  |

## 1.3 Collaborators

If relevant, please provide the names of any researchers (and their research institutes) who would be collaborating on the project but are not named as co-applicants.

|  |  |
| --- | --- |
| **Collaborator Name** | **Research Institute** |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |

# SECTION 2: Your Proposed Study

## 2.1 Study Background

|  |
| --- |
| 1. **Brief description of the project** (max 500 words) |
|  |
| 1. **Briefly describe any literature searches you have made that are relevant to this application** (max 500 words) |
|  |
| 1. **Are you aware of any similar or competing research? Please give details.** (max 300 words) |
|  |

## 2.2 Scientific Summary

|  |
| --- |
| 1. **Study Design and Methodology** (max 2000 words) |
|  |
| 1. **Risk Management** (max *300* words) |
|  |

## 2.3 Relevance to the MS Community and Potential Impact

|  |
| --- |
| **Explain how your research project is relevant to the MS community**(max 500 words) |
|  |

## 2.4 Lay Summary

|  |
| --- |
| **Describe your project without jargon for non-experts** (max 500 words) |
|  |

## 2.5 Public and Patient Involvement (PPI)

|  |
| --- |
| **Detail PPI activities For further guidance on PPI** [see NIHR guidelines](https://www.spcr.nihr.ac.uk/PPI/what-is-patient-and-public-involvement-and-engagement) (max 300 words) |
|  |

## 2.6 References

|  |
| --- |
| **List all references quoted in your application** |
|  |

# SECTION 3: Finance

Please list the funding costs for this project. You must complete this with the help of your R&D Department and Research Finance Office.

## 3.1 Financial Breakdown of Support Requested

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | **Year 1** | **Year 2** | **Year 2** | **Additional years (where required)** |
| **Staff Salaries** (including oncosts and likely pay rises) |  |  |  |  |
| **Travel and Subsistence** |  |  |  |  |
| **Equipment** |  |  |  |  |
| **Consumables** |  |  |  |  |
| **Other** |  |  |  |  |
| **Total Requested** |  |  |  |  |

## 3.2 Justification of Costs

|  |
| --- |
| Please justify the costs listed above(max 500 words) |
|  |

## 3.3 Additional Funding

|  |
| --- |
| Please disclose any alternative funding you are seeking for this project or related research proposal(max 300 words) |
|  |

# SECTION 4: Other Considerations

## 4.1 Intellectual Property

|  |
| --- |
| Will this project generate Intellectual Property? |
| Yes  No |
| If yes, please provide details of how this will be managed. (max 150 words) |
|  |

## 4.2 MHRA Approval

|  |
| --- |
| Does your project require MHRA approval? Please refer to [Regulatory guidance for medical devices](https://www.gov.uk/government/collections/regulatory-guidance-for-medical-devices) |
| Yes  No |
| If yes, please provide details. (max 150 words) |
|  |

## 4.3 Project Schedule and Milestones

In a separate document, please provide a **Gantt chart** to be submitted with your application.

## 4.4 Related Studies

|  |
| --- |
| Please explain how this proposed project fits with any ongoing project(s) and how it may impact the delivery of these (max 300 words) |
|  |

# SECTION 5: Further Information

|  |
| --- |
| Please detail any other information that you would like to provide in support of this application (max 300 words) |
|  |

# SECTION 6: Declarations

For this section, please upload scans or photos of the signatures required.

## Lead Applicant

|  |  |  |
| --- | --- | --- |
| I have read the conditions set out by MS Research Treatment & Education and agree to abide by them if my application is successful. I shall be actively engaged in and take full control of the project. I agree to comply with standards set out in the [UK Framework for Health and Social Care Research](https://www.hra.nhs.uk/planning-and-improving-research/policies-standards-legislation/uk-policy-framework-health-social-care-research/uk-policy-framework-health-and-social-care-research/). Signature of Lead Applicant: | | |
| Name: | Position: | |
| Organisation: | | Date (dd/mm/yyyy): |

## Head of Department

|  |  |  |
| --- | --- | --- |
| I confirm that I have read this application and, if funded, the work will be accommodated and administered in the Department/Organisation. I will ensure procedures are in place to manage and monitor the research in accordance with the [UK Framework for Health and Social Care Research](https://www.hra.nhs.uk/planning-and-improving-research/policies-standards-legislation/uk-policy-framework-health-social-care-research/uk-policy-framework-health-and-social-care-research/) Signature of Head of Department: | | |
| Name:  Position: |  | |
| Organisation:  Email: | | Date (dd/mm/yyyy):  Tel: |

## Finance Officer

|  |  |  |
| --- | --- | --- |
| I confirm that I have read this application and that, if funded, the work will be administered in the Department/Organisation. The staff grades and salaries quoted are correct and in accordance with the normal practice of this organisation. Signature of Finance Officer: | | |
| Name:  Position: |  | |
| Organisation:  Email: | | Date (dd/mm/yyyy):  Tel: |

# SECTION 7: Curriculum Vitae

Please provide a CV for the Lead Applicant and each additional Co-Researcher.

## Lead Applicant

|  |  |
| --- | --- |
| Surname: | Forename (s): |
| Qualifications: | |
| Experience in post and relevant post-registration courses attended: | |
| Recent Publications (up to six references): | |

## Co-applicant 1

|  |  |
| --- | --- |
| Surname: | Forename (s): |
| Qualifications: | |
| Experience in post and relevant post-registration courses attended: | |
| Recent Publications (up to six references): | |

## Co-applicant 2

|  |  |
| --- | --- |
| Surname: | Forename (s): |
| Qualifications: | |
| Experience in post and relevant post-registration courses attended: | |
| Recent Publications (up to six references): | |

## Co-applicant 3

|  |  |
| --- | --- |
| Surname: | Forename (s): |
| Qualifications: | |
| Experience in post and relevant post-registration courses attended: | |
| Recent Publications (up to six references): | |

|  |
| --- |
| **If there are more than three co-applicants, please provide CVs for them on separate pages.** |
|  |