**NHS GG&C Research Endowment Fund 2024/25**

**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,** **FINANCE FORM ENDOWMENTS 2024/25 AND CV TO** **islay.morrison2@ggc.scot.nhs.uk****.**

**PLEASE DO NOT PDF THIS DOCUMENT**

**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)**

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

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**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&I/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**Subject title: ENDOWMENTS**

**Please complete the Finance Form Endowments 2024/25 and submit both documents for review**

**PROJECT AUTHORISATION**

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

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|  |

**Signature:**

**Lead/Head of Department supporting application**

**Email address: Date:**

**Signature: Date:**

**(Endowment applicant)**