# UHBW Research Funding Committee Joint Call for

# Bristol and Weston Hospitals Charity / Research Capability Funding Grants (up to £25,000)

# and

# Bristol and Weston Hospitals Charity Legacy Grants

# (up to £50,000)

**Closing dates: 15 OCTOBER and 30 APRIL each year**

* For summary of the calls, please click [**here**](https://www.uhbristol.nhs.uk/research-innovation/for-researchers/lead-research-and-apply-for-funding/local-funding/local-research-funding-committee-grant-schemes/)**.**
* PLEASE read [**guidance**](https://www.uhbristol.nhs.uk/media/4423530/guidance_-_combined_bwhc_and_rcf_25.08.2023.pdf) before applying.
* Any further queries or for an informal discussion please contact: **Research.Grants@uhbw.nhs.uk**

**Please complete all sections**

*Sections will expand but please do not alter or exceed word limits.*

**Click here to choose Funding Scheme**

*Note research areas for Legacy grants are Cancer (general), Bowel Cancer, Breast Cancer,*

*Ophthalmology, Neuroscience and Mental Health, Orthopaedics.*

**Click here to choose Legacy Research Area (if applicable)**

### Section A – Summary

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| --- | --- |
| Lead applicant’s name |  |
| Title & Plain English Summary of Proposed NIHR Grant OR proposed pump priming project |
| Title (150 characters max): |
|  |
| Plain English Summary - avoid use of jargon and acronyms (250 words max): |
|  |
| **Start Date***No earlier than 3 months after application closing date* | **End Date** | **Duration, months***No longer than 24 months* |
| **Click here to enter a date.** | **Click here to enter a date.** |  |

### Section B – applicant and team details

1. **Lead Applicant’s Details**

|  |  |
| --- | --- |
| Applicant’s name: |  |
| Job Title: |  |
| Institution: |   |
| Department/Division: |  |
| Email: |  |
| Telephone: |  |
| Do you hold a substantive or honorary contract with UHBW: | Choose an item. |
| Qualifications held: |  |

1. **Co-Applicant(s) Details** *(copy this table as required)*

|  |  |
| --- | --- |
| Applicant’s name: |  |
| Job Title: |  |
| Institution: | Choose an item. |
| Department/Division: |  |
| Email: |  |
| Telephone: |  |
| Do you hold a substantive or honorary contract with UHBW: | Choose an item. |
| Qualifications held: |  |

1. **Collaborators Details – List any others who will collaborate on this project (name, position, institution)**

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### Section C - Sponsorship and Approvals

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| All studies defined as research under the Research Governance Framework require a sponsor. A sponsor is the organisation taking primary responsibility for ensuring that the design of the study meets appropriate standards and that arrangements are in place to ensure appropriate conduct and reporting.Please read [SOP 002: Research Sponsorship at UHBW](https://www.uhbristol.nhs.uk/research-innovation/for-researchers/templates-and-sops/sops/) |
| Does this study need a Sponsor? | Choose an item. |
| If yes, who will you be applying to for sponsorship? | Choose an item. |
| Have you factored in time for gaining HRA and ethics approval if needed? | Choose an item. |
| Is this study a Clinical Trial of an Investigational Medicinal Product (CTIMP)? Note that CTIMPs and device trials will not be possible within the funding limit. However, preparatory work can be done towards applying for a larger grant. If you are unsure use the MHRA algorithm to determine whether a study is a CTIMP:<https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/317952/Algothrim.pdf>If yes, please then read: [SOP 006: Management of Investigational Medicinal Products](https://www.uhbristol.nhs.uk/research-innovation/for-researchers/templates-and-sops/sops/)  | Choose an item. |

### Section D – Finance (see guidance for eligible costs)

*Please note that publication costs and travel to research conferences are not funded by this scheme.*

| Breakdown of costs*Insert table rows for multiple items.* | **Year 1** | **Year 2** |
| --- | --- | --- |
| Research Time of Lead Applicant *(University DA costs will not be funded)*  |
| *Specify % time or number of PAs:* |  |  |
| **Total cost** *Please contact your management accountant for an accurate salary costing and to ensure backfill arrangements or additional sessions can be accommodated.* |  |  |
| Other staff salaries*Please give details below for ALL salaries requested. Include:** *Oncosts (NI etc., but not HEI full economic costs)*
* *Post (e.g. research nurse, statistician, research assistant)*
* *Band / grade / spine point*
* *Duration, m*

*Please contact your divisional finance manager or management accountant (or university school finance officer) for an accurate cost of salaries.*  |
|  |  |  |
| Expenses for patient travel and patient and public involvement. *Please list and give breakdown; Note travel to research conferences is not funded via this scheme. If you need to travel for other reasons relating to the project please list and justify under “other items”* |
|  |  |  |
| Consumables & running costs *e.g. chemicals, paper, booklets, lab tests, small pieces of equipment <£5k Please list and give breakdown*  |
|  |  |  |
| Any other items *Please list and give breakdown* |
|  |  |  |
| Total |  |  |
| OVERALL TOTAL*Max.* ***£25,000*** *for BWHC / RCF Small Grant or****£50,000*** *for BWHC Legacy Grant* |  |

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| Justification of Resources Required  |
| *Fully justify the items listed above, including staff time on the project* |
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| Has this study been submitted previously or elsewhere for funding?  | [ ]  |
| *If yes, please give details (feedback if rejected, or when you expect to hear the outcome if not known)* |
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### Section E Application Details

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| Scientific Summary of Proposed NIHR Grant or pump-priming projectWe recognise that this may change during the development of the grant, but you should have a reasonable idea of the area you wish to investigate, and type of funding you will need. Please contact the Research and Development Grants (**Research.Grants@uhbw.nhs.uk**) for guidance or demonstrate equivalent methodological expertise at this stage.  |
| Background*Detail the size and nature of the problem to be addressed; include a brief literature review**(500 words max)*  |
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| Aims and Objectives*Detail the research question and how this is going to be addressed. For pump-priming projects indicate clearly the work that will be done, and how this will inform and lead onto a future NIHR / other grant application.**(400 words max)*  |
|  |
| Plan of Investigating and Methodology*Include all stages of the study design. Methods of data collection, measures and techniques of analysis should be described and justified for both qualitative and quantitative designs. Indicate clearly which methodology will form part of the current study, and which will be part of the future grant application that this work will lead on to.* *(500 words max)* |
|  |
| Patient and Public Involvement (PPI)*Provide details on how you will involve patients (and parents or carers if appropriate) in developing your project and grant application* *Please visit* [*Helping to ensure public involvement informs ethical review: checklist for applicants - Health Research Authority (hra.nhs.uk)*](https://www.hra.nhs.uk/planning-and-improving-research/best-practice/public-involvement/resources/helping-ensure-public-involvement-informs-ethical-review-checklist-applicants/)*(250 words max)* |
|  |
| Potential Impact*Detail the impact that the results of this study could have within your field and to the NHS e.g. potential patient benefit, service improvement, cost savings. Include how you plan to disseminate your findings.* *(400 words max)* |
|  |
| Include a Gantt chart, outlining timescales and key steps of the grant preparation.*Please note that a lack of these details will substantially reduce the likelihood of the proposal being funded. The progress of successful applicants towards meeting these key project milestones and deadlines will be monitored by R&I.* |
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| Have you sought / obtained methodological support unit advice? |
| If yes, please provide contact details of the methodological support unit with whom you have discussed your research plans: |
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| What were their recommendations, specifically regarding the most appropriate NIHR call and methodology (e.g. statistical or qualitative analysis)?  |
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| What specialist expertise will be required? |
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| Please specify details of the NIHR application or other future grant application(s) you plan to make: |
| Name of funding stream (e.g. NIHR Research for Patient Benefit; Health Technology Assessment etc.): |
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| Deadline: |
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### Section F - Publications and Grants

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| Publications (junior researchers can include publications of the sponsor – please indicate these clearly if these are included) |
| *Please provide details of all publications in the last 3 years* |
| *Please provide details of up to ten of your best publications prior to the last 3 years* |

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| Previous and Current Funding (junior researchers can include those of the sponsor – please indicate these clearly if included)*Please provide details of all current and previous research funding, in the past 5 years. Give the name of the funder, type of award (e.g. project grant; fellowship), amount, and specify whether your role was as Chief/Principal Investigator or Co-Applicant.* |
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Section G – Finance and Divisional/School approval

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| 1. Lead Applicant  |
| I confirm that the details within this application are correct, and that I accept the Research Funding Committee Terms and Conditions. |
| **Name:** |  |
| **Signature:** |  |
| **Date:** | Click here to enter a date. |

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| 2. Divisional Finance Manager OR University School Finance Officer Approval*Please ask the most appropriate person for approval depending on where the study will be performed. (Confirmation by email is acceptable.)* |
| In my capacity as the Divisional Finance Manager **or** University School Finance Officer, I confirm that I support and approve this application. |
| **Name:** |  |
| **Division/School and Institution** |  |
| **Position:** |  |
| **Email:** |  |
| **Telephone:**  |  |
| **Signature:** |  |
| **Date:** | Click here to enter a date. |

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| 3. **Management approval (UHBW staff time only)** *This section should be completed by the person responsible for approving your contract of employment / change of conditions e.g. your Line Manager or Head of Department (applicable to UHBW staff only).* |
| In my capacity as Line Manager of Lead or Co-Applicant, I confirm that I support and approve this application. |
| **Name:** |  |
| **Division/School and Institution** |  |
| **Position:** |  |
| **Email:** |  |
| **Telephone:**  |  |
| **Signature:** |  |
| **Date:** | Click here to enter a date. |

**Once completed please email a copy of this form to** **Research.Grants@uhbw.nhs.uk****.**

**For any queries regarding the application contact** **Research.Grants@uhbw.nhs.uk****, or Elinor Griffiths on 0117 3429883 or Caroline Nash on 0117 3429897**