



## RESEARCH GRANT APPLICATION FORM 2011/12

Newlife use - Date Received

Newlife use - Application Ref No.

### **1. Name and correspondence address of applicant**

Please inc. phone no, fax no and e-mail)

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### **2. Name and address of co-investigator/s, title/position**

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### **3. Title of research project**

**4. Abstract of research project** (up to 200 words)

A full protocol should be submitted with the application form. The protocol should be submitted under the headings (I) Aims (ii) Background (iii) Methods (iv) References

**5. How did you hear about the Newlife Foundation research programme?**

1) Direct e-mail from Newlife Foundation. YES / NO

2) Advertised in Medical journal. YES / NO

(If yes please specify which medical journal) \_\_\_\_\_

3) Newlife Foundation Website YES / NO

4) From a fellow researcher YES / NO

5) From the University YES / NO

6) Other (please specify) \_\_\_\_\_

**5. Funds Requested** - see accompanying notes

	Year 1	Year 2	Total
A) Salary: Basic	<input type="text"/>	<input type="text"/>	<input type="text"/>
Nat Ins.	<input type="text"/>	<input type="text"/>	<input type="text"/>
Superann.	<input type="text"/>	<input type="text"/>	<input type="text"/>
London W.	<input type="text"/>	<input type="text"/>	<input type="text"/>
Sub.Total	<input type="text"/>	<input type="text"/>	<input type="text"/>
B) Consumables	<input type="text"/>	<input type="text"/>	<input type="text"/>
C) Travel	<input type="text"/>	<input type="text"/>	<input type="text"/>
Totals -per annum (A,B&C)	<input type="text"/>	<input type="text"/>	<input type="text"/>

**TOTAL GRANT APPLICATION =**

**6. Is there any research related to this work currently being undertaken by the applicant?** Please give details including financial support from other sources.

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**7. Is ethical approval required?** YES / NO

If so please enclose a letter of support from the appropriate ethical committee before closing date.

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**8. Does the experimental work involve animals?** YES / NO

If so (1) please confirm that there is no alternate experimental system is available  
 (2) please give details of your licensing

**SIGNATURES** - Please sign original in ink

**A) Applicant's signature**

I have read the conditions supporting this form and agree to abide by them if this application is successful. I shall actively be in control of this project and am responsible for its supervision.

I understand that only written agreement from the Newlife Foundation will provide authorisation to commence work.

I accept that the decision of the trustees is final.

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Signature	Name	Date
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**B) Head of Department / Co investigator/s**

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Signature	Name /Title	Date
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Signature	Name / Title	Date
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**C) Finance Officer - name and signature**

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Signature	Name / Title	Date
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**Application form should be completed and posted to:**

**Professor Michael A Patton - Medical Director  
Newlife Foundation for Disabled Children, Hemlock Way, Cannock, WS11 7GF**

**Please note:**

Write clearly or type this form

Submit 9 full copies if making a Full Grant application

Submit 3 full copies if making a Small Grant application.

Do not forget required enclosures including 4 copies of the Principle Investigators C.V and 4 copies of the ethical approval document if required.

**Does your research fit our criteria or medical/scientific/clinical matter related to this application?** All queries to: Prof. M. Patton Email: mpatton@newlifecharity.co.uk

**Do you have queries about this application form?**

If in doubt please contact Newlife HO to discuss: Research Admin Officer – Mr. Stephen Morgan, 01543 468 888, Email: smorgan@newlifecharity.co.uk

