Mental Health Launchpad Grant

Application Form

Application Summary

|  |  |
| --- | --- |
| Principal investigator  (Lead Applicant) |  |
| Co-investigator(s) |  |
| Lead research organisation |  |
| Research title |  |
| Short description of project (<150 words) |  |
| Funding requested |  |
| Start date |  |
| Duration |  |

Section 1: Applicant details

* 1. **Applicant details**

|  |  |  |  |
| --- | --- | --- | --- |
| Applicant(s) | Role (Lead, Co-investigator, Collaborator, Staff) | Research Organisation | % time dedicated to project |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

* 1. **Lead Applicant details**

|  |  |
| --- | --- |
| Title |  |
| Surname |  |
| Forename(s) |  |
| Position |  |
| Institution |  |
| Department |  |
| Address |  |
| Postcode |  |
| Telephone number |  |
| Email address |  |

* 1. **Lead applicant employment**

|  |  |
| --- | --- |
| Job title |  |
| Employer |  |
| Start date |  |
| End date |  |
| Number of years post PhD |  |

**1.4 Associated funding**

Has the project been submitted to another funding agency, or has the lead applicant applied for funding elsewhere?

Yes  No

Please indicate the date of application and the outcome, if known. If no decision has been reached, state when one is expected.

|  |
| --- |
| *No more than 100 words* |

Section 2: Project abstracts

**2.1 Scientific abstract**

|  |
| --- |
| *No more than 500 words* |

**2.2 Lay title**

|  |
| --- |
| *No more than 30 words* |

**2.3 Lay abstract**

|  |
| --- |
| *No more than 800 words* |

Section 3: Proposed research project

**3.1 Title of proposed research project**

|  |
| --- |
|  |

**3.2 Timescale for proposed project**

|  |  |
| --- | --- |
| Proposed starting date (month/year) |  |
| Proposed duration (months) |  |

**3.3 Background**

Please outline the scientific background to the planned work.

|  |
| --- |
| *No more than 500 words* |

**3.4 Description of research activities**

Please describe the planned collaborative research activities.

|  |
| --- |
| *No more than 1500 words* |

**3.5 Benefits of collaboration**

Please outline the impact of the research and partnership, and the expected opportunities that will arise from the activities.

|  |
| --- |
| *No more than 300 words* |

**3.5 Use of animals**

Does the project involve the use of animals in regulated procedures that are not protected under the Animals (Scientific Procedures) Act 1986 (i.e. for which a Home Office licence is not required)?  Yes  No

If yes, please state each specific animal species, the number of animals per species to be used, and why each species is the most appropriate for this project.

|  |
| --- |
|  |

Does the project involve the use of protected animals (for example, vertebrate species) in regulated procedures under the Animals (Scientific Procedures) Act 1986 (i.e. for which a Home Office licence is required)?

Yes  No

If yes, please state each animal species, the number of animals per species to be used, and why each species is the most appropriate for this project.

|  |
| --- |
|  |

If Home Office licences are required for this project, have the appropriate project and personal licences been obtained to cover the duration of the project?

Yes  No

If yes, please give details. Please include details of how you will show commitment to the 3Rs

|  |
| --- |
|  |

**Project licence holder**

|  |  |
| --- | --- |
| Name |  |
| Reference no. |  |
| Title |  |
| Issue date |  |
| End date |  |

**Personal licence holders**

|  |  |
| --- | --- |
| **Name (1)** |  |
| Reference no. |  |
| Expiry date |  |
| **Name (2)** |  |
| Reference no. |  |
| Expiry date |  |

Does your institution have an Ethics or Animal Care and Users Committee?

☐ Yes ☐ No

If yes, have the proposed experiments received approval?

|  |
| --- |
|  |

Does the project involve the use of animals or animal tissue outside of the UK?

☐ Yes ☐ No

If yes, has the research been approved by the relevant national and local systems of regulation?

|  |
| --- |
|  |

**3.5 Human participation**

Does the project involve the use of human participants?

Yes  No

Does the project involve the removal, storage, use and disposal of human organs, tissue or cells (part or whole, excluding gametes and embryos) and all other relevant material from living donors or post mortem as covered by The Human Tissue Act 2004 (England, Wales and N. Ireland) and The Human Tissue (Scotland) Act 2006?

Yes  No

If yes to any of the above, has the appropriate Regional Multicentre Research Ethics Committee (MREC) or Local Research Ethics Committee (LREC) approval been obtained and are the necessary codes of practice in place for the duration of the project and period of sample storage (whichever is the longest)?

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|  |

**3.6 Intellectual property**

Please provide details of the nature of the intellectual property that this project will generate, either during or beyond the lifetime of the award. Please include details of any existing background intellectual property that will need to be used and/or modified and plans for ownership of this intellectual property.

|  |
| --- |
| *No more than 300 words* |

Please provide details of the likely timescale for the intellectual property to be realised, including plans for realisation and details of any potential benefits to the Medical Research Foundation (commercial or otherwise).

|  |
| --- |
| *No more than 300 words* |

Please supply a letter of support from your departmental IP Manager/Head of Technology Transfer Unit.

**3.7 Ethical approval**

Is ethical approval required for this project?

☐ Yes ☐ No

If yes, has the appropriate Regional Multicentre Research Ethics Committee (MREC) or Local Research Ethics Committee (LREC) approval been obtained?

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| --- |
|  |

Section 4: Financial Schedule

**Budget overview**

|  |  |
| --- | --- |
|  | Total |
| Salary and related costs |  |
| Recurrent research costs |  |
| Equipment |  |
| Travel and subsistence |  |

**4.1 Salary and related costs**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Staff (Name and role) | Grade | % Time contribution | Year 1 | Year 2 | Subtotal |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
| Total Salary and related costs | | | | | £ |

**4.2 Recurrent research costs**

*Add more rows as required.*

|  |  |  |  |
| --- | --- | --- | --- |
| Items | Year 1 | Year 2 | Subtotal |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
| Total – Recurrent research costs | | | £ |

**4.3 Equipment**

|  |  |  |  |
| --- | --- | --- | --- |
| Items | Year 1 | Year 2 | Subtotal |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
| Total – Equipment | | | £ |

**4.4 Travel and subsistence**

|  |  |  |  |
| --- | --- | --- | --- |
| Items | Year 1 | Year 2 | Subtotal |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
| Total – Travel and subsistence | | | £ |

**4.5 Justification of funds requested**

Please provide a justification of all costs requested for this project, explain why the resources requested are appropriate for the research proposed.

|  |
| --- |
| *No more than 300 words* |

Please provide details of any costs that are not being requested in this application but will be funded from other sources. If your study involves the recruitment of patients, it is likely that NHS Support costs will be incurred. If your study involves patient costs, NHS Treatment costs may be incurred. Please ensure you have contacted your NIHR CLRN and NHS Trust in advance of submitting your application.

|  |
| --- |
| *No more than 300 words* |

Section 5: Recommended and Excluded Reviewers

Please suggest up to 3 reviewers and exclude up to 3 reviewers (for conflicts of interest reasons) that we might consider in reviewing your application

|  |  |  |  |
| --- | --- | --- | --- |
| Suggested Reviewer | Department,  Research Organisation | Email | Telephone |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Excluded Reviewer  (NOT to be approached) | Department,  Research Organisation | Email | Telephone |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

Section 6: Applicant CV

Please attach a two-page academic CV for the applicant and each co-investigator

Section 7: Data Management Plan

Please attach a Data Management Plan using the template provided.

Section 8: Authorisation and Declarations

**7.1 Administrative Authority**

Please provide contact details of the person responsible for administering funds at your host institution.

|  |  |
| --- | --- |
| Title |  |
| Name |  |
| Position |  |
| Address |  |
| Telephone number |  |
| Email address |  |

**Declaration by Administrative Authority**

If Medical Research Foundation funding is awarded and accepted, I confirm that the host organisation will accommodate this award and ensure that it is used according to the Medical Research Foundation’s Terms and conditions and any subsequent amendments.

Name ……………………………………………………………….

Signature ……………………………………………………………….

Date ……………………………………………………………….

**7.2 Head of Department**

|  |  |
| --- | --- |
| Title |  |
| Name |  |
| Position |  |
| Address |  |
| Telephone number |  |
| Email address |  |

**Declaration by Head of Department**

I declare that, to the best of my knowledge, the information provided in this application is true, accurate and complete.

If Medical Research Foundation funding is awarded and accepted, I confirm that the host organisation will ensure that the funds are used according to the Medical Research Foundation’s Terms and conditions and any subsequent amendments.

Name ……………………………………………………………….

Signature ……………………………………………………………….

Date ……………………………………………………………….

**7.3 Declaration by Lead Applicant**

I declare that, to the best of my knowledge, the information provided in this application is true, accurate and complete.

If Medical Research Foundation funding is awarded and accepted, I will abide by the Medical Research Foundation’s Terms and Conditions and any subsequent amendments. I have not entered into any obligations which could conflict with the Medical Research Foundation’s Terms and Conditions.

I will be actively engaged in, and in day-to-day control of, the research detailed in this application.

Name ……………………………………………………………….

Signature ……………………………………………………………….

Date ……………………………………………………………….

**Applications must be submitted electronically to** [**research@medicalresearchfoundation.org.uk**](mailto:research@medicalresearchfoundation.org.uk)

**before 12:00 Monday 27 September 2021**

Medical Research Foundation Mailing List Opt-In

If you would like to receive information about the Medical Research Foundation’s future funding calls, please give us permission to hold your information.

*I would like to receive information about future funding calls and I consent to the Foundation holding my full name, affiliated research organisation and email address.*

Yes  No

*I understand that I can ask to be removed from the mailing list at any time by contacting the Research Team at* [*research@medicalresearchfoundation.org.uk*](mailto:research@medicalresearchfoundation.org.uk) *or on 0207 395 2416.*