**Mike Bray Fellowships 2022/23**

# Full funding application form (by invitation only)

Applicants should refer to the accompanying guidance notes before completing this form.

Please send your completed form and supporting documents as email attachments, as outlined in the guidance notes, to: [research@actionpf.org](mailto:research@actionpf.org)

## **Application deadline:** **17:00 hrs on 9th December 2022**

## Fair processing notice and data protection

During the application stage of the Fellowship Grant, we will process your personal data for the purpose of assessing and selecting the best projects to fund. **By sending your application to us, you are giving your consent for us to process your personal data for this purpose.**

You can find out more about how we use and protect your personal information, and about your rights, in our [privacy policy](https://www.actionpf.org/policies/privacy). You can change your mind about how we use your personal data at any time by emailing us at [research@actionpf.org](mailto:research@actionpf.org)

## Application summary

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| **Project title** | Project title | | |
| **Lay title (max 30 words)** | Lay title | | |
| **Start date** | Click or tap to enter a date. | **Duration**  (months) | Duration |
| **Total funding requested** | £ Enter value | | |
| **Principal Investigator** | Title, Forename(s), Surname | | |

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| **Lay summary (max 500 words)** |
| Describe your research proposal in a way that is accessible to our community: including patients, carers, family and friends affected by pulmonary fibrosis.  The summary should include details of:   1. background, including why the research is needed and why you wish to pursue PF research 2. the main aims of the project 3. an outline of how the research will be carried out and 4. how people affected by pulmonary fibrosis may benefit from the research and how you will maximise the chances of success   Please be advised that if your project is selected for funding, the lay summary you provide will be used publicly on our website as a description of the project and may also be used for fundraising purposes. As such, please do not include any confidential information.  You must ensure your summary is written in language which can be easily understood by our community – **if it is not, your application will not be accepted.**  Click or tap here to enter text. |

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| **Scientific abstract (max 250 words)** |
| The scientific abstract will be used by external reviewers to determine whether they have the expertise to review your application. It should not contain any confidential information.  Click or tap here to enter text. |

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| **Please outline which of the APF research priority areas your project addresses.** Please refer to our [Research Strategy](https://www.actionpf.org/research-info/funding-priorities) and guidance document. |
| Click or tap here to enter text. |

## Applicants

**Please attach a CV for the lead applicant and each co-applicant.**

Your CV needs to demonstrate that you are qualified by education, training and experience to conduct the research. *Please see the guidance notes for further information.*

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| **Lead Applicant** | | | | | | | | | |
| **Title** | Choose title | **Position** | Position | | | | | | |
| **Forename(s)** | | Forenames(s) | | | | | | | |
| **Surname** | | Surname | | | | | | | |
| **Institution** | | Institution | | | **Department** | | | Department | |
| **Address** | | Institution address | | | | | | | |
| **Email** | | Email address | | | | | | | |
| **Telephone** | | Click or tap here to enter text. | | | | | | | |
| **Time on project** (% Full Time Equivalent) | | | | | | Click or tap here to enter text. | | | |
| **Additional applicants** | | | | | | | | | |
| **Name** | | **Role** | | **Position, Organisation** | | | **Time on project** (% FTE) | | **Email** |
| Name | | Choose role | | Position, Organisation | | | Enter value | | Email address |
| Name | | Choose role | | Position, Organisation | | | Enter value | | Email address |
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| Name | | Choose role | | Position, Organisation | | | Enter value | | Email address |

## Research proposal

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| **Case for Support** |
| **Attach a detailed Case for Support.**  Any references, diagrams, tables, charts or justification of samples sizes, can be included within the Case for Support or as an appendix. The case for support, including the appendix should not exceed 8-pages A4 PDF format (Calibri ; 12pt). *Please see the guidance notes for further information.* |

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| **All APF project proposals must comply with the guidance** [**Responsibility in the Use of Animals in Bioscience Research**](https://www.nc3rs.org.uk/3rs-resources/responsibility-use-animals-bioscience-research#:~:text=Responsibility%20in%20the%20use%20of%20animals%20in%20bioscience,Society%2C%20Wellcome%20Trust%2C%20CRUK%20and%20other%20AMRC%20charities.) **and with** [**UK legislation**](https://www.gov.uk/guidance/research-and-testing-using-animals) **(the Animals (Scientific Procedures) Act 1986 (ASPA), amended 2012).** | |
| Does your research involve work with animals?  *If yes, please answer the following question.*  *If no, please proceed to the next question on human participants* | Select answer |
| Please give brief details below on why non-animal alternatives are not possible in this project, and how you have considered the principles of the three Rs (replacement, refinement and reduction of the use of animals in research) when designing your experiments. | |
| Click or tap here to enter text. | |

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| **Human participation** | |
| Does your research involve work with human participants?  *(If yes, please answer the following questions.*  *If no, please proceed to the next question on intellectual property)* | Select answer |
| Are the appropriate ethics approvals in place from the relevant UK authority? | Select answer |
| If no, please give brief details below (max 200 words) on:  a. Your plan for obtaining necessary approval in order to conduct the study  b. How you will ensure that the time needed to obtain this will fit in with the project time frame | |
| Click or tap here to enter text. | |

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| **Intellectual property** | |
| Please give details of the nature of the intellectual property that this project will generate, either during or beyond the lifetime of the grant. 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.  (max 300 words). | |
| Click or tap here to enter text. | |
| Is the proposed research likely to lead to a patentable or otherwise commercially exploitable results? | Select answer |
|  | |
| If yes, what is the possible product resulting? Please also give details of the likely timescale for the intellectual property to be realised, including plans for realisation and details of any potential benefits to organisation (commercial or otherwise). Please supply a letter of support from your departmental IP Manager/Head of Technology Transfer Unit.  (Max 300 words). | |
| Click or tap here to enter text. | |

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| **Communication and patient and public involvement & engagement** |
| **How will people living with pulmonary fibrosis, or supporting someone living with pulmonary fibrosis, be involved in your project?**  Describe how you have involved patients and the public during the planning and application stage, and how you plan to continue PPIE throughout the project lifecycle. *You may wish to consider where involvement could take place during different stages of the project: research design, undertaking/ management of the research, participant recruitment/retention, data analysis, dissemination of the findings.*  (Max 500 words) |
| Click or tap here to enter text. |
| Outline your plans for communication and dissemination of your research and its outcomes within the research community and with interested wider audiences.  (Max 250 words) |
| Click or tap here to enter text. |

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| **Impact** |
| **What are the expected short-term outcomes of this project?**  What are you expecting to achieve by the end of the project? What will you do to ensure your results move towards benefit for people living with pulmonary fibrosis? (max 250 words) |
| Click or tap here to enter text. |
| **What is the expected long-term impact of this project?**  How could your research make a difference to the lives of those affected by pulmonary fibrosis in the long-term? How do you envision your research impacting the way that people living with pulmonary fibrosis are diagnosed, treated and/or cared for? (max 250 words) |
| Click or tap here to enter text. |

## Finance

The total funding requested will not exceed £300,000 during the lifetime of the grant.

**As a charity it is our policy not to fund indirect or overhead costs, or the salaries of permanent employees.** Please see the guidance notes for detailed information regarding eligible costs and support for research costs at UK Universities.

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| **Budget overview** | | | | | | | | |
| **Total amount requested:** | | | | | **£** Enter value | | | |
| **Salary and related costs** | | | | | | | | |
| **Name** | **Grade** | **%**  **FTE** | **Year 1** | **Year 2** | | **Year 3** | | **Subtotal** |
| Fellow name | Enter value | Enter value | Enter value | Enter value | | Enter value | | Enter value |
| Name | Enter value | Enter value | Enter value | Enter value | | Enter value | | Enter value |
| ***Total – Salary and related costs*** | | | | | | | **£**Enter value | |
| **Research costs** | | | | | | | | |
| **Items** | | | **Year 1** | **Year 2** | | **Year 3** | | **Subtotal** |
| **Travel, subsistence & conference fees** | | | | | | | | |
| Item description | | | Enter value | Enter value | | Enter value | | Enter value |
| Item description | | | Enter value | Enter value | | Enter value | | Enter value |
| Item description | | | Enter value | Enter value | | Enter value | | Enter value |
| Item description | | | Enter value | Enter value | | Enter value | | Enter value |
| ***Total – Travel, subsistence, conference fees*** | | | | | | | **£** Enter value | |
| **Equipment** | | | | | | | | |
| Item description | | | Enter value | Enter value | | Enter value | | Enter value |
| Item description | | | Enter value | Enter value | | Enter value | | Enter value |
| Item description | | | Enter value | Enter value | | Enter value | | Enter value |
| ***Total – Equipment*** | | | | | | | **£** Enter value | |
| **Patient and public involvement & engagement** | | | | | | | | |
| Item description | | | Enter value | Enter value | | Enter value | | Enter value |
| Item description | | | Enter value | Enter value | | Enter value | | Enter value |
| Item description | | | Enter value | Enter value | | Enter value | | Enter value |
| ***Total – PPIE*** | | | | | | | **£** Enter value | |
| **Publication and dissemination** | | | | | | | | |
| Item description | | | Enter value | Enter value | | Enter value | | Enter value |
| Item description | | | Enter value | Enter value | | Enter value | | Enter value |
| Item description | | | Enter value | Enter value | | Enter value | | Enter value |
| ***Total – Publication and dissemination*** | | | | | | | **£** Enter value | |
| **Training and development** | | | | | | | | |
| Item description | | | Enter value | Enter value | | Enter value | | Enter value |
| Item description | | | Enter value | Enter value | | Enter value | | Enter value |
| Item description | | | Enter value | Enter value | | Enter value | | Enter value |
| ***Total – Training and development*** | | | | | | | **£** Enter value | |
| **Other research costs** | | | | | | | | |
| Item description | | | Enter value | Enter value | | Enter value | | Enter value |
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| ***Total – Other research costs*** | | | | | | | **£** Enter value | |

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| **Justification of costs** |
| Please provide a justification of all costs requested for this project, explain why the resources requested are appropriate for the research proposed.  (Max 300 words). |
| Click or tap here to enter text. |
| Please explain how the research provides value-for-money.  (Max 300 words). |
| Click or tap here to enter text. |

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| **Additional funding** | | | | |
| Are you applying elsewhere for support of this work?  If yes, please provide details below.  *If the terms of funding are confidential, please state “confidential” under Funding organisation.* | | | | Select answer |
| **Organisation** | **Expected date of decision** | **Value of funding requested** | **Duration of funding** (months) | |
| Funding organisation | Expected date | £Enter value | Enter value | |

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| **Excess treatment and support costs** | |
| Have you contacted the [NIHR Clinical Research Network](https://www.nihr.ac.uk/documents/study-support-service-contacts/11921) to explore support for this study? | Select answer |
| APF is an NIHR Non-commercial partner. Where appropriate, please provide details of any excess treatment and support costs that can be provided by the NIHR Clinical Research Network. Please attach a completed [SoECAT](https://www.nihr.ac.uk/documents/schedule-of-events-cost-attribution-template-soecat-guidance/23214) with your application submission that has been signed off by an NIHR ACoRD Specialist. | |
| Click or tap here to enter text. | |

## Reviewers

Please suggest four suitable external reviewers to peer review your application. Please do not suggest any current member of our [Research Review Panel](https://www.actionpf.org/about/people). We may send your application to other reviewers of our choice.

You may also name any individuals or groups who should not be contacted to review this application, where you consider a potential conflict of interest.

**If you do not suggest reviewers, we will not be able to accept your application.**

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| **Recommended reviewers** | | | | | | | | | |
| **No.** | | **Title** | **Forename(s)** | | **Surname** | **Organisation** | | | **Email** |
| **1** | | Choose title | First name(s) | | Surname | Organisation | | | Email |
| **2** | | Choose title | First name(s) | | Surname | Organisation | | | Email |
| **3** | | Choose title | First name(s) | | Surname | Organisation | | | Email |
| **4** | | Choose title | First name(s) | | Surname | Organisation | | | Email |
| **Excluded reviewers** | | | | | | | | | |
| Optional. No minimum requirement. | | | | | | | | | |
| **No.** | **Title** | | **Forename(s)** | **Surname** | | | **Organisation** | **Email** | |
| **1** | Choose title | | First name(s) | Surname | | | Organisation | Email | |
| **2** | Choose title | | First name(s) | Surname | | | Organisation | Email | |
| **3** | Choose title | | First name(s) | Surname | | | Organisation | Email | |
| **4** | Choose title | | First name(s) | Surname | | | Organisation | Email | |
| **5** | Choose title | | First name(s) | Surname | | | Organisation | Email | |

## Authorised signatories

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| **Administrative authority** | |
| **Title** | Choose title |
| **Name** | Forename(s), Surname |
| **Position** | Position |
| **Address** | Work address |
| **Telephone** | Telephone |
| **Email** | Email |
| **Declaration of administrative authority** | |
| If a fellowship is awarded and accepted, I confirm that the research organisation will accommodate this award and ensure that it is conducted according to the information provided in this application form. | |
| **Name** | Forename(s), Surname |
| **Signature** |  |
| **Date** | Select date |

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| **Head of Department** | |
| **Title** | Choose title |
| **Name** | Forename(s), Surname |
| **Position** | Position |
| **Address** | Work address |
| **Telephone** | Telephone |
| **Email** | Email |
| **Declaration of Head of Department** | |
| I declare that, to the best of my knowledge, the information provided in this application is true, accurate and complete. If a fellowship is awarded and accepted, I confirm that the research organisation will accommodate this award. | |
| **Name** | Forename(s), Surname |
| **Signature** |  |
| **Date** | Select date |

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| **Declaration of Lead Applicant** | |
| I declare that, to the best of my knowledge, the information provided in this application is true, accurate and complete and that I will be actively engaged in, and in day-to-day control of, the research detailed in this application. | |
| **Name** | Forename(s), Surname |
| **Signature** |  |
| **Date** | Select date |

## Application check list

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| **Please make sure you have included the following:** |
| Completed research grant application form |
| Lead applicant CV |
| Co-applicant CVs |
| Letter(s) of Support |
| Case for Support |
| Copies of obtained regulatory approvals and/or licences, where appropriate |
| Completed SoECAT form, where appropriate |
| Other supporting documents |

## Feedback survey

We appreciate your feedback on the application process to help us maintain a high standard and to make improvements. The information provided will be used to improve the application process and will have no bearing on application funding decisions.

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| **How easy was it to find information on our grant opportunities?** | Choose an item. |
| **Was the application form easy to complete and submit?**  *If not, why not?* | Click or tap here to enter text. |
| **Did you find it easy to access supporting information to assist you with the application submission?**  *If not, why not?* | Click or tap here to enter text. |
| **Did you need to contact APF to ask for additional information?** | Choose an item. |
| **If you contacted APF, how would you rate the response** | Choose an item. |
| **Do you have any other suggestions or feedback?** | Click or tap here to enter text. |