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| Application for the First into Research Innovation Grant |

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| **IPEM will provide funds to support a member who wishes to undertake a research project at a United Kingdom University or an appropriate research institute in an IPEM related field of interest.** | | | |
| Name: |  | | |
| Title: |  | | |
| Address |  | | |
| Email address |  | | |
| Phone number |  | | |
| Membership number: |  | Duration of IPEM membership (years): |  |

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| Manager’s name: |  |
| Manager’s job title: |  |
| Manager’s telephone no.: |  |
| Manager’s email: |  |

| **Details of Proposed Research Collaborator** | |
| --- | --- |
| University/Institution |  |
| Department: |  |
| Address - line 1: |  |
| Address - line 2: |  |
| Address - line 3: |  |
| City: |  |
| County: |  |
| Country: |  |
| Postcode: |  |
| E-mail address (admin): |  |
| Supervisor’s name: |  |
| Supervisor’s job title: |  |
| Supervisor’s telephone no: |  |
| Supervisor’s email: |  |

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| Proposed start date: | DD/MM/YYYY |
| Duration (months): |  |

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| **Abstract** (250 Words) Briefly describe the research project in simple terms in a way that could be publicised to a general audience. If awarded, this will be made publicly available on the IPEM website and will be included in the annual report. Applicants are responsible for ensuring that the content is suitable for publication. |
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Does your project involve the use of animals? If so, you will need to provide evidence of compliance with home office regulations.

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| YES |  | NO |  |

Does your project involve human studies? If so, you will need to provide evidence of any ethical permission required for your studies.

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| YES |  | NO |  |

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| **How is your proposal relevant to IPEM?** (max. 250 words) Explain how this application will have an impact and contribute to achieving the IPEM’s mission, vision, values and strategic objectives which can be found on our website. |
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| **Impact** (max. 250 words)Describe the anticipated impact of this project, with particular reference to a potential group of individuals, entire population(s) and the scientific community, and/or commercial benefit. |
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| **Aims, objectives and hypothesis** (max. 200 words) Please summarise the key aims and objectives of your project and provide a concise statement of the research hypothesis if applicable. |
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| **Scientific background** (max. 500 words) Please provide a technical summary of background information and research in support of the application. Address the innovative aspects of the project and clinical need that will be met. |
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| **Work plan** (max. 1000 words)Please outline the proposed programme of work. Include clear work packages, and a summary of the general research design and methodology. For clinical and applied research describe the analysis, key outputs and outcomes. |
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| **Timetable and milestones:** Please give a detailed proposed timetable for the project as described in the work plan section, which should include key milestones and outputs. |
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| **Career Development** (max. 300 words) **I**n your response, please provide details on how receiving this grant may develop your professional and research skills and highlight any future research aspirations you may have. |
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| **Facilities** (max. 300 words) What facilities are available to support the applicant during the planned work? Please demonstrate that these are sufficient to complete the intended research project. |
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| **Funding Requested** (max. 300 words) Please also include a breakdown and summary of costs | |
| Total Funding requested |  |
| Breakdown | |

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| **CURRICULUM VITAE** (Do not extend this section to more than 4 pages) |
| 1. **Qualifications** (Include higher education and professional qualifications obtained including grade, subject, date obtained and the institution) |
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| 1. **Experience** (List posts held over the past 5 years, if applicable) |
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| 1. **Research experience (if any)** |
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| 1. **Publications, posters and conference presentations:** (If applicable, please give the full reference for any research publications, abstracts, posters or presentations you have) |
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| 1. **Training and Development** (List any relevant training or development undertaken in the past 2 years) |
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| **Employer R&D Lead or Equivalent** | |
| I declare that the applicant details, summary of costings and information provided in the application form is accurate to the best of my knowledge | |
| Full Name |  |
| Office Contact address |  |
| Email address |  |
| Contact telephone number |  |
| Signature |  |
| Date |  |

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| **Applicant’s Declaration** | |
| I declare that I have completed the application form in accordance with the guidance notes and that the information provided is accurate to the best of my knowledge. | |
| Full Name |  |
| Signature |  |
| Date |  |

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| **Supervisor at preferred institution** | |
| *Supervisors’ statement as to the nature of the scientific training to be provided (max. 300 words)* | |
| I confirm that I would be willing to mentor/supervise this project should the application be successful. | |
| Full Name |  |
| Signature |  |
| Date |  |