|  |
| --- |
| Application for the Translational Knowledge Exchange and Training Grant |

|  |
| --- |
| **IPEM will provide funds to support a member who wishes to undertake an** **external visit(s) to a translational partner to build collaboration or enhance research skills, with a view to transferring skills and knowledge between different sectors (i.e. from academia to healthcare, or industry to academia).**  |
| Name: |  |
| Title: |  |
| Address |  |
| Email address |  |
| Phone number |  |
| Membership number: |  | Duration of IPEM membership (years): |  |

| **Details of Proposed Translational Partner** |
| --- |
| Institution |  |
| Department: |  |
| Address - line 1: |  |
| Address - line 2: |  |
| Address - line 3: |  |
| City: |  |
| County: |  |
| Country: |  |
| Postcode:  |  |
| E-mail address (admin): |  |

|  |
| --- |
| **Support from the Proposed Translational Partner** |
| Please provide contact details below of the proposed Translational Partner, **from whom you have confirmation that they can collaborate on this study if successful.** IPEM will contact them to confirm this.  |
| Title ………………………Name ……………………………………………………………………………….Designation………………………………………………………………………………………………………. Email address…………………………………………………………………………………………………………….Contact number ……………………………………………………………………………………………….[ ]  Please check this box to indicate that this person has given confirmed to collaborate on this study if successful, and to confirm that IPEM can contact them to confirm this.  |

|  |
| --- |
| **Support from your Head of Department/Line Manager** |
| Please provide contact details below of your Head of Department or Line Manager, **from whom you have received permission to conduct this study if successful.** IPEM will contact them to confirm this.  |
| Title ………………………Name ……………………………………………………………………………….Designation………………………………………………………………………………………………………. Email address…………………………………………………………………………………………………………….Contact number ……………………………………………………………………………………………….[ ]  Please check this box to indicate that this person has given permission to conduct this study if successful, and to confirm that IPEM can contact them to confirm this.  |

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

|  |
| --- |
| **Background** (max 150 words) Please provide details outlining the context of the Translational Partner and the need for sharing/translating skills.  |
|  |

|  |
| --- |
| **How is your proposal relevant to IPEM?** (max. 100 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. |
|  |

|  |
| --- |
| **Description of partnership and key outputs** (max. 250 words)Describe what you hope to gain from this partnership and the main outputs (i.e. implementation of a new technique, writing a paper, presenting at a conference) |
|  |

|  |
| --- |
| **Timeline** (max. 150 words) Please indicate when the partnership is expected to begin, the length of time that this is anticipated to take to reach the planned output and any other key milestones |
|  |

|  |
| --- |
| **Funding Requested** (max. 300 words) Please also include a breakdown and summary of costs |
| Total Funding requested |  |
| Breakdown |

|  |
| --- |
| **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 |  |

Please upload a CV as a separate document on the online application form.