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| Research Project Grant (RG)Application Form 2024 |

**Deadline for Applications is 1.00 p.m. on** **Thursday 6 June 2024**

*Please use font size 10-12 pt. throughout*. Two email versions (one **MS Word** and one **fully signed PDF** copy) sent to **research@wellbeingofwomen.org.uk** by the closing deadline. Electronic signatures are acceptable. **Please make sure to read accompanying guidelines and the funding Terms and Conditions before completing this form.**

1. **Application Details**

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|  | **Principal Applicant**  | **Co-Applicant (1)** | **Co-Applicant (2)** |
| Title: |       |       |       |
| First Name: |       |       |       |
| Surname: |       |       |       |
| Institution: |       |       |       |
| Department: |       |       |       |
| Post Held and source of funding: |       |       |       |
| %FTE commitment on this project |       |       |       |
| Telephone: |       |       |       |
| Email: |       |       |       |
|  | **Co-Applicant (3)** | **Co-Applicant (4)** | **Co-Applicant (5)** |
| Title: |       |       |       |
| First Name: |       |       |       |
| Surname: |       |       |       |
| Institution: |       |       |       |
| Department: |       |       |       |
| Post Held and source of funding: |       |       |       |
| %FTE commitment on this project |       |       |       |
| Telephone: |       |       |       |
| Email: |       |       |       |

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| Host Institution: |       |
| Host Department: |       |
| Start date: |       | Duration: |       |
| Total funds requested: | £      | *NB: upper funding limit of £300,000* |
| Title of the research: |       |

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| **Collaborators**Please provide a list of any collaborators and their organisations:  |
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**Please tick one appropriate life course area for project:**

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| [ ]  Periods & menstrual health |
| [ ] [ ]  Pregnancy & birth |
| [ ] [ ]  Fertility |
| [ ] [ ]  Contraception & abortion care |
| [ ] [ ]  Gynaecological cancers |
| [ ] [ ]  Sexual health & wellbeing |
| [ ] [ ]  Gynaecological conditions |
| [ ]  Pelvic floor health |
| [ ] [ ]  Perimenopause & menopause |
| [ ]  Post menopause |

1. **Keywords**

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| **2.1** | **Please provide up to six keywords to help classify the research in this application:** |
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| **2.2** | **Where did you see this funding advertised?** |       |

1. **Lay Description**

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| **3.1** | **Lay Title:** |       |
| **3.2** | **Lay Summary** Please provide a simple description of the proposed research that will be easily understood by a lay audience. **This should address points in the guidance document** (Max 500 words): |
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1. **The Research**

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| **4.1** | **Structured Abstract of Research** Please summarise the aims, objectives, methodology, and scientific and medical opportunities of the study(Max 500 words): |
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| **4.2** | **Background and Rationale** Please explain the nature of the proposed research, the prospective outcomes and the expected benefits in terms of improvement to the health of women, girls and babies (Max 500 words): |
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| **4.3** | **Plan of Investigation** Please provide a detailed plan of research including the aims, objectives, design (including sample size calculation), methodology (including statistical methods) and highlighting any anticipated barriers. Details of patient and public involvement in the preparation of the application or proposed in the research should be provided. A Gantt chart and any supporting tables or figures should be included in the Appendices (Max 1,500 Words): |
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| **4.4** | **Expected Outputs and Potential Impact** Please describe the expected outputs and how they might impact the health and wellbeing of women, girls, and babies, as well as plans for dissemination and any exploitation (Max 500 words): |
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| **4.5** | **Relevant Expertise and Experience** Please detail the expertise and experience of the individuals who will be involved in the research and their roles (Max 500 words): |
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| **4.6** | **References** Please include a list of references central to your proposal: |
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| **4.7** | **Impact of COVID-19 (non-mandatory question)** Please briefly outline any issues you have experienced, which can be attributed to the COVID-19 pandemic and have directly impacted you and/or the following (Max 500 words):* Research
* Publications
* Funding
* Research time
* Institutional support
* Other

Please only include special categories of personal data if consent has been given. Further advice on how to complete this statement is included in the accompanying guidance document. |
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1. **Approvals for Research**

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| **5.1** | **Does your proposal involve the use of human participants or human tissue?** | YES [ ]  NO [ ]  |
|  | If YES: please state, in appropriate detail, any approval that you have and the title of the Research Ethics Committee that gave it.  |
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| 5.1.i | If you propose to use facilities within the NHS and/or your research involves patients being cared for by the NHS, which NHS provider, or providers, has agreed to facilitate this research? |
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| **5.2** | **Does your proposal involve the use of human embryos requiring a licence from the Human Fertilisation and Embryology Authority (HFEA)?** | YES [ ]  NO [ ]  |
|  | If YES: please give the licence number, date of issue, end date and title of approved project. |
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| **5.3** | **Does your proposal involve research on gene therapy that requires regulatory approval?** | YES [ ]  NO [ ]  |
|  | If YES: please state the steps that have been taken to obtain the approval of your Local Research Ethics Committee, the University’s Genetic Manipulation Committee, the Gene Therapy Advisory Committee (GTAC) and the Medicines and Healthcare products Control Agency (MHRA). |
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| **5.4** | **Does your proposal include procedures to be carried out on animals or animal tissue in the UK under the Animals (Scientific Procedures) Act?** | YES [ ]  NO [ ]  |
| If YES: please provide responses to the other questions in this section. If NO: proceed to section 4.5. |
| 5.4.i | Have the following necessary approvals been given by: |
|  | The Home Office (in relation to personal, project and establishment licences)? | YES [ ]  NO [ ]  NOT REQUIRED [ ]  |
|  | Animal Welfare and Ethical Review Body? | YES [ ]  NO [ ]  NOT REQUIRED [ ]  |
|  | If NO: has an application been made for these approvals? | YES [ ]  NO [ ]   |
|  | If NO: please give a brief explanation, including date when any application will be made. |
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| 5.4.ii | Does your proposal involve the use of animals or animal tissue outside the UK? | YES [ ]  NO [ ]   |
| 5.4.iii | If your project involves the use of animals, what would be the severity of the procedures? | MILD [ ]  MODERATE [ ]  SEVERE [ ]  |
|  | Please provide details of any moderate or severe procedures *(Max 250 Words)* |
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| 5.4.iv | Why is animal use necessary and are there any other possible approaches? *(Max 250 Words)* |
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| 5.4.v | Why is the species/model to be used the most appropriate? *(Max 250 Words)***Where the use of non-human primates, cats, dogs or equines is proposed, it is a mandatory requirement to complete** **the additional ‘Research Questions for Non-standard Animals’ form.** |
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| 5.4.vi | Please justify the number of animals to be used per experiment, including details of any sample size calculations and/or statistical advice sought. |
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| **5.5** | **Licences and Approvals:** |
| I confirm that I have secured all necessary licences and approvals in relation to the research and will abide by the terms of those licences and approvals in carrying out the research. | YES [ ]  NO [ ]  Applications in Progress [ ]  |

1. **Financial Information** *(NB: upper funding limit of £300,000)*

Please provide a breakdown of the funding being requested, noting the upper funding limit of £300,000 over three years. Wellbeing of Women only funds Directly Incurred costs of research. We do not fund Directly Allocated or Indirect costs, nor any contribution towards them:

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| **6.1** | **Salaries** (Please list out researchers): |
| (insert additional rows as required) | **Year 1 *(£)*** | **Year 2 *(£)*** | **Year 3 *(£)*** | **TOTAL *(£)*** |
| **a) Basic Salaries:**Name:       Grade:      %FTE:      Name:       Grade:      %FTE:      Name:       Grade:      %FTE:       |                 |                 |                 |            |
| **b) Superannuation:**Name:       Name:       Name:        |                 |                 |                 |       |
| **c) National Insurance (NI)** (employer’s contribution)**:**Name:       Name:      Name:       |                 |                 |                 |       |
| **6.1 SUB TOTAL:** |  |  |  |  |

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| **6.2** | **Research Expenses** (insert a separate page below if necessary): |
| **List Items** (please give brief description) | **Year 1 *(£)*** | **Year 2 *(£)*** | **Year 3 *(£)*** | **TOTAL *(£)*** |
| **a) Materials and Consumables:**           |            |            |            |  |
| **b) Equipment:**      |       |       |       |  |
| **c) Travel and Subsistence:**      |       |       |       |  |
| **d) Dissemination:**      |       |       |       |  |
| **e) PPI:**      |       |       |       |  |
| **f) Other:**      |       |       |       |  |
| **6.2 SUB TOTAL:** |  |  |  |  |
| **TOTAL FUNDING REQUESTED (6.1 + 6.2):** |  |  |  |  |

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| **6.3** | **NHS Costs** (If your proposal involves clinical research in the NHS, it is a mandatory requirement to complete a Schedule of Events Cost Attribution Template (SoECAT) – see Guidelines for further details): |
| 6.3.i | Does your proposal involve research in the NHS? | YES [ ]  NO [ ]  |
| 6.3.ii | Have you completed a SoECAT? | YES [ ]  NO [ ]  |
| 6.3.iii | If your proposal involves NHS Service Support or Excess Treatment Costs, please provide detail of who has agreed to pay them. |
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| **6.4** | **Justification of Support** (Max 500 words): |
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**Previous Applications and Current Submissions of this Proposal to Other Funding Bodies**

Please provide details of whether this (or a closely related application) has been submitted to any other funding body and include the date by which a decision is expected. Details of previously unsuccessful applications must also be listed. **All resubmissions must include a covering letter stating how the previous proposal has been modified**. Failure to do so may jeopardise your application:

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| Funding body: | Title of proposal: | Status/ date decision expected: |
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**Declarations and Signatures**

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| **8.1** | **Applicants:** |
| I/we have read the standard Terms and Conditions and if this application is successful, agree to abide by them. I/we agree to notify Wellbeing of Women of any significant change in the particulars of this application either before or during the tenure of the award.I/we confirm that the information given on this form is complete and correct and that I/we shall be actively engaged in this research and responsible for its overall management.No association or partnership between Wellbeing of Women and myself/us shall exist or be inferred by reason of the award of a Project Grant for this work by Wellbeing of Women, and I/we acknowledge that I/we have no authority to commit Wellbeing of Women in any way in relation to the study. |
|  | **Signatures of Principal Applicant and Co-Applicants:** |
| Signature………………………………………………………… | Date……………………………………… |
| Signature………………………………………………………… | Date……………………………………… |
| Signature………………………………………………………… | Date……………………………………… |
| Signature………………………………………………………… | Date……………………………………… |
| Signature………………………………………………………… | Date……………………………………… |
| Signature………………………………………………………… | Date……………………………………… |

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| **8.2** | **Head of Department responsible for administration of the Grant:** |
| I confirm that I have read the above application and the standard Terms and Conditions. I confirm that the study referred to will take place in, and be administered by, this Department in accordance with the above regulations and conditions. |
|  | **Signature of Head of Department:** |
| Signature………………………………………………………… | Date……………………………………… |
| Full name in BLOCK CAPITALS: |       |

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| **8.3** | **Officer responsible for administration of the Grant:** |
| I confirm that I have read the above application and the standard Terms and Conditions. I confirm that the research referred to will take place in and be administered by this Institution in accordance with the above regulations and conditions if the award is made. I also confirm that the costs quoted therein are in accordance with the normal practice of this Institution. |
|  | **Signature of Finance Officer/Bursar/Registrar:** |
| Signature………………………………………………………… | Date……………………………………… |
| Full name in BLOCK CAPITALS: |       |

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| **8.4** | **For research involving NHS patients, a signature is needed from the R&D Director or Deputy confirming that the project will be carried out within the NHS research governance framework.** |
|  | **Signature of R&D Director or Deputy of recognised sponsor:** |
| Signature………………………………………………………… | Date……………………………………… |
| Full name in BLOCK CAPITALS: |       |

**Suggestions for Possible Reviewers**

Please provide the names, addresses and emails of **at least three people** who have suitable expertise to act as independent reviewers. These potential referees should not be in the same institution as, or have collaborated with, any of the applicants within the last 3 years. The nomination of potential reviewers does not guarantee that they will be contacted. In addition, applicants may indicate individuals who should not be contacted with regard to the application. The reasons for this must be clearly stated:

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**Report on Previous Wellbeing of Women Grant(s)**

This section must be completed for any Wellbeing of Women grants awarded to any member of the team **within the past 5 years**. Please use the following headings:

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| --- | --- |
| Title of Grant: |       |
| Reference Number: |       |
| Start Date: |       | Completion Date: |       |
| Grant Holders: |       |
| **10.1** | Please include a brief summary of your current perception of the significance of the work done (e.g. as increment to knowledge, conceptual or methodological advance, contribution to medical practice, training, industrial exploitability/applicability/spin-off), and of the project’s significance for your own, your assistants' and your colleagues' scientific development. |
|       |
| **10.2** | Please list scientific papers directly resulting from this grant [full papers published or "in press" in refereed journals with title, full pagination and co-authorship: please asterisk the key paper(s) and underline the names of any assistant(s) on the grant among the authors]. |
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1. **Curriculum Vitae of all Applicants (please use 1 side of A4 ONLY for each named individual)**

CVs should include qualifications with dates awarded; present employment and previous posts; current grants held (title, source, duration and sum awarded); and publications (no more than 5):

Please insert 1-page CVs here (Ctrl+Enter to insert a page)

**Appendices**

Only the following will be accepted (tick all appendices that have been provided):

|  |  |  |
| --- | --- | --- |
| **Appendix type** | **When Required** | **Included** |
| Gantt Chart | Mandatory for all submissions (max 1 side A4) | [ ]  |
| Supporting tables or figures | Optional (max 2 sides A4) | [ ]  |
| Letter of support from collaborators | Mandatory for any collaborators (max 1 side A4 for each organisation) | [ ]  |
| Covering letter for resubmissions | Mandatory for resubmissions to Wellbeing of Women | [ ]  |
| SoECAT ‘study information’ and ‘summary’ pages | Mandatory when proposing research in the NHS | [ ]  |
| Research Questions for Non-standard Animals form | Mandatory when proposing the use of non-human primates, cats, dogs or equines | [ ]  |
| Copy of any papers in press | Provide if referred to in the application | [ ]  |

Please insert all appendices into the PDF copy of the application (Ctrl+Enter to insert a page)