



Oesophageal Cancer Fund

Research Grant Application

Oesophageal Cancer Fund Research
Scientific Committee

SECTION 1

APPLICATION SUMMARY

PROJECT TITLE:

ADMINISTRATIVE AUTHORITY

NAME OF APPLICANT

LOCATION OF APPLICANT

PEOPLE SUPPORTING THIS APPLICATION

DURATION OF PROPOSAL

STAFF COSTS

RUNNING EXPENSES

EQUIPMENT COSTS

TOTAL REQUESTED

SECTION 2

RESEARCH PROPOSAL OUTLINE

2.1 Research Project Title

Please note: Only use capital letters for the first letter of the title and for acronyms where appropriate. Titles should be no longer than 250 characters (including spaces)

TITLE

2.2 PROPOSED START DATE
(01/mm/yyyy)

2.3 DURATION OF PROPOSAL
(months)

2.4 MAIN RESEARCH GOALS
Please summarise in a format that can be understood by a non-specialist audience (100 words max)

2.5 TYPE OF APPLICATION
(Please tick one of the boxes on each line)

New application

Revised application

Extension application

Programme Grant

Project Grant

Small Project Grant

SECTION 2 (ctd)

RESEARCH PROPOSAL OUTLINE

2.6

RESEARCH ABSTRACT

(Not to exceed 400 words in total; Please use the headings below)

1. BACKGROUND
2. RELEVANCE TO OESOPHAGEAL CANCER PATIENTS
3. SPECIFIC AIMS OF RESEARCH PROJECT
4. OUTLINE PLAN OF RESEARCH

SECTION 3

FINANCIAL DETAILS

Please refer to the guidance provided and be careful to enter all the relevant information requested for each salary within the application.

3.1 Staff details for year 1

Please highlight any significant changes to staffing costs required in subsequent years in the Summary Project Costs section below and fully justify these within your research proposal.

Post title	Staff member	Details of salary	Total salary

3.2 Financial administration contract details

Please provide information about someone who can be contacted regarding staffing issues, either within the department or the finance section of the host institution

Full name	
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Telephone number	
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E-mail address	
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Section 3 ctd

FINANCIAL DETAILS

3.3 Running expenses for year 1.

Please highlight any significant changes to running expenses required in subsequent years in the Summary Project Costs section below and fully justify these within your research proposal.

ITEM	COST	ITEM	COST
Hire / maintenance of special equipment		2)	
Laboratory expenses		3)	
Office expenses		4)	
Access to services (e.g. IT support)		5)	
Photocopying / printing		6)	
Travel related to research proposal		7)	
Other:		8)	
1)		9)	

3.4 Total equipment costs

Any equipment costs for the duration of the award should be requested here. It is likely that all these will only be awarded in year one, and subsequent requests may be denied.

ITEM	COST	ITEM	COST

SECTION 3 ctd

FINANCIAL DETAILS

3.5 Summary project costs

Please use the table below to summarise the totals for your project starting with year 1. Any significant increases after year 1 should be justified in the research proposal

Year	Staff costs	Running costs	Equipment	Year total

Section 4

Additional Research Information

4.1 Animal Studies

In general OCF does not fund animal research. Clear justification for use of animals must be provided within the proposal and a statement provided to demonstrate that the proposed research complies with existing regulations concerning animal research.

Does the proposed research involve the use of animals?	
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If YES, has an appropriate licence been obtained?	
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4.2 Human Studies

Does the work require approval from an ethics committee?	
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If YES, has a licence been obtained? *	
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* Please enclose a copy of the ethics committee approval letter.

Does the work involve use of human tissue samples?	
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If YES, will you have patient consent for use of the samples?*	
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* Please enclose copies of your patient consent forms with your application.

4.3 Commercial outputs

Do you perceive any commercial and / or translational opportunities arising from the research proposal?	
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If YES, please confirm that this will not interfere in any way with the future dissemination of your research findings	
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4.4 Other OCF Support

Has the applicant, principal investigator or co-investigator any current or past OCF funding?	
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If YES, please provide details.

If relevant, please briefly explain how this new application will fit in with any current OCF awards that you have identified above.
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4.5 Submission History of this Application

Has a similar application to this been submitted to other organisations for consideration?	
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If YES, please supply the following information:

Organisation	Decision date	Outcome (if known)

Is it your intention to obtain funding from more than one partner organisation to support this application?	
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If YES, please clearly communicate your vision for this collaborative process and include any information from these organisations which helps clarify their exact roles and relationships in connection with this application.

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4.6 Awards from other organisations

Please list all non-OCF current and pending research awards held by yourself and any co-investigators

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4.7 Information about the Application Coordinator

Are you applying for your own support?	
If NO, is your current position funded for the duration of the applied award?	
If YES, please state the source of your current funding	
Are you a clinician?	
If YES, state your weekly percentage of clinical sessions	
If YES, state your weekly percentage for research	

4.8 Peer Review

Please nominate up to 3 reviewers and supply full contact details for each reviewer

1. Name:
Address:
Telephone:
Email:
2. Name:
Address:
Telephone:
Email:
3. Name:
Address:
Telephone:
Email: