### NIHR University College London Hospitals Biomedical Research Centre (BRC) & UCLH Charitable Trustees / Clinical Research and Development Committee (CRDC)

**FAST TRACK GRANT APPLICATION**

Closing Dates: 1st June and 1st November

(Or mid-day the following Monday where the 1st falls on a weekend)

SLMS (Bloomsbury campus only), Institute of Neurology and Eastman Dental Institute

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**PLEASE READ THE GUIDANCE NOTES BEFORE COMPLETING THIS FORM**

Please return the fully signed application form and any attachments by email to maplehouse1a-reception@ucl.ac.uk as a single PDF or ZIP file only, saved with the name of the principle applicant. If unable to scan a signed copy you must additionally provide one copy of the full application with original signatures to: Amanda Felstone, Receptionist/Administrative Assistant, SLMS Office of the Vice Provost (Health), UCL, Gower Street, (Maple House 1A) London WC1E 6BT. [Hand deliveries to: Reception, Maple House 1A (First Floor), 149 Tottenham Court Road]

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**Prospective grant holder(s) :**

<table>
<thead>
<tr>
<th>Family Name</th>
<th>Forename</th>
<th>Title (Dr etc.)</th>
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**Title of proposed project:**

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**For correspondence:**

Name of Principal Investigator:

Address:

Telephone: Email:

**Abstract:** (up to 120 words)
Please provide a lay summary of the project (up to 200 words):

Project to be undertaken in (please state department, campus and clinical site):

Please note that we cannot accept applications for work wholly based at non UCLH hospital sites

Proposed starting date:  
Proposed completion date:

Summary of support requested  
Year 1

<table>
<thead>
<tr>
<th>Number of posts (full + part time)</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Cost: salaries (include Superannuation and National Insurance)</td>
<td></td>
</tr>
<tr>
<td>Cost: equipment* &amp; expenses</td>
<td></td>
</tr>
<tr>
<td>Total cost of support requested</td>
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</table>

* We are unable to provide funds to purchase IT equipment.

Please detail how the CRDC award will pump prime a larger study:

Other support:

Are you carrying out related research currently supported by any other body?  
If yes, please give details.

Are you currently applying elsewhere for work relating to your present proposal?  
If yes, please indicate topic, supporting organisation and value)

Is this application currently being submitted elsewhere?  
If yes, to which organisation? When is result expected?)
Please list all current peer-reviewed financial support to your group

Does any of this funding support research related to this application?  YES/NO

Is this the resubmission of a project?  YES/NO

If yes, please indicate below (or attach an explanatory note) how this application differs from the previous one.

Allowing an applicant to resubmit an amended project for consideration by the committee does not necessarily signify that it will be approved or funded.
Details of support requested

- **For grants being administered by UCL**, full economic costing is required using the pFACT costing tool. Information about UCL salary scales / pFACT and the Research Grant/Contract Approval Form can be found at: [http://www.ucl.ac.uk/finance/secure/research/pre_award/index.htm](http://www.ucl.ac.uk/finance/secure/research/pre_award/index.htm)

For those who are unable to access pFACT your Departmental Administrator should be able to help with the costing process. **NB it can take up to 5 working days to get costing approval.**

- **For grants being administered by UCLH Joint Research Office** approval is required (Email: joe.mwanza@uclh.nhs.uk).

- The figures entered below and those in the summary on the previous page should not include overheads, estates or additional costs.

- **There is no need to cost annual pay awards as these will be met by the BRC.**

### Staff and grade

<table>
<thead>
<tr>
<th>Year 1</th>
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<tbody>
<tr>
<td>Post at full-time rate:</td>
</tr>
<tr>
<td>gross salary</td>
</tr>
<tr>
<td>London allowance</td>
</tr>
<tr>
<td>Superannuation</td>
</tr>
<tr>
<td>National Insurance</td>
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<tr>
<td>total cost in year</td>
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</table>
Description of proposed study

NB. This should be no more than 4 single sides of A4 including references and diagrams in Arial 11 font.

Give details under the following headings:
1. Objectives
2. Background and rationale
3. Plan of investigation
4. Timetable
5. Reasons for support requested
6. References
7. For quantitative studies involving human subjects:
   • Please justify the proposed study size. If a sample size calculation was performed, please give all details of the calculation including references/formulae/software so that a reviewer may replicate the numbers if so desired. Note: Sample size calculation is not required for pilot studies.
   • Please provide a brief statistical analysis plan.
   • What level of expertise is available within your research team to carry out the proposed statistical analysis?
   • If adequate statistical expertise is not available within your team please give details of any external source of support
   • How will the statistical support be funded?

8. Please provide a brief CV (no more than 2 additional pages) of the main applicant

Continue on additional pages as necessary
Approval of Head of Department

The proposed research work has my approval. The work to be carried out can be accommodated in the Department.

Signature: .......................................................... Date: ....................................................

Name and initials: ..................................................................................................................

(Typescript/capitals)

SLMS Department ☐ Inst. of Neurology /Eastman Dental Inst. Dept ☐
Hospital Department ☐
(please tick as appropriate)

Have you obtained approval for your project from the NHS Research Ethics Committee? YES/NO

If yes: Name of Committee: ..................................................................................................
        Date of approval: ...........................................................................................................
        Reference No: ............................................................................................................

If no, when is your project likely to be considered by the REC?
        Name of Committee: ..................................................................................................
        Date of Meeting: .........................................................................................................

If you feel ethical approval is not required please give reasons:

Please give the name and address of the sponsor of your trial (for Clinical trials)

Acceptance by applicant(s)

I/we confirm that I/we shall be actively engaged in, and in day-to-day control of, the project.
Signature(s) of Applicant(s):

1. ................................................................................. Date..............................................
2. ................................................................................. Date..............................................
3. ................................................................................. Date..............................................
Approval of BRC Programme Director [All proposals must have the support of at least one BRC Programme Director - http://www.uclhospitals.brc.nihr.ac.uk/about-us/our-team. If you cannot find some alignment with one of the Programmes (Cancer, Cardiometabolic, Infection, Immunity & Inflammation or Neurosciences) then you should approach Professor Bryan Williams as the BRC Director.]

The proposed research work has my approval. The work to be carried out will be part of my research programme.

Signature:.......................................................... Date:...........................................

Name and initials: ...........................................................................................................
(Typescript/capitals)

Approval of Other Programme Director [2] [Where applicable]

The proposed research work has my approval. The work to be carried out will have important implications for research in my programme.

Signature:.......................................................... Date:...........................................

Name and initials: ...........................................................................................................
(Typescript/capitals)

Approval of Other Programme Director [3] [Where applicable]

The proposed research work has my approval. The work to be carried out will have important implications for research in my programme.

Signature:.......................................................... Date:...........................................

Name and initials: ...........................................................................................................
(Typescript/capitals)
Note to researchers:

The financial administration of the majority of the projects dealt with by the Committee is handled by the Research Administration Section of UCL Finance, and the appointment of staff is generally made by the Personnel Department of UCL, and staff appointed will join the appropriate academic department.

1. Do you have any objection to this arrangement? Yes / No

   If yes, please go to appendix III.

   Otherwise please arrange for the declaration below to be signed by the Administrative Authority, Research Administration, Reception - Room 612, Finance Division, 1-19 Torrington Place, or by the relevant authority at the Institute of Neurology, National Hospital or Eastman Dental Institute, before your application is submitted to the CRDC

   Please note your form should be submitted to Research Administration at least 4 working days before the deadline for applications.

2. Please state the Academic Department in which the research will be carried out:

   ........................................................................................................................................

3. Please state the Department telephone number on which you can be contacted: ..............

   ........................................................................................................................................

TO BE COMPLETED BY THE ADMINISTRATIVE AUTHORITY AT UCL RESEARCH ADMINISTRATION/Institute of Neurology or Eastman Dental Institute

CERTIFICATE

I certify that the costings in this application are correct

Signed __________________________________________________________________________ Date __________________________________________________________________________

Status __________________________________________________________________________

If this project is to be administered by UCL, IoN or EDI this appendix must be signed by the relevant authority and returned with the application form.
Principal Investigator: ____________________________________________________

Hospital Department: ____________________________________________________

Research Short Title: ____________________________________________________

Proposed Start Date: ___________________ Proposed End Date: _______________

IF YOU WISH THIS GRANT TO BE ADMINISTERED BY UCL HOSPITALS NHS FOUNDATION TRUST:

Please state the hospital department in which the research will be carried out: ________________

Please state the department telephone number on which you can be contacted: ________________

__________________________

TO BE COMPLETED BY THE APPROPRIATE DIVISIONAL MANAGER FOR THE SPECIALITY

I confirm that the costings in this application are acceptable to UCL Hospitals NHS Foundation Trust

Signed: ________________________________________________________________

Print Name: ______________________________________________________________

Divisional Manager for (specialty): ___________________________________________

Date: __________________________

If this project is to be administered by the Trust rather than UCL this appendix must be signed by the relevant authority and returned with the application form.