**Precision AMR**

**Seed Project awards**

**Application form**

(All information supplied on this form will be treated as confidential)

SECTION 1. Applicant(s) details

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| **1.1 Name of Lead applicant** |
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| **1.2 Lead applicant professional background** |
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| **1.3 Lead applicant substantive employer** |
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| **1.4 Lead applicant contact details**  Address, email and contact number. |
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| **1.5 Name of co-applicant(s)**  Add rows for additional applicants. |
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SECTION 2. Proposal details

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| **2.1 Background information and rationale**  Information on what issues this may be addressing; is there an unmet need; current boundaries in AMR (clinical, research etc), current procedure/ test or method(s) requiring further analysis/ improvement or comparison; background of new idea. (Existing background data can be added as a separate appendix if required); max. 500 words. | |
|  | |
| **2.2 Proposal title** | |
|  | |
| **2.3 Expected start date**: | **Expected end date and duration:** |
| **2.4 R&D Approval**  GOSH/ UCLH R&D number:  UCL: Worktribe ID: | |
| **2.5 Proposal lay summary**  Using plain English; max. 400 words.  (please note, if project is successful, this will be available on the Precision AMR website) | |
|  | |
| **2.6 Proposal technical summary**  Include key objectives and deliverables, scope and plan of work, methodologies, milestones/ timelines.  max. 600 words. | |
|  | |
| **2.7 How will you engage patients and public in your research?**  Outline plans for PPI, max. 400 words. | |
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| **2.8 Impact**  Outline how you think your proposal will impact your research question, how this will overcome boundaries, either now or in future, max. 400 words. | |
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| **2.9 Project next steps**  Describe how you will develop your project beyond this call, what that you would like to do next, additional funding that can be levered, max. 100 words. | |
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SECTION 3. Resource request

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| **Which Precision AMR facility will you be using**  Please tick more than one if applicable. |
| **Clinical Sampling Laboratory** |
| **Clinical Sequencing Facility (GOSH)** |
| **Clinical Sequencing Facility (HSL)** |
| **Pathogen Genomics Unit** |
| **Translational Data Science Group**  (electronic patient records and data group) |
| **Antimicrobial Pharmacodynamics**  **Hollow Fibre Laboratory** |
| If none of the above, please indicate reason |
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SECTION 4. Budget

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| **4.1 Outline budget requested**  Please ensure you have discussed any costs associated with Precision AMR facilities first. |
| **4.2 Staff salaries**  Add any additional staff in separate lines  FTE:  Total cost: |
| **4.3 Consumables** |
| **4.4 Other** |

SECTION 5. Competitive position and Intellectual Property (IP)

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| **5.1 Does UCL hold any relevant IP? Is there any external IP or activity, which is relevant to the project?** Yes  No  If yes, describe below  Investigators seeking advice on this section may wish to consult the relevant UCLB contact - <http://www.uclb.com/who-we-are/our-people>, max. 200 words. |
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| **5.2 Is the project expected to generate new IP?** Yes  No  Provide brief description of the nature of the new IP, max. 200 words. |
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SECTION 6. Additional information

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| Approvals |
| **6.1 Does the project require ethical approval?** Yes  No  If yes, is it already in place? Yes  No |
| If no, please specify if approval is required, what stage you are to gaining approval and if/ what type of support you would require to gain approval.  max. 200 words |
|  |
| **6.2 Is this proposal part of wider work carried out**? Yes  No  If yes,provide funder name and funder reference |
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SECTION 7. Industry agreement

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| **7.1 Does your project have an industry partner**? Yes  No  **If so, will match funds be provided?** Yes  No  Direct funds:  In-kind contribution: |
| If there is an industry partner, please expand on the information provided in the above by stating who the industry partner(s) is, the value of any matched funds or if an in-kind contribution is being provided, what the nature of this is.  max. 200 words |
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SECTION 8. Signatures

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| **8.1 Lead Applicant**  I declare that the information given in this form is complete and correct. | | |
| **8.2 Name** (print) | **Signature** | **Date** |
| **8.3 Name of Facility:** | | |
| **8.4 Name of Signatory from facility**  I confirm that the project has approval to conduct their research at the above-named facility and that the costing provided are correct. | | |
| **Name** (print) | **Signature** | **Date** |