**UClH Research Hospital: AI in HealthCARE**

**Short Project Funding Application Form**

Completed application forms should contain the following:

* Max. 2 pages CV + 1 page of publications per co-applicant
* A Full Economic Costing generated via a “Standalone” Worktribe Project (in section E)
* Signatures of the Divisional/ Institute Director and Divisional Manager for each co-applicant (in section F)

***Incomplete applications which do not follow this guidance will not be considered.***

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| This is an application for: | UCL and Partner Hospitals: AI in Healthcare Funding Call 2019 |

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| PRINCIPAL INVESTIGATOR 1 TITLE (DR, ETC.) | FORENAME | SURNAME |
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| DEPARTMENT/ DIVISION/ INSTITUTE |  | |
| EMAIL ADDRESS |  | |
| ARE YOU A FELLOWSHIP HOLDER? | Y/N  ***If yes, please provide name of fellowship award*** | |

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| CO-APPLICANT/INVESTIGATOR 2 TITLE (DR, ETC.) | FORENAME | SURNAME |
|  |  |  |
| DEPARTMENT/ DIVISION/ INSTITUTE |  | |
| EMAIL ADDRESS |  | |
| ARE YOU A FELLOWSHIP HOLDER? | Y/N ***(delete as appropriate)*** | |

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| CO-APPLICANT/INVESTIGATOR ‘n’ (delete or copy/paste this table as appropriate)  TITLE (DR, ETC.) | FORENAME | SURNAME |
|  |  |  |
| DEPARTMENT/ DIVISION/ INSTITUTE |  | |
| EMAIL ADDRESS |  | |
| ARE YOU A FELLOWSHIP HOLDER? | Y/N ***(delete as appropriate)*** | |

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| PROJECT TITLE |  |
| PROPOSED START DATE |  |
| DURATION |  |
| SUM REQUESTED |  |

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| 1. SCIENTIFIC SUMMARY OF SHORT PROJECT **(250 words max)** |
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| 1. PROJECT DESCRIPTION (max 2 pages)   Please include the following:   1. Background to the proposal   *Set out the context to the proposal and work that has led to this proposal*   1. Aims and objectives   *Set out the research questions you plan to address and explain why these are important. Also set out your short and long-term objectives and describe how these will advance the field.*   1. Plan of investigation   *Include a description of the approach to be taken.*   1. A maximum of 10 references |
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| 1. Resources and Data Sets |
| Please consider the following:   * *Nature/type of data* * *Availability of data* * *Number of cases* * *Number of variables* * *Estimates of missing data* * *Accessibility and sensitivity of data* * *Evidence or a priori plausibility of signal in high-dimensional data* * *Data storage* |

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| 1. Ethics and Regulatory Requirements |
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| 1. Outputs |
| Describe what you expect to achieve within the funding period. |

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| 1. DESCRIBE HOW THE RESEARCH COLLABORATION WILL BE TAKEN FORWARD FOLLOWING THE FUNDING PERIOD **(200 words max)** |
| What are your plans for grant funding beyond the duration of the award? What are the next steps that you will be taking? |

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| 1. IMPACT **(200 words max)** |
| Please describe how clinical care would be enhanced through the operational (and where applicable clinical) application of the proposed work. Please include feasibility and route to adoption. |

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| 1. BUDGET SUMMARY *(Create a ‘Standalone Budget’ and select ‘Funder = 100% FEC’ in the ‘Projects’ tab of Worktribe to generate costs. Please include the costs below as an appendix to this application form as one document)* | |
| *DIRECT COSTS ONLY (overheads and estates costs are not eligible)* |  |
| Research Staff Salary Costs |  |
| Consumables and research expenses |  |
| Equipment |  |
| Other costs (e.g., travel) |  |
| **TOTAL** Full Economic Costing (FEC) |  |
| 1. SIGN OFF |  |
| *Divisional/ Institute Director/HOD name (1)*: | Signature:  Date: |
| *Divisional Manager name (1):* | Signature:  Date: |
| *Divisional/ Institute Director name (2)*: | Signature:  Date: |
| *Divisional Manager name (2):* | Signature:  Date: |
| *Divisional/ Institute Director name (3)*: | Signature:  Date: |
| *Divisional Manager* *name (3):* | Signature:  Date: |
| *Divisional/ Institute Director name (4)*: | Signature:  Date: |
| *Divisional Manager* *name (4):* | Signature:  Date: |