



PUMP PRIMING APPLICATION FORM

Principal investigator:	
Designation:	
Email:	
Contact telephone no.:	
Location of research activity:	
Divisional Clinical Lead supporting the study:	
Local Collaborator Details: (Name and organization)	
Planned Start Date for Project	
Project Length	
Planned End Date for Project	
Title of proposal:	
<p>1. Please briefly describe the proposed research (Max 1,000 words). This section should include:</p> <ul style="list-style-type: none"> • a brief background • a clear research question / hypothesis • an outline study plan • a costing and justification of the funds requested. Please use the table below for costings breakdown. Add other categories as appropriate for your project. • Include a letter signed by your Divisional Clinical Lead (Medical or NMAHP) confirming that the study has their support 	
(Max 1,000 words)	



2. Please provide a lay summary of the proposal (max 100 words)

(The quality of the lay summary will be considered in the scoring as part of the application process.)

Costings Table (with examples of expenditure)

Expense	Individual Costs	Total
PPI		
Staff Costs		
Materials and Consumables e.g. leaflets.		
Other Expenses		
Grand Total		

3. Please comment on how your research may ultimately benefit patients (100 words):

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4. Please state how this research will increase your chances of attracting further grant support and the type of funding for which you intend to apply (e.g. research for patient benefit)
(100 words):

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5. How have patient views informed this proposal

6. How does the project align with SFH strategic objectives?

7. Do you need approval from your Ethics Committee, R&I Department?

Yes/No (please score out as appropriate)

If yes have you obtained the necessary approvals (please enclose)?

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I accept that, if the planned research is not commenced within 3 months of the award, then funding will be withdrawn.

I agree to provide the R&I with a written progress report 6 months after the first transfer of funds from R&I, then a final report within 3 months of the end of the project

Reports to be sent to alison.steel1@nhs.net

There is an expectation that the work of grant recipients, if suitable, will be submitted for publication.

This funding does NOT support Audit, Service Evaluation, Improvement, new appointments or secondments or equipment and software.

Signature	
Print Name	
Date	