**A logo for a medical company

Description automatically generated**

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**APPLICATION FOR RESEARCH GRANT**

|  |  |
| --- | --- |
| 1. **Applicant Details** | |
| Surname |  |
| Forename(s) |  |
| Title |  |
| Position |  |
| Organisation |  |
| SAM Membership Number |  |
| Please provide a brief biography not exceeding 150 words. | |
|  | |
| 1. **Institution / Authority** *(Addresses at which the work will be done)* | |
|  | |
| 1. **Title of Investigation** | |
|  | |
| 1. **Research proposal** *(not exceeding 1500 words)* | |
| **Research Proposal** *(contd)* | |
|  | |
| 1. **Amount requested** *(must not exceed £2000)* **with breakdown of costs.** | |
|  | |
| 1. **Does the project have Ethical Committee approval?** Yes / No | |
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| 1. **Does the department in which this study will be hosted already have CLRN funding?** Yes / No   *Please outline how much CLRN support your department is receiving and what support will be**requested for this project.* | |
|  | |
| 1. **Signature of Lead Applicant**   I confirm that the information given on this form is complete and correct. I confirm that I shall be actively engaged in this project, responsible for its overall management, and hat I have appropriate GCP training.  **Signature: Date:** | |
|  | |
| 1. **Signature of officer who will be responsible for administering any grant that may be awarded:**   **Signature: Date:**  **Position in Organisation:**  **Email Address:**  **Contact Telephone Number:** | |