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Hazeltonhead Farm, Mearnskirk, Glasgow, G77 6RS
**Email:** administrator@acutemedicine.org.uk
[www.acutemedicine.org.uk](http://www.acutemedicine.org.uk)

**APPLICATION FOR RESEARCH GRANT**

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| 1. **Applicant Details**
 |
| Surname |  |
| Forename(s) |  |
| Title |  |
| Position |  |
| Organisation |  |
| SAM Membership Number |  |
| Please provide a brief biography not exceeding 150 words.  |
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| 1. **Institution / Authority** *(Addresses at which the work will be done)*
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|  |
| 1. **Title of Investigation**
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| 1. **Research proposal** *(not exceeding 1500 words)*
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| **Research Proposal** *(contd)* |
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| 1. **Amount requested** *(must not exceed £2000)* **with breakdown of costs.**
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| 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.* |
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| 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:** |