# OXFORDSHIRE HEALTH SERVICES RESEARCH COMMITTEE (OHSRC)

## APPLICATION FOR SMALL RESEARCH GRANT (<£10,000)

YOUR COMPLETED APPLICATION SHOULD BE SAVED AS ONE COMPLETE DOCUMENT, WITH ALL SUPPORTING MATERIAL INCLUDED WITHIN IT, AND CALLED: yoursurname.docx

APPLICATIONS SHOULD BE SUBMITTED IN WORD OR .PDF FORMAT TO Catherine.King@ndm.ox.ac.uk

There are two application rounds per year, the closing dates of which are 15 April and 15 October. Applications will only be considered in gathered fields after each of these two dates.

Catherine King

Secretary to the Oxfordshire Health Services Research Committee

01865 612 680

Catherine.King@ndm.ox.ac.uk

# **OXFORDSHIRE HEALTH SERVICES RESEARCH COMMITTEE (OHSRC)**

 1. Applicant's Surname: Forename/s:

 Dr/Mr/Mrs/Miss/Prof. (List all names if interdepartmental project)

 2. Official Address:

Telephone Number: Email:

3. Permanent/personal email:

4. NHS Trust/Authority:

5. Present Appointment (If post is not permanent, please indicate tenure):

6. Title of Project:

7. Place at which research would be carried out:

8. Proposed: (a) Starting date: (b) Duration of project:

9. Have you received assurance that the co-operation you will require from your own and other authorities in the conduct of the proposed research will be forthcoming? YES/NO

1. Name of Supervisor (if appropriate):

Address and email of Supervisor:

11. Please attach an abstract of the research project written for non-specialists

i.e. a **lay summary of approximately 300 words (please read the guidance notes)**

12. **In addition**, please attach details of the research (in no more than three pages) which should include:

1. **A conventional abstract** (200 words)
2. **The aims of the project** - this should state a clear hypothesis, which the research is designed to test
3. **Background of the research** including how the research would benefit patients of Oxfordshire. Applications not explaining how the research is relevant to patients in Oxfordshire will be rejected.
4. **The methodology** to be used, including the major outcome variables, planned analyses and power calculations where appropriate
5. **The justification for the financial support** requested

13. Estimate of Requirements

a/ **STAFF**

 State name, grade, W/T or P/T.

 Give gross salary figures, including employers NI, pension, GP contributions (if any)

 TOTAL STAFFING COSTS:

 **\*NOTE:** For part-time state: Proportion of time spent on project and other appointments held

b/ **EQUIPMENT** (Please give cost and details)

TOTAL EQUIPMENT COSTS:

c/ **CONSUMABLES** (Please give cost and details)

TOTAL CONSUMABLES COSTS:

d/ **OTHER EXPENSES** (Please specify)

TOTAL OTHER EXPENSES:

e/ **SUMMARY**

Staffing

Equipment

Consumables

 Other Expenses

 TOTAL COSTS Requested:

14. Please list below any other related grants which you are receiving, showing the title of the project, the scale of support, the name of the supporting organisation and the estimated duration of the project.

15. Have you submitted this proposal to another funding organisation? YES/NO

 If yes, to which organisation:

and with what result: AWARDED / PENDING / FAILED

If pending, when is a decision expected:

16. Has this proposal been submitted to the Ethics Committee for approval? YES/NO

(Please note Ethics approval is not required before making an application to the OHSRC, but proof of approval, where appropriate, will be required **before any awarded funds are released**)

17. Signature of Applicant: Date:

18. I have read the application and agree that, if support is granted, the research will be carried out under my general direction.

 The research \*(will / may / will not) involve the use of NHS resources or facilities and \*(will / may / will not) require laboratory investigations in excess of investigations normally required for diagnosis and treatment; clearance for these has been obtained from the appropriate hospital department, financial provision to cover the cost has been made in the application.

*\*Please delete as appropriate*

Signature of Head of Department: Date:

19. I agree that the costs quoted are in accordance with practice and scales applying in this Trust.

Signature of Administrative/Finance Manager: Date:

**CURRICULUM VITAE OF PRINCIPAL APPLICANT/S ONLY (no more than one page)**

1. Surname: Forename(s): Age :

2. Degree etc. (Subject, Class, University, Dates):

3. Posts held (with dates):

4. Recent Publications (title and reference) and papers accepted for publication:

5. Previous experience in Research (with dates):

Signature: Date: