

**APPLICATION FORM FOR THE GUTS UK** **EARLY CAREER DEVELOPMENT GRANTS 2021**

Please read the ‘Research scope and eligibility criteria’ and the Guidelines for this grant call before completing the application form. Deadline for submission is 5pm **Monday 5th July 2021*.***

Please email your application and supporting letters/emails to [research@gutscharity.org.uk](mailto:research@gutscharity.org.uk).

Due to the Covid-19 pandemic currently we are accepting electronic signatures. However, after the deadline, we might ask you to post a wet-signed copy to Research Awards, Guts UK, 3 St Andrews Place, London NW1 4LB.

**Guts UK research strategy**

Please select the relevant box if this application covers any of Guts UK’s 7 priority areas - see <https://gutscharity.org.uk/research/our-approach/>

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| Upper gastrointestinal disease such as GORD and Barrett’s Oesophagus |  |
| Diverticular disease |  |
| Pancreatitis |  |
| Irritable Bowel Syndrome (IBS) |  |
| Childhood gut, liver and pancreatic diseases |  |
| Gut microbiome and nutrition |  |
| Less survivable digestive cancers: stomach, oesophageal, pancreatic and liver. |  |

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| **PART A: CONTACT INFORMATION** |

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| **A1 Principal applicant** | | | | | |
| Title |  | First Names |  | Surname |  |
| Institution | |  | | | |

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| ORCID ID  (if you have one) |  |

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| **A2 Contact details** | |
| Principal applicant | |
| Correspondence Address |  |
| Telephone |  |
| E-mail |  |

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| Administering Authority (This should be the same person who signs the application) | |
| Name |  |
| Correspondence Address |  |
| Telephone |  |
| E-mail |  |

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| Head of Department | |
| Name |  |
| Correspondence Address |  |
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| **PART B: RESEARCH TEAM** |

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| **B1 Research team details**  (Add rows for additional co-applicants) | | | |
|  | Title | Forename | Surname |
| Principal applicant |  |  |  |
| Role in the research project team |  | | |
| Anticipated time commitment on project (hours/week) |  | | |
| Co – Applicant (1) |  |  |  |
| Department, Institution, Email, Telephone |  | | |
| Role in the research project team |  | | |
| Anticipated time commitment on project (hours/week) |  | | |
| Co – Applicant (2) |  |  |  |
| Department, Institution, Email, Telephone |  | | |
| Role in the research project team |  | | |
| Anticipated time commitment on project (hours/week) |  | | |

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| **B2 Additional information about the applicant(s)**  (Duplicate this section for all co-applicants) | |
| Applicant name |  |
| Academic and higher professional qualifications | |
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| Full employment history | |
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| Publications | |
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| **PART C: ABOUT THE RESEARCH PROJECT** |

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| **C1 Title of the research project** |
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| **C2 Timing of the project** | | | |
| Proposed start date |  | Proposed duration  (in months) |  |

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| **C3 Abstract of research** |
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| **C4 Keywords** |
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| **C5 Lay Summary (Please include a lay title and sections about background, research aims and benefit for patients - see guidance for more details)** |
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| **C6 Clinical Research Network** | |
| For clinical research, has the project been discussed with your Local Clinical Research Network in regard to obtaining service support costs and advice on the development of the study? If yes, please provide details. | Yes  No N/A |
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| **C7 Patient and public involvement (PPI)** |
| Describe any patient and public involvement in the development of this application, as well as any plans for patient and public involvement in the delivery and/or dissemination of the research. |
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| **C8 Details of the research project** |
| 1. Aims of the project |
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| 1. Background to the research project |
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| 1. Hypothesis and objectives |
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| 1. Timeline and key milestones |
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| 1. Experimental design, setting and methodology |
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| 1. Statistical analysis |
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| 1. Feasibility assessment and contingency plan |
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| 1. Potential scientific and clinical impact |
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| **C9 References for the research project** |
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| **PART D: SPECIFIC CONSIDERATIONS** |

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| **D1 Regulatory approval** | | | | | | |
| Does the research proposed require ethical approval? | | | | | | Yes No |
| If Yes, please state below the ethical issues associated with the proposed research: | | | | | | |
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| Is approval from the relevant research ethics committee (select an option and add details if appropriate): | | | | | | |
| Received |  | Provide details: |  | | | |
| Pending |  | Date of submission and date of expected outcome: |  | | | |
| Application to be submitted |  | Date of planned submission: |  | | | |
| Not given |  | Provide details: |  | | | |
| N/A |  | | | | | |
| Does the research involve: | | | | | | |
| * Experimentation on human participants (including volunteers)? | | | | | Yes No | |
| * The use of human tissue? | | | | | Yes No | |
| * The use of biological samples? | | | | | Yes No | |
| If your answer to any of the above is **YES**, confirm that sufficient details and appropriate justification for their use has been provided in this application. | | | | | Yes No | |
| Will the proposed research collect and/or process personal data from study participants? | | | | | Yes No | |
| If you plan to collect and/or process personal data from study participants, outline below what safeguards are in place to ensure this will be compliant with the General Data Protection Regulation (GDPR). | | | | | | |
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| If you plan to share your research data and/or disseminate research outputs, outline below what safeguards are in place to ensure that you are compliant with the General Data Protection Regulation (GDPR). | | | | | | |
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| Have you applied to the Confidentiality Advisory Group? | | | | Yes  No N/A | | |
| Have you applied for Health Research Authority (HRA) Approval? | | | | Yes  No N/A | | |
| Please provide details of any other required approvals below (e.g. MHRA): | | | | | | |
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| **D2 Animal Research** | |
| Do your proposals include the use of animals or animal tissue? | | Yes  No |
| **If YES:** do your proposals include procedures to be carried out on animals in the UK which require **a Home Office Licence?** | | Yes  No |
| **If YES:** has the Home Secretary granted a Project Licence, under the terms of the Animals (Scientific Procedures) Act 1986, authorising the proposed experiments? | | Yes  No |
| **If YES:** state the name of the licensee, the project licence reference number, date of issue and end date. | | |
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| Do you, or any other researchers associated with the project, hold a Personal Licence under the Animals (Scientific Procedures) Act 1986, permitting the procedures required for the research to be carried out? | | Yes  No |
| **If YES:** give Personal Licence Reference Number and the name of the Licence Holder. | | |
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| **If NO:** has application been made for such a licence? | | Yes  No |
| **If YES:** provide details of when the licence is expected. | | |
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| Does your proposal include the use of animals or animal tissue outside the UK? | | Yes  No |
| **If YES**: give details of the local ethics committee approval that has been sought, relating this approval to the permission that would be required if the research were to be conducted in the UK. | | |
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| **D3 Licences and Approval** | |
| I confirm that I will have secured all necessary licences and approvals in relation to the research by the time the grant is taken up and will abide by the terms of those licences and approvals in carrying out the research. | |  |

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| **PART E: OTHER FORMS OF SUPPORT** |

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| **E1 Submission elsewhere** | |
| Is this or a related application currently being submitted elsewhere? | Yes  No |
| **IF YES:** please state below to which funding body and date of expected decision. | |
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| **E2 Other funding already obtained** | |
| Have you already obtained any other funding for part of the proposed work or a related application? | Yes  No |
| **IF YES:** please state below from which funding body. | |
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| **PART F: FINANCIAL INFORMATION** |

Please refer to the ‘Research scope and eligibility criteria’ document and the Guidelines for this grant call. Do not include costs for any non-allowed items.

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| **F1 Research costs** |  |  |  |
|  | **Year 1** | **Year 2** | **TOTAL** |
| 1. **Salary costs** |  |  |  |
| Salary |  |  |  |
| NI and Superannuation |  |  |  |
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| **Salary costs subtotal:** |  |  |  |
| 1. **Materials and consumables costs** |  |  |  |
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| **Materials and consumables costs subtotal:** |  |  |  |
| 1. **Animal costs** |  |  |  |
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| **Animal costs subtotal:** |  |  |  |
| 1. **Miscellaneous costs** |  |  |  |
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| **Miscellaneous costs subtotal** |  |  |  |
| **TOTAL BUDGET** |  |  |  |

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| **F2 Additional detail on animal costs** | | | |
| **(a) Animals species** | | | |
| Indicate species of animal used: |  | | |
| **(b) Purchase cost** | Year 1 | Year 2 | Total |
| Cost of purchasing animals per year: |  |  |  |
| Number to be purchased per annum: |  |  |  |
| Purchase price per animal: |  | | |
| Source of supply and biological quality: |  | | |
| **(c) Maintenance** | Year 1 | Year 2 | Total |
| Cost of maintenance per year: |  |  |  |
| Number of animals to be maintained: |  |  |  |
| Number of weeks’ maintenance required: |  |  |  |
| Cost of maintenance per animal per week: |  | | |
| **(d) Experimental procedures** | Year 1 | Year 2 | Total |
| Cost of procedures per year: |  |  |  |
| Type of procedure: |  | | |
| Cost per procedure: |  | | |

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| **F3 Justification for support** |
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| **PART G: COMMERCIAL CONSIDERATIONS** |

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| **G1 Commercial involvement** |  |
| Do any of the applicants or supervisors/sponsors have consultancies or any equity holdings in companies or other organisations that might have an interest in the results of the proposed research? | YES  NO |
| **If YES:** give brief details. | |
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| **G2 Commercial exploitation** | |  |
| Will the proposed research use technology, materials, or other inventions that, as far as you are aware, are subject to any patents or other form of intellectual property protection? | | YES  NO |
| **If YES:** give brief details. | | |
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| Is the proposed research in whole or in part, subject to any agreements with commercial, academic, or other organisations? | | YES  NO |
| **If YES:** give brief details. | | |
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| Is the proposed research likely to lead to any patentable or commercially exploitable results? | | YES  NO |
| **If YES:** give brief details. | | |
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| If any potentially commercially exploitable results may be based upon tissues or samples derived from human participants, please confirm that there has been appropriate informed consent for such use. | YES  NO  N/A | |
| Give details if necessary. | | |
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| **PART H: DECLARATION AND SIGNATORIES** |

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| **In submitting this research proposal, the principal applicant’s institution accepts and agrees to the terms relating to the Standard Release Form and confirms that it has informed its staff who form part of the applicant research team about the data protection information set out below:** |
| **Standard Release Form**  Summary information about the successful grant application, including the title of the project, the principal applicant’s name and institution, the abstract of research, the lay summary, and the value of the grant, might be published on Guts UK’s website and on other communication channels, as soon as the grant is awarded.  **Signature: Date:**  **Name and position:** |
| **Data Protection Information**  Guts UK may contact applicants, co-applicants and their institutions by email, telephone or post about their applications or other pertinent issues. Personal and other data on grant applications will be stored by Guts UK to aid the processing of applications, and for auditing, review, and evaluation purposes, and as set out in the Standard Release Form (see above). Information will not be shared with any third party except for aiding those purposes (e.g., grant data sharing with the Association of Medical Research Charities).  All personal information will be stored and processed in accordance with the Data Protection Act 1998 (and any subsequent legislation and guidance relating to data protection, in particular the General Data Protection Regulation 2016 and the Data Protection Act 2018). Processing of personal data is necessary for the legitimate interests pursued by Guts UK and with other third parties as set out above and will be limited to that which is proportionate to those interests.  Further information as to how Guts UK use and protect your data is available in Guts UK’s Privacy Policy, accessible from [www.gutscharity.org.uk](http://www.gutscharity.org.uk) |
| **In submitting this research proposal, we confirm that:** |
| **APPLICANT**   * I understand that if the application is successful, I will be bound by the grant’s Terms and Conditions, other relevant terms, and any subsequent amendments. * I confirm that I have not entered any obligations which would conflict with the grant’s Terms and Conditions or other relevant terms of the grant. * I confirm I have the full support of all relevant members of staff where the work is to take place. * I confirm that I will have secured all necessary licences and approvals in relation to the research by the take up of the grant and will abide by the terms of those licences and approvals in carrying out the research. |
| **Signature of Applicant: Date:**  **Name:** |
| **HEAD OF DEPARTMENT**   * I understand that if the application is successful the work must be accommodated and administered in the department/institution in accordance with the Grant’s Terms and Conditions, other relevant terms, and any subsequent amendments. * I will ensure that the applicants abide by the Grant’s Terms and Conditions and any subsequent amendments. * I agree that the resources provided under the Grant shall be applied for the purposes of the research approved under the Grant only. |
| **Signature of Head of Department: Date:**  **Name**: |
| **ADMINISTERING AUTHORITY**   * I understand that if the application is successful the Administering Authority will be bound by the grant’s Terms and Conditions, other relevant terms, and any subsequent amendments. It will also ensure that all institutes hosting research supported through this Grant abide by the Grant’s Terms and Conditions, other relevant terms, and any subsequent amendments. * I confirm that the staff grading and salaries quoted are correct and in accordance with the normal practice of this institution. |
| **Signature of Administering Authority: Date:**  **Name**: |