**APPLICATION FORM FOR THE 2025**

**GUTS UK/BSG TRAINEE INDIVIDUAL AWARD**

Please read the ‘Research scope and eligibility criteria’ and guidelines for this grant call before completing the application form. Completed applications (including signed supporting statements) should be emailed to research@gutscharity.org.uk by the closing deadline of Monday 30th June 2025, 5pm. **Applications received incomplete, or after this time, will not be considered.**

Once submitted, please complete this [online survey](https://www.surveymonkey.com/r/YLPKZ7C) which aims to help us collect information to monitor the diversity of Guts UK's grant applicants. Responses will be used to help us shape the ways in which we work to ensure inclusive research funding. Participation is anonymous and responses are not linked to applications nor have any bearing on the assessment process.

**Note -** Guts UK’s [Experts by Experience Panel](https://gutscharity.org.uk/about-us/experts-by-experience) are an integral part of our funding process and will be reviewing and scoring applications with equal weighting as the Research Awards Committee. Please consider this when completing the plain English summary and Patient and Public Involvement and Engagement (PPIE) section of the application.

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| **1a: About the Project** |
| Project title: |  |
| Proposed start date and project duration (in months) |   |
| Please state type of research proposed – basic science or clinical? |  |

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| **1b. Guts UK Research Priority Areas**Please select the relevant box if this application covers any of [Guts UK’s Seven Priority Areas.](https://gutscharity.org.uk/research/our-approach/) |
| Upper gastrointestinal disease such as Gastro-Oesophageal Reflux Disease 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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| **2: Plain English Description**Describe the research and objectives in simple terms in a way that is accessible to a general audience - see guidance for more details. If awarded, this will be made publicly available - (max 500. Words): |
| Plain English title:  |
| Plain English summary:  |

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| **3: PPIE**Describe how patients or members of the public have been involved with the development and design of this application - (max 500. Words). |
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| **4: Technical Summary**Describe the research and objectives in a manner suitable for a specialist reader - (max 500. Words): |
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| **5: Beneficiaries**Describe who will benefit from the research - (max 500. Words): |
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| **6: Communications Plan** Please outline your plans for engagement, communication and dissemination of your research and its outcomes including, where appropriate, with patients and the general public. - (max 500. Words): |
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| **7: Case for Support:** max 2 pages including figures. |
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| **8a: Research involving Human Participation**  |
| Does the research proposed require ethical approval? | Y/N |
| If **yes**, please state below the ethical issues associated with the proposed research: |
| 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)?
 | Y/N  |
| * The use of human tissue?
 | Y/N |
| * The use of biological samples?
 | Y/N |
| Will the proposed research collect and/or process personal data from study participants? | Y/N |
| 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). |
| 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). |
| Have you applied to the Confidentiality Advisory Group? | Y/N or not applicable |
| Have you applied for Health Research Authority (HRA) Approval? | Y/N or not applicable |
| Please provide details of any other required approvals below (e.g. MHRA): |

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| **8b: Justification of Human Participation**Justify the use of human participants, human tissue and/or biological samples. Please include information on the numbers (and sexes) involved and/or the nature and quantity of human material to be used, where appropriate. - (max 500. Words): |
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| **9a: Research Involving the Use of Animals** |
| Do your proposals include the use of animals or animal tissue? | Y/N |
| **If yes:** do your proposals include procedures to be carried out on animals in the UK which require **a Home Office Licence?**  | Y/N |
| **If yes:** has the Home Secretary granted a Project Licence, under the terms of the Animals (Scientific Procedures) Act 1986, authorising the proposed experiments? | Y/N |
| **If yes:** state the name of the licensee, the project licence reference number, date of issue and end date: |
| 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? | Y/N |
| **If yes:** give Personal Licence Reference Number and the name of the Licence Holder. |
| **If no:** has application been made for such a licence? | Y/N |
| **If yes:** provide details of when the licence is expected: |
| Does your proposal include the use of animals or animal tissue outside the UK? | Y/N |
| **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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| **9b: Justification for Research Involving the Use of Animals**Justify your use of the species proposed and outline any proposed procedures which fall under the Animals Scientific Procedures Act, including the severity level required. Explain why no realistic non-animal alternatives exist. This should be in line with the principles in the NC3Rs ‘[Responsibility in the Use of Animals in Bioscience Research](https://www.nc3rs.org.uk/responsibility-use-animals-bioscience-research)’ - (max 500. Words): |
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| **10: Reproducibility and Statistical Design** Please outline your proposed experimental and statistical design, including justification of any sample size/s, plans to reduce potential biases and the planned statistical analyses - (max 500. Words): |
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| **11: Narrative Rèsume**- (max 500. Words, principal applicant details and table not counted in total): |
| **Principal Applicant Details** |
| **Title and Name of Principal Investigator:** |  |
| **National Training Number** |  |
| **ORCID ID number (if available)** |  |
| **Institution:** |  |
| **Department:** |  |
| **%FTE commitment on project:** |  |
| **Telephone:** |  |
| **Email Address:** |  |
| Complete the following table if you are applying for a grant as a team or network. You may add rows as necessary, and you **may delete if applying as an individual.**The following table does not count towards any page or character limits.

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| **Team/Network Member** | **Initials** | **Email Address** | **Short role descriptor (max 100 characters) and expected %FTE commitment on project** |
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1. Contributions to the generation of new ideas, tools, methodologies or knowledge
2. The development of others and maintenance of effective working relationships
3. Contributions to the wider research and innovation community
4. Contributions to broader research/innovation – users and audiences and towards wider societal benefit
5. Additions - Provide any further details relevant to your application. This section does not count towards the page limit, and must not be used to describe additional skills, experiences or outputs.
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| **12a: Financial Information**Please refer to the guidelines for this grant call. Do not include costs for any non-allowed items. |
| **Research costs** | **Year 1** | **Year 2** | **TOTAL** |
| 1. **Non-capital project costs**
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| **Non-capital project costs subtotal:** |  |  |  |
| 1. **Miscellaneous costs**
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| **Miscellaneous costs subtotal** |  |  |  |
| **TOTAL BUDGET** |  |  |  |

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| **12b. NHS Costs** If your proposal involves clinical research in the NHS, it is a mandatory requirement to complete a [Schedule of Events Cost Attribution Template (SoECAT)](https://www.nihr.ac.uk/documents/online-soecat-guidance/30396) – see guidelines for further details. |
| For clinical research, has the project been discussed with your local [National Institute for Health and Care Research (NIHR) Clinical Research Network](https://www.nihr.ac.uk/documents/study-support-service-contacts/11921) in regard to obtaining service support costs and advice on the development of the study?  | Y/NNot applicable |
| If **YES**, has a  [SoECAT](https://www.nihr.ac.uk/documents/online-soecat-guidance/30396) been completed in order to be eligible for the NIHR portfolio and the support this provides? |

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| **12c: Justification of Resources** Outline funding rationale for the budgeted headlines - (max 500. Words): |
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| **13. Intellectual Property** |
| **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? | Y/N |
| **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? | Y/N |
| **If YES:** give brief details. |
| Is the proposed research in whole or in part, subject to any agreements with commercial, academic, or other organisations? | Y/N |
| **If YES:** give brief details. |
| Is the proposed research likely to lead to any patentable or commercially exploitable results? | Y/N |
| **If YES:** give brief details. |
| 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.Give details if necessary. | Y/N or not applicable |

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| **14. Declaration and Signatories**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)  |
| **Submission elsewhere**Is this or a related application currently being submitted elsewhere? Y/N**IF YES:** please state below to which funding body and date of expected decision:  |
| **Other funding obtained**Have you already obtained any other funding for part of the proposed work or a related application? Y/N**IF YES:** please state below from which funding body: |
| **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.
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| Is this or a related application currently being submitted elsewhere?**IF YES:** please state below to which funding body and date of expected decision.   |
| **Signature of Principal 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.
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| **Signature of Head of Department: Date:** **Name**: **Correspondence Address:****Email Address:** |
| **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.
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| **Signature of Administering Authority: Date:** **Name**: **Correspondence Address:****Email Address:** |
| **FINANCE/ADMINISTRATION OFFICER****Name:****Correspondence Address:****Telephone:****E-mail:** |