Ménière's Society

**Research Grant Application Form**



##### Please send your completed form and supporting documents for the attention of Natasha Harrington-Benton, Director by email to: research@menieres.org.uk

1. **Please give the name and contact details for the main contact for this application. The Ménière’s Society will use these details to get in touch regarding your application.**

|  |  |
| --- | --- |
| Name: |  |
| Address: |  |
| Telephone: |  |
| Email: |  |

1. **Please give details of all applicants. Applicants and individuals to be supported should attach their CVs, together with details of published papers.**

|  |  |  |
| --- | --- | --- |
| Full Name and Title | Department/Establishment | Post Held |
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1. **Name and address of Institute/Hospital administering the grant, if approved:**

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1. **Department accommodating the project:**

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1. **Title of project:**

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1. **Summary of research (for a lay audience):**

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1. **Project timeframe:**

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| --- | --- | --- | --- |
| Proposed start date: |  | Proposed duration: |  |

1. **Total support requested:**

|  |  |
| --- | --- |
| Year 1: |  |
| Year 2: |  |
| Year 3: |  |

1. **Please give details of the nature of support requested (e.g. equipment, staff costs, etc):**

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1. **Number of hours per week that the applicants will devote personally to the project:**

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| --- | --- |
| Name of Applicant | Number of hours per week |
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1. **Financial support requested:**

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| --- | --- | --- | --- | --- | --- |
|  | Grade/  Further details | Year 1 | Year 2 | Year 3 | Total |
| Personal support of applicant |  |  |  |  |  |
| Research staff (medical/scientific)  Number of posts  (full/part-time) |  |  |  |  |  |
| Technical/other  Number of posts  (full/part-time) |  |  |  |  |  |
| Addition for superannuation and national insurance |  |  |  |  |  |
| Materials and consumables |  |  |  |  |  |
| Travel (please specify) |  |  |  |  |  |
| Apparatus and equipment |  |  |  |  |  |
| Total (VAT is not payable on any element of the grant) |  |  |  |  |  |

1. **If your related research is being supported by an agency other than your employer, please state which organisation(s), the value of their support and its duration.**

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| --- | --- | --- |
| Organisation | Support provided | Duration |
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1. **Are you applying elsewhere for support for work that is part of the proposal? If so, to which organisation(s) and when is a decision expected?**

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| --- | --- |
| Organisation | Decision expected |
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1. **Is the proposed research likely to lead to a patentable or otherwise commercially exploitable result? If so, what is the possible product resulting?**

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1. **a. Is ethical committee approval required? YES/NO (delete as applicable)**

**b. If Yes, when and on what basis will this be obtained**

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**I have read the terms and conditions of the Ménière’s Society Research Grants and, if my application is successful, I agree to abide by them. I shall be actively engaged in and have day-to-day control of the project.**

Main applicant’s signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Print name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**This application should be submitted by the Head of Department and the officer who would be responsible for administering any grant that may be awarded. Both should sign the following:**

I confirm that I have read this application and that, if granted, the work will be accommodated and administered in the Department in accordance with the Ménière’s Society’s Terms and Conditions. All necessary licences and approvals have been or are being sought.

Signature of Head of Department: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name and title:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Department: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I confirm that the Institution will administer the grant, if awarded, and that the staff grading and salaries quoted are correct and in accordance with normal practice of the Institution.

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*(Officer responsible for administering grant)*

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Post held: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Institution/Hospital: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Please return your completed application form and accompanying documents by email to: research@menieres.org.uk** marked FAO: Natasha Harrington-Benton, Director

**Tel: 01306 876883**

**Email: research@menieres.org.uk**

**Research Grant Application Checklist – please make sure you have included the following**

* Completed research Grant Application Form
* A Scientific Abstract of the Proposed Research
* Lay Summary of Project (no more than one side of A4)
* Full Research Proposal Document, including
  + The Full Title of the Project
  + Purpose of the investigation and statement of scientific value of applicability
  + Methods of research
  + Detailed justification of the support requested
  + Details of any institution or background support available to the project
* Signed Terms and Conditions of Research Grants
* CVs of All Applicants