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**ESPE Research Unit**

# Collaborative Project Grant Support

**FINAL APPLICATION**

Applicants must read and comply with the grant regulations before completing this form. For more information about how to write a good grant application, please [click here](http://www.insight.mrc.ac.uk/2015/10/05/12-top-tips-for-writing-a-grant-application/)\*. If you require more space for investigators please include all the below requested information (including signatures) on a separate document and attach it to your application. **The principal investigator and at least two co-investigators MUST be ESPE members in order for the application to be applicable.**

***GDPR:*** *Should the applicant be awarded the grant please be advised that by providing applicant and supervisor information below you hereby consent for ESPE to hold the data and share with the funder if requested, with the relevant ESPE Committee members that oversee the grant, and publish through society promotional channels (newsletter/news alert/website/social media) to the ESPE membership and wider public. ESPE confirms that the only data that will be shared with funders and through social media channels will be name, institution, project title and outcomes of the grant project. No personal contact information or personal financial information will be shared with funders or other parties besides from the overseeing committee members.*

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| **1** | **PRINCIPAL INVESTIGATOR** |
|  | First Name:  Last Name:  Full Address:  Are you an ESPE member? Yes No  If yes please enter your membership number:  Do you hold a current position on any ESPE committee? Yes  No  If yes please state which committee: |

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| **2** | **CO-INVESTIGATOR** |
|  | First Name:  Last Name:  Full Address:  Are you an ESPE member? Yes No  If yes please enter your membership number: |

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| **3** | **CO-INVESTIGATOR** |
|  | First Name:  Last Name:  Full Address:  Are you an ESPE member? Yes No  If yes please enter your membership number: |

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| **4** | **CO-INVESTIGATOR** |
|  | First Name:  Last Name:  Full Address:  Are you an ESPE member? Yes No  If yes please enter your membership number: |

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| **5** | **CO-INVESTIGATOR** |
|  | First Name:  Last Name:  Full Address:  Are you an ESPE member? Yes No  If yes please enter your membership number: |

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| **6** | **CO-INVESTIGATOR** |
|  | First Name:  Last Name:  Full Address:  Are you an ESPE member? Yes No  If yes please enter your membership number: |

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| **7** | **CO-INVESTIGATOR** |
|  | First Name:  Last Name:  Full Address:  Are you an ESPE member? Yes No  If yes please enter your membership number: |

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| **8** | **OFFICIAL ADDRESS FOR CORRESPONDENCE** |
|  | Address:  Telephone:  Email: |

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| **9** | **TITLE OF PROPOSED RESEARCH** |
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| **10** | **SUMMARY OF PROPOSED RESEARCH** (MAX 600 WORDS)   1. Including hypothesis and significance of the project 2. Materials and Methods (including statistics for specific projects) | |
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| Proposed start date: |  |
| Proposed duration (years): |  |

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| **11** | **GRANTS CURRENTLY HELD**  Related to the proposal (state name of awarding body, title of the project, amount awarded, dates of support). Please indicate how the work differs from that of this application. |
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| **12** | **FACILITIES FOR INVESTIGATORS** |
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| **13** | **OTHER ORGANISATIONS CONSIDERING YOUR PROJECT OR SIMILAR**  Please give the result of the application (or the date of the result). |
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| **14** | **ETHICAL APPROVAL** | | |
|  | Does this project need ethical approval? | Yes | No |
| Has this approval been obtained? | Yes | No |
| If yes, please state in detail, the ethical permission obtained and the titles of the ethics committees concerned: | | |
| If no, by what date you expect approval of your project? Please provide evidence of application for ethical approval if possible (screen shot etc.) | | |

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| **15** | **GENE MANUPULATION** | | |
|  | Does this project involve genetic manipulation/propagation? | Yes | No |
| If yes, provide copy in electronic format of relevant documentation as an attachment with this application | | |

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| **14** | **ANIMAL TESTING** | | |
|  | Do your proposals include animal testing? | Yes | No |
| Have alternative strategies been considered? | Yes | No |
| Are the procedures authorized according to guidelines? | Yes | No |
| If yes, please state the official nature of the authorisation and provide copy (preferably electronic copy) of relevant documentation as an attachment with this application: | | |

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| **15** | **SIGNATURES**  We have read the Regulations Governing Applications and if this application is successful we agree to abide by them. We note that no alterations can be made to the award without prior approval from the Science Committee. |
|  | **PRINCIPAL INVESTIGATOR**  Full Name:  Date:  Signature:  **CO-INVESTIGATOR**  Full Name:  Date:  Signature:  **CO-INVESTIGATOR**  Full Name:  Date:  Signature:  **CO-INVESTIGATOR**  First Name:  Date:  Signature:  **CO-INVESTIGATOR**  First Name:  Date:  Signature:  **CO-INVESTIGATOR**  First Name:  Date:  Signature:  **CO-INVESTIGATOR**  First Name:  Date:  Signature: |
|  |

Please submit the completed **final application** in electronic format to ESPE Team by e-mail at: [espe@eurospe.org](mailto:espe@eurospe.org).

***\*Reference:*** *12 top tips for writing a grant application. (October 2015). Insight Blog (Medical Research Council, MRC). Retrieved from* [*http://www.insight.mrc.ac.uk/2015/10/05/12-top-tips-for-writing-a-grant-application/*](http://www.insight.mrc.ac.uk/2015/10/05/12-top-tips-for-writing-a-grant-application/)

**ADDITIONAL INFORMATION**

European Society for Paediatric Endocrinology

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##### Please provide requested information. To be completed by the principal investigator.

**1 : EXPENDITURE**

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| **PROJECT TITLE :** |

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| **JUSTIFY SUPPORT REQUESTED:** |

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| **DETAILS OF EXPENDITURE** | **1st Year** | **2nd Year** | **Total** |
| **Materials and Consumables** (please give brief description) |  |  |  |
| **Equipment**  (Major items of will not be supported) |  |  |  |
| **Collaborative Visits** |  |  |  |
| **Overheads**  (less than 10%) |  |  |  |
| **Total** |  |  |  |

**2 : DETAILS OF RESEARCH PROJECT**

Please submit details of your proposed research project as a separate document, or in this section of the application form. This should be no more than 5000 words and there should be a maximum of 2 pages only for references.

Please include the following information:

##### **Aims of the project** – taking care to be realistic about what you can expect to achieve in the given time.

* **Work that has led up to the project** – described concisely.
* **Experimental design and methods to be used in investigating this problem** – providing sufficient detail for the reviewers of your proposal to assess the likelihood of its success, and making clear the scientific contribution to be made by each of the collaborating investigators.
* **Ultimate benefit to patients of your research** – please summarise what the ultimate benefit to patients will be as a result of your research (no more than 200 words)
* **Preferred/Non-preferred reviewers**. Please look at the [expert panel](https://www.eurospe.org/about/committees/science-committee/) and state any conflict of interests that you may have with any member. Please also state any external reviewers who you would prefer/not prefer. It is at the Science Committee’s discretion whether or not they use the reviewers stated for the reasons given.
* **References -** Please give citation in full, including title of paper and all authors.

**3 : CURRICULUM VITAE (CV) OF PRINCIPAL INVESTIGATOR AND CO-INVESTIGATORS**

Please provide the following information for all investigators as a separate document or in this section of the application form.

Please include:

* **Full name** – First and Last name
* **Nationality**
* **Date of birth**
* **Qualifications** – Degrees, Diplomas etc.
* **Current post** – including title, grade, institution, funding body and dates of present contract where applicable.
* **Previous posts** – with dates.
* **Recent publications** – up to five.