



The Royal College of
Emergency Medicine

7-9 Bream's Buildings, London EC4A 1DT

Email: theo.chiles@rcem.ac.uk

APPLICATION FOR RESEARCH GRANT
(include CV of each applicant)

1. Applicant(s) (Please indicate the RCEM member/fellow co-applicant and their membership number)	Applicant 1 (Lead applicant)	Applicant 2	Applicant 3	Applicant 4
Title and full name				
Position				
Institution				
16 digit ORCID ID (https://orcid.org)	XXXX-XXXX-XXXX-XXXX			
Role on grant (i.e. Supervisor, Statistician, Data collection etc)				
Anticipated hours per week on project				

	Applicant 5	Applicant 6	Applicant 7	Applicant 8
Title and full name				
Position				
Institution				
16 digit ORCID ID (https://orcid.org)				
Role on grant (i.e. Supervisor, Statistician, Data collection etc)				
Hours per week on project				

- **If the proposed research involves collaboration with a research network then a letter of support from the organisation must be included**

2. Institution/Authority (administering grant if approved)

Please provide details of the grant administering body including website details, official registration numbers (if available) and role in administering the grant). Associated costs must appear in '**DETAILS OF SUPPORT REQUESTED**' and also section 7 of the form

3. Project title (not exceeding 116 characters including spaces)**4. Abstract of research** (not exceeding 250 words)**5. Proposed starting date**.....

Proposed duration (in months).....

6. SUMMARY OF SUPPORT REQUESTED	Year 1 £	Year 2 £	Year 3 £	Total £
STAFF				
CONSUMABLES				
SUB-TOTAL				
GRAND TOTAL				

7. Does the project have Ethical Committee approval?Yes Requested/To be requested Not required (state why)

.....

8. This application must be submitted by/through
(i) the Head of Department and
(ii) the officer who will be responsible for administering any grant that may be awarded.

FAILURE TO COMPLETE THIS SECTION WILL RESULT IN DISQUALIFICATION

(i) Head of Department

Signature	Date
.....

Title and full name (<i>block capitals</i>)	Department
.....

(ii) Finance Office of Grantholder

Signature	Date
.....

Title and full name (<i>block capitals</i>)	Position held
.....

Address

.....

.....

Post Code

Telephone number/extension	Fax number
.....

9. Corresponding email address of Applicant 1 (Lead applicant):

.....

10. PROPOSED INVESTIGATION (Font no smaller than 12 point. Sections 1-13 of Proposed Investigation to take up no more than 4 sides of A4 in total). **PLEASE OBSERVE THE WORD AND PAGE LIMITS. APPLICATIONS THAT EXCEED THESE SPECIFICATIONS WILL BE DISQUALIFIED. ADDITIONAL MATERIAL MARKED AS 'SUPPLEMENTARY' WILL NOT BE REVIEWED.**

1. Project title (*not exceeding 116 characters including spaces*)

2. Background to the study (*including a description of the health problem being addressed, what is already known about the topic, what is not known/has not been done, the scientific rationale for the study and where this study will contribute to existing knowledge*) (not more than 500 words)

3. Results of any pilot studies/previous work/information regarding the efficacy and safety of any proposed intervention if available.

4. Methodology (*Not all sub-headings are applicable to all research projects so delete as appropriate*)

a. Study Design (*e.g. observational cohort, literature review, qualitative etc*):

b. Setting:

c. Population; Inclusion criteria:

d. Exclusion criteria:

e. Proposed interventions:

f. Duration of treatment:

g. Outcome measures: Primary Endpoint:

h. Secondary outcomes

i. Follow up:

j. Proposed sample size and calculation (*justification that the planned recruitment rate is achievable, including the process for identifying potentially eligible participants, the proportion*

who will fulfil the inclusion/exclusion criteria, estimated consent rates):

k. Explain how will you approach consent? (e.g. written/waiver/emergency waiver)

l. Power calculation:

m. Proposed statistical analysis:

n. Potential risks and hazards

o. Limitations to the proposed approach

5. Expertise available and existing facilities

6. Project timetable (a detailed project time line)

7. Detailed justification for support requested

8. Importance and value of the question to the practice of Emergency Medicine including its contextual relevance and impact

9. Other funding secured / applied for

10. Is this a resubmission? If so please briefly describe changes from the original application

11. How this grant contributes to the academic development of lead applicant/co-applicants

12. Potential opportunities for future funding for the research/applicants as a result of this grant

13. How will results be disseminated?

14. Key references (no more than 1 side of A4, p8)

12. DETAILS OF SUPPORT REQUESTED (summarised in Section 7 of the application form)

DETAILS OF POSTS NAME (if known)	Grade	Total salary cost per annum £	Number of weeks/months on project	Other Allowances *details here or in section 7 £	Total cost £
1.					
2.					
3.					
4.					
5.					

CONSUMABLES ETC Please specify (include animals, equipment, project-related meeting costs etc)	Year 1 £	Year 2 £	Year 3 £	TOTAL £

SUB TOTAL ANNUAL COSTS £				