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***This application form should be saved as a .pdf file and submitted by e-mail to***[***Kathleen.Roulston@hscni.net***](mailto:Kathleen.Roulston@hscni.net)

**Application Form**

**2025**

**HSC R&D Division**

**Enabling Research Awards**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| **ENABLING RESEARCH AWARDS SCHEME 2025**  **COMPLETE IN TYPESCRIPT (Arial 11pt)** | | | | | | | | | | | | | | | |
| **1.** | **APPLICANT’S DETAILS** | | | | | | | | | | | | | | |
|  | Name | | | | |  | | | | | | | | |  |
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|  | Title | | | | |  | | | | | | | | |  |
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|  | Job Title | | | | |  | | | | | | | | |  |
|  | Email address | | | | |  | | | | | | | | |  |
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|  | Primary Employing Organisation | | | | |  | | | | | | | | |  |
|  | Is this the Host Organisation? | | | | | Please select | | | | | | | | |  |
|  | If No, please indicate the Host Organisation name | | | | |  | | | | | | | | |  |
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|  | Department/Research Centre | | | | |  | | | | | | | | |  |
|  | Address | | | | |  | | | | | | | | |  |
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|  | Postcode | | | | | | | | | | | | |  |  |
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| **2.** | **ERA SUMMARY** | | | | | | | | | | | | | | |
|  | Full scientific title | |  | | | | | | | | | | | |  |
|  | Plain Language Title | |  | | | | | | | | | | | |  |
|  | | | | | | | | | | | | | | | |
|  | Proposed Start Date | | | Select Date | | | | | Proposed End Date | | | Select Date | | |  |
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|  | Duration (Months) | | | | | |  | | | |  | | | | |
|  | | | | | | | | | | | | | | | |
|  | Total Research Costs requested | | | | | | | £ | | (**must not exceed £50,000**) | | | | | |
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|  | Target Funder | | |  | | | | | Target funding programme/call | | |  | | |  |
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| **3.** | | Research Team (with roles and responsibilities) | | | | | | | | | | | | | | | |
|  | | Name | | | Job Title | | | | Team Role/ Responsibility | | | | Time Commitment | | | |  |
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| *Use Arial font size 11pt & single line spacing* | | | | | | | | | | | | | | | | | |

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| **4. Previous applications:** | | | | |
| Please indicate if you have applied to **this scheme** before: | Please select | If yes, was your reapplication invited? | Please select |  |
| Please indicate if you have applied to **the target funder** before: | Please select |  |  |
| *If you answered “Yes” to the either of the questions above, please detail below what changes you have made since your previous application(s). Please include changes to any aspect of the application, and make reference to previous feedback if applicable.*   |  |  | | --- | --- | |  |  | | | | | |

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| **5.** | Overall Research Idea *Use this section to describe the* ***overall research idea*** *that the ERA will be used to support. Please refer to the accompanying guidance document for details of what should be included.* | |
| Please indicate word count (not including references): | |  |
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| **6.** | | ERA PROPOSAL SUMMARY | | |
|  | | | | |
| Full scientific title | | |  |  |
|  | | | | |
|  | Scientific Abstract | | | |
|  | | |  |
| Research Methods *(list the research methods you will use to undertake the study)* | | | |
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|  | Key Words *(provide five key terms relevant to your proposal)* | | | |
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| 6. ERA PROPOSAL SUMMARY (cont.) | | | | |
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| Plain Language title | |  |  | |
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|  | Plain Language Summary  (Summary of your proposal written in plain language and suitable for a general readership) | | | |
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| *Use Arial font size 11pt & single line spacing, adhere to any word limits, do not extend existing text entry boxes* | | | | |

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| **7.** | ERA PROPOSAL (5,000 word limit *not including references*) *Please not that there is a 5,000 word limit; this does not include references which should be included at the end of your research proposal. Applications exceeding the word limit will be deemed invalid. Please refer to the accompanying guidance document for details of what should be included in this section.* | |
|  |
| Please indicate research proposal word count (not including references): | |  |
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| **7.** | **ERA PROPOSAL (continued)** |
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| **8.** | PROJECT MANAGEMENT PLAN (with project milestones) | | | | |
|  | Action | Timescale | Responsibility | Indicator / Outcome / Evidence |  |
| *All regulatory approvals required are in place* | *6 months from start date* | *Chief Investigator and Research Sponsor* | *Governance and ethical approvals with oversight of sponsor.* |
| *Ensure personal & public involvement (PPI) in research & dissemination* | *Throughout* | *Chief Investigator & named PPI representative(s)* | *Progress reports, research documents, publications & presentations which have involved service users and/or the public.* |
| *Disseminate the findings of the project* | *As opportunities arise* | *CI, Research Team* | *Project outputs including dissemination to relevant stakeholders e.g. publications, conference presentations, PPI events etc.* |
| *Recruit first patient to study* | *12 months from start date* | *CI and PDRA* | *Activity reports* |
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| **9.** | Supporting Infrastructure | | |
| Please describe any engagement with research infrastructure (e.g. NI Clinical Research Facility, NI Clinical Research Networks, NI Clinical Trials Unit, Honest Broker Service etc.) or networks in NI relating to this project | | | |
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| *Use Arial font size 11pt & single line spacing, and adhere to any word limits* | | | |
| **10.** | | Personal and Public Involvement (PPI) | |
| a. Using the [UK standards for Public Involvement](https://sites.google.com/nihr.ac.uk/pi-standards/home), describe how patients, carers and/or the public have been involved in identifying the research topic / prioritising the research question and/or in **preparing this application**. Please provide sufficient detail to demonstrate how PPI has influenced the proposal. | | |  |
|  | | | |
| b. Using the [UK standards for Public Involvement](https://sites.google.com/nihr.ac.uk/pi-standards/home), describe how you plan to involve patients, carers and the public as partners in the proposed ERA. Please fully justify the level of/approach to involvement. | | |  |
|  | | | |
| c. Using the [UK standards for Public Involvement](https://sites.google.com/nihr.ac.uk/pi-standards/home), describe how you aim to involve PPI partners **beyond the ERA** e.g. in preparation for the target funding opportunity, the delivery of the subsequent research project, and in the reporting/dissemination of the study. | | |  |
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| *Use Arial font size 11pt & single line spacing, and adhere to any word limits* | | | |

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| **11.** | **Target Funding Opportunity**  Provide details of the funding opportunity that you intend to target. Please refer to the accompanying Guidance Notes for more detail of what should be included in this section. | | | | | | | | |
| **a** |  | | | | | | | | |
|  | **Title of research project** |  | | | | | | |  |
|  | | | | | | | | | |
|  | Target Funder | |  | | | Target funding programme/call | |  |  |
|  | | | | | | | | | |
|  | Anticipated value | | | | £ | |  | | |
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| **b** |  | | | | | | | | |
|  | **Justification for target funding opportunity** |  | | | | | | |  |
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| **c** |  | | | | | | | | |
|  | **Call details** | Closing Date | | *Select Date* | | | | |  |
| Number of stages | |  | | | | |
|  | Any other available details | |  | | | | |  |
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| **d** | **Scientific Abstract** | |
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| **e** | **Plain Language Summary** | |
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| **f** | **Short Research Plan** | |
|  | Describe the plan specifically for the main research project to be submitted to the target funder; please refer to the guidance for additional information on what should be included. | |
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| **g** | **Planned collaborations and other groups/sites involved in the main research project** | |
|  | Please provide details of additional research team members who will join the team for the main project, including their roles and expertise. | |
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| **12 Finance** | | | | | |
| **a** | Summary of costs | | | | |
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|  | **Organisation** | **Year 1**  **£** | **Year 2**  **£** | **Total**  **£** |  |
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| 2 |  |  |  |  |  |
| 3 |  |  |  |  |  |
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|  | **Total Research Costs requested** |  |  |  |  |
|  | **Grand Total** |  |  |  |  |
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| **b)** | University Costs | | | | | | |
|  | **University Name** | |  | | |  |  |
| Please provide a detailed breakdown of costs associated with each University (duplicate this section if more than one University is involved) | | | | | |
|  | | | | | | |
| **Cost Categories** | Year 1 | | **Year 2** | **Total** | |  |
| **Staff** (to include employers costs) state grades of staff and whole-time equivalents/percentage |  | |  |  | |  |
| **Consumables** |  | |  |  | |  |
| **PPI** |  | |  |  | |  |
| **Travel & Subsistence** |  | |  |  | |  |
| **Exceptional Items** |  | |  |  | |  |
| **Grand Total** |  | |  |  | |  |
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| **c)** | HSC Costs | | | | | | | |
|  | Please provide a detailed breakdown of costs associated with any HSC Bodies (duplicate this section if more than one HSC is involved) | | | | | |  | |
|  | | | | | |
| **HSC Body Name** |  | | | |  | |
|  | | | | | |  | |
| **Cost Categories** | | Year 1 | **Year 2** | **Total** | |
| **Staff** (to include employers costs) state grades of staff and whole-time equivalents | |  |  |  | |
| **Consumables** | |  |  |  | |
| **PPI** | |  |  |  | |
| **Travel & Subsistence** | |  |  |  | |
| **Exceptional Items** | |  |  |  | |
|  | **Grand Total** | |  |  |  | |  | |
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| **d)** | Voluntary Sector Costs | | | | | | |
|  | Please provide a detailed breakdown of costs associated with any Voluntary Sector Organisations (duplicate this section if more than one is involved) | | | | |  | |
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| **Voluntary Sector Name** |  | | | | |  |
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| **Cost Categories** | | Year 1 | **Year 2** | **Total** |
| **Staff Time** (state names, grades of staff and whole-time equivalents) | |  |  |  |
| **Consumables** | |  |  |  |
| **PPI** | |  |  |  |
| **Travel & Subsistence** | |  |  |  |
| **Exceptional Items** | |  |  |  |
|  | **Grand Total** | |  |  |  |  | |
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| **e)** | Justification of research costs: please provide detailed justification for each of the research costs identified. | |
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| **13.** | | ORGANISATION DETAILS | | | |
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| **HOST ORGANISATION** | | | | | |
|  | | | | | |
|  | Organisation name | |  |  | |
| **Research Office** | | | | |
| Address | |  |  | |
| Contact Email | |  |  | |
| Telephone number | |  |  | |
|  | **School/Faculty Office accommodating the research** | | | | |
| School/Faculty name | |  |  | |
| Address | |  |  | |
| Contact Email | |  |  | |
| Telephone number | |  |  | |
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| **EMPLOYING ORGANISATION OF THE CHIEF INVESTIGATOR** | | | | | |
| **Research Office** | | | | | |
|  | Organisation name | |  |  | |
| Address | |  |  | |
| Contact Email | |  |  | |
| Telephone number | |  |  | |
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| **RESEARCH GOVERNANCE** | | | | | |
| **CARE ORGANISATION** | | | | | |
| **Research Office** | | | | | |
|  | Organisation name | |  |  | |
| Address | |  |  | |
| Contact Email | |  |  | |
| Telephone number | |  |  | |
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|  | HSC R&D Division as the potential funder of this research project wishes to be assured that an organisation has provisionally agreed to sponsor this research should it be funded.  **A complete list of the responsibilities of research sponsors is provided in the publication ‘**[**UK Policy Framework for Health and Social Care Research**](https://research.hscni.net/sites/default/files/uk-policy-framework-health-social-care-research_1.pdf)**.** | | | |  |
|  | Please list the organisation(s) which have provisionally agreed to be Research **Sponsor(s)** for this proposal | | |  | |
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| **14.** | DECLARATIONS | | | | | | | |
| **Lead Applicant/Chief Investigator** | | | | | | | | |
| *“I declare that the information on this application form is correct to the best of my belief and if successful, I intend to submit a proposal for the stated target funding opportunity (a copy of which will be shared with HSC R&D Division)”* | |  | Name |  | e-Signature | |  | |
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| **Chief Investigator’s Head of Department or equivalent** | | | | | | | | |
| *“I confirm that I have read this application and that, if awarded, the work will be accommodated in the named Department.”* | |  | Name |  | e-Signature | |  | |
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| **Research Office of the CI’s Employing Organisation** | | | | | | | | |
| *“I confirm that the Research Office has a record of this application for this research award. All relevant resources required will be available to the Chief Investigator and the proposed research team is acceptable to the organisation.”* | |  | Name |  | e-Signature | |  | |
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| **Host Organisation if different from above:** if the organisation that will administer the award on behalf of HSC R&D Division is **not** the employing Organisation of the CI, please complete this section | | | | | | | | |
| **Organisation name** | |  | | | |  | |
| ***Research Office of the Host Organisation*** | | | | | | | | |
| *“I confirm that the Research Office has a record of this application for this research award. All relevant resources required will be available to the Chief Investigator and the proposed research team is acceptable to the organisation.”* | |  | Name |  | e-Signature | |  | |
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| **Finance Office of Host Organisation** | | | | | | | | |
| *“As designated Finance Officer, I approve the financial details contained in this proposal.”* | |  | Name |  | e-Signature | |  | |
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| **Sponsor: Appropriate representative of research governance function** | | | | | | | | |
| *Please complete for the organisation(s) which has/have provisionally agreed to be Research Sponsor(s) for this proposal* | | | | | | |  | |
| **Organisation name** | |  | | | |  | |
| **Organisation name** | |  | | | |  | |
| *“I confirm that this organisation has provisionally agreed to sponsor this research should it be funded, and will execute its responsibilities as sponsor, as laid out in the UK Policy Framework for Health and Social Care Research”.* | |  | Name |  | e-Signature | |  | |
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| **Please duplicate the following section for each HSC Provider Organisation or other Research Site (e.g. Voluntary Sector organisation) to be involved in the conduct of the research** | | | | | | | | |
| **HSC Provider Organisation/Research Site: Finance** | | | | | | | | |
| **Organisation name** | |  | | | |  | |
|  | *“As designated Finance Officer, I approve the financial details contained in this proposal.”* |  | Name |  | e-Signature | |  | |
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| **HSC Provider Organisation/Research Site: Research Office or equivalent** | | | | | | | | |
| **Organisation name** | |  | | | |  | |
|  | *“I confirm that the Research Office or equivalent has a record of this application and that suitable arrangements for the administration of this Award”.* |  | Name |  | e-Signature | |  | |
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***ANNEX A - CURRICULUM VITAE Template***

***Please complete a CV for the Chief Investigator and each Co-Investigator named on the ERA application. Please refer to the guidance notes before completion.***

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|  | **Name** |  |  |
| **Position** |  |
| **Institution** |  |
| **Address** |  |
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| **Postcode** |  |
| **Telephone** |  |
| **Email** |  |
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| **Degree and/or Professional Qualification(s)** | | | | | |
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|  | **Degree** | **Class** | **University** | **Date** |  |
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| **Current Employment** | | | |
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|  | Job Title/Employing Organisation |  |  |
| Commencement Date |  |
| Tenure and source of funding |  |
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| **Previous Employment** | | | | |
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|  | **Job Position** | **Employing Organisation** | **Dates of Employment** |  |
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| **Please provide details of any recent relevant publications (up to a maximum of 10)** | | |
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| **Please provide details of research grants held as named applicant/Chief Investigator including awarding body, dates of tenure and value (Current and last 5 years).** | | |
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| **Please provide details of how your expertise and experience justify the role within the ERA project and this (max 250 words)** | | |
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| **Please provide details of your role within the main funded project (max 250 words)** | | |
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