**Northern Ireland Health and Social Care Research Resilience and Growth**

***Application for Funding for Research Time***

**Application form**

Closing date for applications: **31 October 2024, at 17.00**

*The completed application form should be saved as a PDF file, with a filename based on the applicant’s name (e.g.* ***NICRRG.smith.john.2024.pdf****). This should be emailed to* ***enquiry.nicrrg@hscni.net*** *with* ***NI CRRG PA 2024*** *in the subject field. The line manager who has agreed that the applicant can use this funded time for research must sign the application and be copied into the submission email.*

All applications can only be judged on the information contained within the application form. Incomplete or incorrectly completed application forms will be considered invalid. Applicants must adhere to the given layout. Application forms and CVs must be completed in Arial (11pt) with single line spacing. Handwritten applications will not be accepted.

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| --- | --- | --- | --- | --- | --- | --- |
| **1** | **APPLICANT** | | | | | |
|  | Name (including title) | |  | |  | |
|  | Professional Background | |  | |  | |
|  | Professional Registration  *(if applicable)* | |  | |  | |
|  | Current Job Title | |  | |  | |
|  | | | | | | |
| **2** | | **EMPLOYMENT AND CORRESPONDENCE DETAILS** | | | | |
|  | |  | | | | |
|  | | Employing organisation | |  | |  |
| Department | |  | |
| Address | |  | |
|  | |  | |
| Postcode | |  | |
| E-mail | |  | |  |
|  | | Telephone/Mobile no. | |  | |  |
|  | | | | | | |

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| **3** | *State how many hours of research time (per week) or the number of PAs being requested and describe the proposed objectives and/or research activities that will be performed within the allocated time. Indicate the relevant priority area:* *(a) principal investigator for commercial trials, (b) principal investigator for NIHR funded trials or equivalent, or (c) allied health professional (non-medical) or clinical scientist to work on proposals for non-commercial or commercial trials or to lead such trials; or provide a clear rationale for an alternative area.*  Maximum: 400 words. |
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| **4** | *Describe the deliverables (at 12 and 36 months) for your project.*Maximum: 400 words. |
|  | |
| **5** | *Describe the benefits of the allocated time. Benefits may include but are not limited to benefits to research infrastructure/research delivery, clinical study growth or how your research will impact on the Northern Ireland health and social care system.*  Maximum: 400 words. |
|  | |
| **6** | *Describe how you will engage with existing research infrastructure (e.g. the NI Clinical Research Facility, NI Clinical Research Networks, NI Clinical Trials Unit, NI Cancer Trials Network or with equivalent infrastructures outside NI) or research teams to optimise the project deliverables.*  Maximum: 400 words. |
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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **7** | **APPLICANT CV** (maximum: 3 pages) | | | | | | | | |
|  | **Current employment** | | | | | | | |
|  | Job Title | | | Organisation | | | Dates | |
|  |  | |  | | |  | |  |
|  | **Qualifications** | |  | | | Dates | |  |
|  |  | | | | |  | |  |
|  | | | | | | | | |
| **Professional registration** | | | | | | | | |
|  | Name of body | Registration number | | | Date of registration | | | |
|  |  |  | | |  | | |  |
|  | **Applicant C.V. (page 2 of 2 pages)** | | | | | | |  |
|  | **Previous employment and other appointments** | | | | | | |  |
|  | Job title | Organisation | | | Dates | | |  |
|  |  |  | | |  | | |  |
|  | | | | | | | | |
|  | **Relevant publications, presentations, prizes, grants, and other measures of esteem** | | | | | | | |
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| **8** | | *Details for applicant’s Line Manager/Clinical Director, including agreement to support the use of this funded time for research and assurance that a timescale for its inclusion in the applicant’s job plan has been agreed.* | | | | | |
|  | | |  | | | |  |
| Name | | |  | | | |  |
| Position/Institution | | |  | | | |
| Address | | |  | | | |
|  | | | |
|  | | | |
| Postcode | | |  | | | |
| Email | | |  | | | |  |
| Telephone | | |  | | | |  |
| Signature (approval) | | |  | | | |  |
| Date | | |  | | | |  |
| Statement of support Maximum: 100 words. | | |  | | | |  |
| Anticipated start date | | |  | | | |  |
| Requested duration (up to 36 months) | | |  | | | |  |
|  | | | | | | | |
|  | PLEASE SEND COMPLETED APPLICATION FORM TO: enquiry.nicrrg@hscni.net | | | | |  | |
|  | Ensure you have completed all the sections of the application form before submitting. | | | | |
|  | **DATES** | | | | | | |
| Closing date for applications | | | **31 October 2024, at 17.00** |  | | |
| Notification of outcome | | | **by 15 December 2024** |  | | |
|  | | | | | | | |