

## Research Development Fund

## Application form

1. **YOUR DETAILS**
2. **Applicant’s name**

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1. **Title**

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| Dr Mr Mrs Ms Miss Other \_\_\_\_\_\_\_\_\_\_ |

1. **Date of birth (dd/mm/yyyy)**

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1. **Title of project**

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1. **Contact details – full address**

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| Address  Email  Direct telephone number  Department telephone number |

1. **Applicant’s employing organisation**

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1. **Job title**

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1. **Relevant qualifications (most recent first)**

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1. **Previous professional experience (most recent first)**

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| **Dates** | **Employer/Organisation** | **Position** |
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1. **Research and publications**

List your publications and presentations (your name in bold)

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1. **THE PROJECT**
2. **What is your research question? (no more than 100 words)**
3. **Please provide a summary of your proposed research including key goals:**
4. For scientifically qualified assessors (no more than 300 words)
5. For lay readers (no more than 300 words)
6. **Details of your project – this can be attached as a separate document**

Please explain in less than 1500 words:

1. the project background, context and need
2. the study design
3. who will benefit from the research project
4. what the ethical considerations are
5. a timetable of activities and milestones for your proposed work
6. **Amount requested**

(maximum £10,000)

|  |
| --- |
| **£** |

1. **Project budget**

(detailed breakdown of the funds requested)

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| --- | --- |
| **Item** | **£** |
|  |  |
| **Total** |  |

1. Justification for funding (why you need what you are asking for, and an explanation for the amounts you are requesting, max 300 words)

**Notes:**

Please calculate in UK £ sterling

Maximum value of grant is £10,000; allowable expenses include economy travel and accommodation, consumables, field expenses including stipends or per diems, field transport, small items of equipment or software.

**Referees**

Please ask **two** referees acquainted with your qualifications, one a senior member of the Brighton & Sussex Wellcome Trust Global Health Research Centre in your country and the other a direct supervisor, to email a letter of support with your name in the document title direct to [globalhealth@bsms.ac.uk](mailto:globalhealth@bsms.ac.uk)

Applicants are responsible for ensuring that their referees submit references by the closing date. Un-refereed applications will not be considered.

Please email your completed application form to [globalhealth@bsms.ac.uk](mailto:globalhealth@bsms.ac.uk).

Applications will be acknowledged by email.

**In the event of a successful application I agree to abide by the Regulations**

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| **Signature**  **Date** |

**The Wellcome Trust Brighton and Sussex Centre for Global Health Research**

**Brighton and Sussex Medical School**

**The University of Sussex**

**BN1 9PX**

[**globalhealth@bsms.ac.uk**](mailto:globalhealth@bsms.ac.uk)