



**The Royal College of Radiologists
Faculty of Clinical Radiology
Pump-Priming Grants Scheme 2006**

APPLICATION FORM

(Closing Date: 3 pm on Friday, 8th September 2006)

Please complete the sections below using a word processor to complete the form sections – electronic versions of this form are available for download from www.rcr.ac.uk and www.sor.org. Applicants should refer to the Guidance Notes for applicants.

*You will be penalised if your application exceeds **five** sides of A4 in total, although you may vary the section sizes if required. Also, for legibility, font sizes smaller than 10 point are not acceptable. (The CV of the Principal Investigator is additional to the 5 sides.)*

Please return your completed form together with a full CV of the principal applicant – by e-mail or on a CD or disk, PLUS one copy by POST, to reach the following people by 3pm on 8th September 2006:

Mrs N Parkinson, The Royal College of Radiologists, 38 Portland Place, London, W1B 1JQ. (e-mail: nan_parkinson@rcr.ac.uk) (where the Principal Investigator is a member of the RCR)

OR to Mrs Gill Smith, The Society and College of Radiographers, 207 Providence Square, Mill Street, London SE1 2EW. (e-mail: gills@sor.org) (where the Principal Investigator is a member of the SCoR).

Proposed Project:

Title:		
Start Date:	Duration:	Funding Requested: £

Investigators:

	Title	First name	Surname	Current Post	Year joined RCR/SCoR
Principal Investigator					
Co-applicant 1					
Co-applicant 2					
Co-applicant 3					
Co-applicant 4					
Co-applicant 5					

Contact Details for Principal Investigator:

Full Postal Address:	Telephone:
	Fax:
	e-mail:
	Year CCST obtained (if applicable): -----

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Proposed Project Summary:

Please give below a brief description (of no more than 100 words) of the purpose of your project in terms understandable by a **layperson**. This is to assist the promotion of and to attract funding to the RCR Pump-Priming Grants scheme.

Do you have Local Ethical Committee approval for this project?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
If YES, enter date of approval:	If NO, when is approval expected?	

DECLARATION OF PRINCIPAL INVESTIGATOR

I declare that the information given in this application is complete and correct.

I confirm that I am eligible for the award of a pump priming grant and that the deadline for this submission is within 2 years from the date of my CCST (RCR members only). If my application is successful I will use any money received for the stated purpose and abide by the Conditions of the Award. If I have any difficulty in completing the project according to the timetable, I will inform the Chair of the appropriate Research Sub-Committee via Mrs Nan Parkinson, Royal College of Radiologists.

I undertake that the research outlined in this application will be conducted to the highest ethical standards and will comply with the requirements of the local regional ethical committee, any research regulations applied by the institution(s) where the research will be carried out and by appropriate regulations on research governance.

SIGNED:.....**DATE:**

NAME (Printed):

I confirm that this application has the support of the relevant Trust(s):

Signature of **R&D Staff Officer:**Date.....

iii) I confirm that this application has the support of the Department, that the required equipment and facilities are available within the department and that the financial details are correct and adequate to support the project.

Signature of **Clinical Director/Head of Dept.:**Date.....

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Proposed Project:

Title:

Summarise your two main objectives:

- 1.
- 2.

Explain how you plan to further exploit this research **following** pump-priming:

Outline if possible the publication strategy for the project (i.e. expected peer reviewed publications, conference presentations etc)

Start Date:	Duration:	Funding Requested: £
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BACKGROUND *Explain why this research is appropriate and timely - include any relevant key references*

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STUDY DESIGN & METHODOLOGY Explain in detail how you will undertake this research. Please include information on subject recruitment, numbers, and imaging procedures and protocols.

RESULTS Explain what results will be obtained and how these will be evaluated. In particular outline what results are required for the proposed study in order to achieve a definite rather than an indeterminate outcome.

PROPOSED PROJECT TIMETABLE (Include Specific Deliverables)

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DETAILS OF HOST INSTITUTE Please provide details of the facilities and relevant expertise of the host institute. Please specify experience relevant to the current application on the part of the applicants.

FUNDING REQUESTED Please provide precise costs and a justification for each. Explain if the project is in any way dependent on other sources of funding and whether or not these are guaranteed or conditional (and if conditional, i) what are the conditions?; and ii) what plans do you have for securing additional funds?).