Research Award Application Form

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| **Biographical Details** |  |
| BACCN Membership Number: |  |
| Date joined BACCN: |  |
| Title: |  |
| First Name: |  |
| Surname: |  |
| Your Address: |  |
| Telephone Number: |  |
| Email: |  |

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| **Your Current Post** |  |
| Job Title: |  |
| Start Date (Month & Year): |  |
| Name and Address of Employer |  |
| Brief Description of Current Responsibilities |  |

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| Project Title: |  |
| Is this an NIHR application? | Yes/ No |
| Start Date: |  |
| End Date: |  |
| Cost Breakdown |  |
| Total cost: | £ |
| Are you seeking Funding from any other source? | Yes / No  If Yes, please give details and outcomes (if known): |
| Have you previously received a BACCN award?  If so when and what was it used for? |  |

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| **Application Checklist:** Please confirm you have attached the following: | Yes | No | NA |
| Research Proposal |  |  |  |
| Copy of data collection tool:   * Questionnaire * Interview schedule * Outcome measurement tool |  |  |  |
| Copy of participant information sheet |  |  |  |
| Ethics approval letter |  |  |  |
| Evidence of Local Trust/ organisation approval/ permission |  |  |  |
| A covering letter stating how the research will benefit patient care and the NHS |  |  |  |
| Two-page curriculum vitae of the chief investigator |  |  |  |

Please email the completed application and supporting documents to [support@baccn.org](mailto:support@baccn.org)