



# **National Back Exchange Research & Development Fund**

## **Application for Research Funding**

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## **GUIDANCE NOTES FOR COMPLETING THE FULL PROPOSAL APPLICATION FORM**

All applications for research funding should be made on this form by the researcher who will be responsible for the conduct of the proposed research. It is in the applicant's own interest to provide the information requested in the form in the manner prescribed and as fully and clearly as possible.

### **SECTION 1. SUMMARY OF THE PROPOSAL**

Please provide a brief summary (no more than 500 words) to include the aim, research methodology and proposed outcomes of the project.

### **SECTION 2. SUMMARY OF APPLICANTS**

Please ensure all applicants are included – adding a further page if necessary.

### **SECTION 3. DETAILS OF THE RESEARCH PROPOSAL**

Please complete the whole of this section, it must have a **maximum** of 4 sides of A4 (i.e. within the parameters of this form).

### **SECTION 4. DETAILS OF APPLICANTS**

A form should be included for each member of the team.

### **SECTION 5. FINANCE**

The Lead Researcher and/or designated Finance Officer should complete this section using the financial year 1<sup>st</sup> April to the 31<sup>st</sup> March. This should include staff costs and overheads.

### **SECTION 6. ETHICAL APPROVAL**

If required, an Ethical Approval Letter must accompany the application.

### **SECTION 7. DECLARATIONS**

All applicants named on proposal must complete this section.

## **GENERAL POINTS FOR COMPLETING THE FORM**

1. Please complete the form in typeface (minimum font 12 points).
2. Please ensure that **all** the pages are clearly numbered.
3. Please make an electronic copy of the form before submission.
4. All text must appear within the tables.

## **SUBMITTING YOUR PROPOSAL**

Applications should be sent by e-mail to:  
National Back Exchange  
Linden Barns  
Greens Norton Road  
Towcester  
Northamptonshire  
NN12 8AW

Email address: [nationalbackexchange.org.uk](mailto:nationalbackexchange.org.uk)

**We will accept electronic but not faxed or hand written proposals.**

**Official Use Only  
Unique  
Reference  
Number :**

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**IMPORTANT**

- Before completing this form please read the guidance notes carefully
- Please do not exceed the parameters of this form.
- Please ensure that all sections of the form are completed, adding pages for CVs if necessary.
- Please type your answers (minimum font size 12).

**SECTION 1. SUMMARY OF THE PROPOSAL**

Lead Researcher Details			
Name	Title	First Name	Last Name
Post Held			
Organisation			
Address			
Postcode			
Email	Tel	Fax	
Project Title			
Proposed Start Date	Proposed Duration (months)	Joint Application	Total Cost (exc. VAT) (inc. overheads)
		Yes/No	£
Project Summary of the research proposal: No more than 500 words to include a clear statement of the purpose of your research, how it will build on existing evidence where available, and its intended benefits to patients and the public.			

## SECTION 2. SUMMARY OF APPLICANTS

Other Applicant Details			
Name	Title	First Name	Last Name
Post Held			
Organisation			
Address			
Postcode			
Email	Tel	Fax	
Other Applicant Details			
Name	Title	First Name	Last Name
Post Held			
Organisation			
Address			
Postcode			
Email	Tel	Fax	
Other Applicant Details			
Name	Title	First Name	Last Name
Post Held			
Organisation			
Address			
Postcode			
Email	Tel	Fax	
Other Applicant Details			
Name	Title	First Name	Last Name
Post Held			
Organisation			
Address			
Postcode			
Email	Tel	Fax	
Other Applicant Details			
Name	Title	First Name	Last Name
Post Held			
Organisation			
Address			
Postcode			
Email	Tel	Fax	

### SECTION 3. DETAILS OF THE RESEARCH PROPOSAL

A. Background to the project

B. Benefits the proposed investigation will bring

### SECTION 3. DETAILS OF THE RESEARCH PROPOSAL (CONTINUED)

C. Plan of investigation including research methodology proposed
D. Methods for disseminating and implementing the results of the project
E. Justification of the support requested



### SECTION 3. DETAILS OF THE RESEARCH PROPOSAL (CONTINUED)

J. Has this proposal been submitted elsewhere over the past year?	Yes/No
If yes, to which organisation?  What was the result?	
K. Is this research likely to lead to patentable or otherwise commercially exploitable results?	Yes/No
If yes, please give details:	

**SECTION 4. CURRICULUM VITAE OF APPLICANT(S), (please add additional pages if necessary)**

Name	Title	First Name	Last Name
Date of Birth			
Degree subject/ Professional Qualification			
Present & Previous Positions held			
Relevant Publications			
Current & Recent Research Grants			

**SECTION 5. FINANCE – BREAKDOWN OF COSTS**

Summary of requested financial support						
Financial Year	Year 1 (£)	Year 2 (£)	Year 3 (£)	Year 4 (£)	Year 5 (£)	Total
Staff						
Travel & Subsistence.						
Consumables						
Exceptional Items						
Equipment						
SUBTOTAL						
Overheads for staff only						
<b>GRAND TOTAL</b>						

**SECTION 5. FINANCE**

FOR THE ADMINISTERING ORGANISATIONS FINANCE DEPARTMENT, to be signed by finance officer or equivalent: I declare that the financial information given on this form is complete and correct		
Signature	Date	Name (BLOCK CAPITALS)
Post Held		
Organisation		
Address		
Postcode		
Tel. No.		
Fax No.		
Email		

## SECTION 6. ETHICAL APPROVAL

Does the project require Ethical Approval? YES / NO

If YES please attach Ethical Approval letter.

## SECTION 7. DECLARATIONS

FOR LEAD APPLICANT ONLY: I declare that I will be actively engaged in, and in day to day control of the project		
Signature	Date	Name (BLOCK CAPITALS)
FOR ALL APPLICANTS: (please add additional pages if necessary) I declare that the information given on this form is complete and correct		
Signature	Date	Name (BLOCK CAPITALS)
Signature	Date	Name (BLOCK CAPITALS)
Signature	Date	Name (BLOCK CAPITALS)
Signature	Date	Name (BLOCK CAPITALS)
Signature	Date	Name (BLOCK CAPITALS)