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| **Please read CPPC Terms and Conditions prior to completing form** | | | |
| **Lead Applicant Details** | | | |
| Title |  | Name |  |
| Affiliation |  | | |
| Email |  | | |
| Research Speciality / BRC Theme/Area |  | | |
| Co - Applicant Details | | | |
| Title |  | Name |  |
| Affiliation |  | | |
| Email |  | | |
| Research Speciality / BRC Theme/Area |  | | |
| Co - Applicant Details | | | |
| Title |  | Name |  |
| Affiliation |  | | |
| Email |  | | |
| Research Speciality / BRC Theme/Area |  | | |
| Co - Applicant Details | | | |
| Title |  | Name |  |
| Affiliation |  | | |
| Email |  | | |
| Research Speciality / BRC Theme/Area |  | | |

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| Additional Project Team Members please list | | | |
| Name | Affiliation | Role /BRC Theme/Area | Email |
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Please refer to our website for more detail on our workstreams within each theme. [Manchester Biomedical Research Centre Our Research Archive - Manchester Biomedical Research Centre (nihr.ac.uk)](https://www.manchesterbrc.nihr.ac.uk/our-research/)

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| **BRC Research Alignment**: please tick which themes project aligns with | | |
| **Research Clusters** | **Research Themes** | |
| ☐ Cancer | | ☐Prevention and Early Detection  ☐Advanced Radiotherapy  ☐Precision Medicine  ☐Living with and beyond cancer |
| ☐ Inflammation | | ☐Rheumatic Musculoskeletal Diseases  ☐Respiratory Medicine  ☐Dermatology: Cutaneous Inflammation and Repair  ☐Integrative Cardiovascular Medicine |
| ☐ Disease Complexity and Multi-morbidity | | ☐Next Generation Phenotyping and Diagnostics  ☐Next Generation Therapeutics |
| ☐ High Burden Under Researched Conditions | | ☐Hearing Health  ☐Mental Health  ☐Rare Conditions |

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| **Project Details** | | | |
| Project Title |  | | |
| Project Start Date |  | Project End Date |  |
| **Project Brief** | Provide a **LAY** summary, include aims and clinical application/unmet clinical need/relevance/ benefit of project (600 words) **(will be reviewed by a public contributor)** | | |
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| **Equality, Diversity, and Inclusion**: Describe what considerations/applications have been given to EDI for this project |
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| **PPIE** How will you involve patients / the public throughout the different stages of this project. This activity can be supported through [VOCAL](https://wearevocal.org/). Please contact Children’s Research PPIE lead - [issy.macgregor@mft.nhs.uk](mailto:issy.macgregor@mft.nhs.uk) for more information. |
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| **Translational Stage**– Please detail where this project currently sits and where it will move to, in terms of the translational pipeline (e.g. D3-D4, T1-T2) describing the hurdle this funding will overcome. |
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| **Project Plan** Detail the workplan for the proposed project, to include objectives, timelines, methods, benefit, impact (600 words) |
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| **Project Costs** provide breakdown and justification of costs being applied for. How are costs linked to outcome. **Please note: award must be spent by 31 March 2025** | | |
| Total Amount Requested | £ | |
|  | Description | Expenditure |
| Staff |  | £ |
| Consumables |  | £ |
| Equipment <£5,000 |  | £ |
| PPIE |  | £ |
| EDI |  | £ |
| Other BRC infrastructure - Statistician, Inclusive Research Oversight Board -IROB, Vocal |  | £ |
| Other |  |  |
|  | Total | £ |

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| **Future Plans**: Give specific details of plans for future external funding support beyond this pump priming initiative |
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| **Collaborations**: List associated or expected collaborations below, if any. | | |
| Industry | ☐ |  |
| NHS | ☐ |  |
| Charity | ☐ |  |
| Other | ☐ |  |

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| **Intellectual Property** | |
| Do you hold any IP relating to this project? |  |
| Will this project generate any new IP? | ☐ |
| How will this be managed? |  |

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| Additional Supporting Information Please add any further detail to support this application below |
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| Declaration | |
| I can confirm that the information given in this form is correct and I shall be responsible for the overall management of the project and, if funded, will manage the award in line with the terms and conditions as set out by the NIHR Manchester Biomedical Research Centre. | |
| Lead Applicant Name |  |
| Signed |  |
| Date |  |
| Co -Applicant Name |  |
| Signed |  |
| Date |  |
| Co -Applicant Name |  |
| Signed |  |
| Date |  |
| Co -Applicant Name |  |
| Signed |  |
| Date |  |

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| **Equality Diversity and Inclusion**  We would like to understand who is accessing our funding calls and whether underrepresented groups are being reached. To help us with this, please can you answer the following optional questions. This information will be kept strictly confidential and will be used and stored in line with our information governance processes.  The following questions will **not** be used to assess your application. They will only be used for monitoring purposes. | | |
| **1** | What is your age? | Multiple choice:   * 18-24 * 25-34 * 35-44 * 45-54 * 55-64 * 65 and over |
| **2** | What is your ethnic group? Please choose one option that best describes your ethnic group or background. | Multiple choice:  **Asian or Asian British**   * Bangladeshi * Chinese * Indian * Pakistani * Any other Asian background   **Black, Black British, Caribbean, or African**   * African * Caribbean * Any other Black, Black British, or Caribbean background   **Mixed or multiple ethnic groups**   * White and Black Caribbean * White and Asian * White and Black African * Any other Mixed or multiple ethnic background   **White**   * English, Welsh, Scottish, Northern Irish or British Irish * Gypsy or Irish Traveller * Roma * Any other White background   **Other ethnic group**   * Arab * Any other ethnic group * Prefer not to say |
| **3** | What best describes your current situation regarding disabilities? | Multiple choice:   * No disability * Physical Disability * Visual Disability * Hearing Impairment * Cognitive or learning disability * Other (please Specify) |
| **4** | Which of the following best describes your gender? | Multiple choice:   * Man * Non-binary * Woman * Prefer to self-describe (free text box for self-description) * Prefer not to say |
| **5** | Which of the following best describes your sexual orientation? | Multiple choice:   * Asexual * Bi/bisexual * Gay or lesbian * Queer * Straight/heterosexual * Pansexual * I identity in another way (free text box to describe) * Prefer not to say |