

**Manchester BRC Next Generation Phenotyping and Diagnostics Theme (NGPD)**

**‘Genome Editing Service’ Application Form**

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| **Please read the NGPD Call Terms & Conditions prior to completing this form.** | | | | | | | |
| **Lead applicant Details** | | | | | | | |
| *Title* |  | *Name* | | |  | | |
| *Affiliation* |  | | | | | | |
| *Email* |  | | | | | | |
| *Research Speciality*  *BRC Theme/Area* |  | | | | | | |
| **Co-Applicant Details/Additional Team Members:** *please add rows as needed* | | | | | | | |
| *Title* |  | *Name* | | |  | | |
| *Affiliation* |  | | | | | | |
| *Email* |  | | | | | | |
| *Research Speciality BRC Theme/Area* |  | | | | | | |
| *Title* |  | *Name* | | |  | | |
| *Affiliation* |  | | | | | | |
| *Email* |  | | | | | | |
| *Research Speciality*  *BRC Theme/Area* |  | | | | | | |
| **Programme(s) the project would support**: *please tick all that apply*  **☐** Programme **1**: *Multidimensional Data Integration to Improve Biomarker Discovery*  **☐** Programme **2**: *Data Mining to Advance the Utility of Existing Diagnostic Datasets*  **☐** Programme **3**: *Clinical Validation of Translatable Diagnostic Methodologies* | | | | | | | |
| **BRC Research Alignment:** *Please tick which themes project aligns with, if any* | | | | | | | |
| 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 | | | |
| **☐ Under Researched Conditions** | | | | ☐ Hearing Health  ☐ Mental Health  ☐ Rare Conditions | | | |
| **Project Title** |  | | | | | | |
| **Start date** |  | | **End Date** | | |  | |
| **Project costs:** *Please provide a breakdown and justification of costs. How are the costs linked to outcome.*  Please note: Award is subject to milestone payments over 2 financial years: Year 1 **Up to 31st March 2025** and Year 2 **1st April 2025 to 31st March 2026**. | | | | | | | |
| **Total Project Amount Requested (from both project years)** | | | | | | | **£** |
| Project Year 1 **Up to 31st March 2025** | | | | | | | |
|  | Description/Justification | | | | | | Expenditure |
| Core facility services |  | | | | | | £ |
| Non-Staff/ Consumables (Equipment <£5K) |  | | | | | | £ |
| PPIE |  | | | | | | £ |
| EDI |  | | | | | | £ |
| Other (Please specify) |  | | | | | | £ |
| Total Year 1 Funding Requested | | | | | | | £ |
| Project Year 2 **01st April 2025 - 31st March 2026** | | | | | | | |
|  | Description/Justification | | | | | | Expenditure |
| Core facility services |  | | | | | | £ |
| Non-Staff/ Consumables (Equipment <£5K) |  | | | | | | £ |
| PPIE |  | | | | | | £ |
| EDI |  | | | | | | £ |
| Other (Please specify) |  | | | | | | £ |
| Total Year 2 Funding Requested | | | | | | | £ |
| **Project summary:** *Please include details of the contribution required by the Experimental officer and estimated FTE commitment over the 2 financial years*.*100 words max* | | | | | | | |
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| **Describe the unmet clinical need and how your request meets this?** *100 words max* | | | | | | | |
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| **Project aims and SMART objectives***. 100 words max* | | | | | | | |
|  | | | | | | | |
| **Project workplan** (with timeline/Gantt chart).*500 words max* | | | | | | | |
|  | | | | | | | |
| **If successful, how soon will your project reach clinical diagnostics (if applicable)?** *50 words max* | | | | | | | |
|  | | | | | | | |
| **Further steps/funding applications:** *P*lease specify the calls and timelines and how this funding call specifically helps. *100 words max* | | | | | | | |
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| **Plans for external grant application following completion of study.** *100 words max* | | | | | | | |
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| **PPIEP:** *Please describe how will you involve patients / the public throughout the different stages of this project*. *50 words max*  *For any PPIE related queries please contact Annie Keane,* BRC PPIE Lead, [*annie.keane@mft.nhs.uk*](mailto:annie.keane@mft.nhs.uk) | | | | | | | |
|  | | | | | | | |
| **Equality, diversity, and Inclusion:** *Please describe what considerations/applications have been given to EDI/Inclusive research methods for this project*.*50 words max*  *For any IROB related queries please contact Abin Thomas, NGPD IROB Rep,* [*abin.thomas@manchester.ac.uk*](mailto:abin.thomas@manchester.ac.uk) | | | | | | | |
|  | | | | | | | |
| **Describe any risks and contingency plans (include mitigation plans).** *100 words max* | | | | | | | |
|  | | | | | | | |
| **Additional Supporting Information:** *Please add any further detail to support this application below.*  *100 words max* | | | | | | | |
|  | | | | | | | |
| **External Collaboration** | Does your project require a contract/collaboration between UoM and:  ☐ NHS Trust  ☐ Industry  ☐ Charity  ☐ Other (please specify)  *If yes to any of the above, please detail the involvement of the external organisation.* | | | | | | |
| **Intellectual Property** | Will this research generate any IP?  ☐ Yes ☐ No  *If yes, confirm how IP will be managed. (Have/will Manchester Innovation Factory and/or the MFT Innovation team be contacted?)* | | | | | | |
| **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** |  | | | | | | |

Proposals must be submitted to Mamoona Ahmed (NGPD Theme Manager) [Mamoona.Ahmed@mft.nhs.uk](mailto:Mamoona.Ahmed@mft.nhs.uk) by **29th Jan 2025 (5pm).**

**Please also complete the ‘EDI Monitoring Questionnaire’ below and submit with your application.**

Application Outcomes will be confirmed w/c 3rd Feb 2025.

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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 |