**NHSScotland Assure Research Service**

**Funding Application Form**

**Version 5**

***NB: Must be completed in conjunction with V5 Guidelines***

**Section 1 – Summary Details**

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| --- | --- | --- |
| **Project Summary** | | |
| **Project Title** |  | |
| **Lead Applicant** |  | |
| **Value of grant requested** | **£** | |
| **Project Duration (max 24 months)** | **Start** | **End** |
| **Area of Research** | Design, installation, commissioning and maintenance of water systems including drainage | |
| Design, installation, commissioning and maintenance of ventilation systems | |
| Pathogens, the microbiome, AMR, transmission risks and burden of disease in the hospital environment | |
| Hospital design including size and single room provision; e.g. hand wash basin provision / waterless / surface design to reduce transmission | |
| The built environment post-pandemic and lessons learned from COVID-19 | |
| Human factors/Ergonomics and Infection Prevention and Control in hospital design and the built environment and how it is used | |
| Climate change requirements and the unintended consequences on built environment risks | |
| The role of safety and harms in relation to medical gases, electrical systems and fire safety, and their impact on patient and staff safety in the hospital environment | |

**Section 2 – Layperson Summary**

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| **Layperson Summary** |
| Please provide a standalone Layperson Summary of no more than 750 words. The summary should be written in language accessible to a non-expert audience. At a minimum, it should outline the aims of the research, clearly articulate the benefits accrued from the research and how the research will impact built environment risks and NHSScotland Assure’s advice and/or guidance. The use of jargon should be avoided and any technical terms should be clearly explained. |

**Section 3 – Project Details**

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| **Project Details** |
| **Motivation for the Research**  Describe the novelty of your approach and how potential benefits will align with the key themes of NHSScotland Assure. Outline the impact this research will have on advice, guidance and /or practice within NHSScotland and any gaps in available evidence, clearly outlining how the proposed research will address these. |
| **Timeline and Outcomes of Project**  Outline timeframes, milestones and deliverables that will be used to monitor progress of the project. |
| **Justification of Requirements**  Outline staff expertise and workload required for the research. |
| **Impact of Project**  Explain the health impact of this research and how it will align with the needs of NHSScotland Assure. How will this research be disseminated? What external project funding could follow from this?  Outline how the outcomes of the project will translate into beneficial evidence for NHSScotland and whether it is expected these will be applicable on local, national or international levels. |
| **Impact of Research on NHSScotland Assure Advice & Guidance**  Specifically reference relevant guidance and advice documents that research is intended to impact on. |
| **Key References** |

**Section 4 – Costings**

**Higher Education Institutes Full Economic Costs (80%) Financial Year (1 April – 31 March)**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Directly Allocated Costs (a)** | | | | | | |
| **YEAR** | **Staff** | **Investigators** | **Estate costs** | **Equipment** | **Other** | **Sub - Total** |
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| **Directly Incurred Costs (b)** | | | | | | |
| **YEAR** | **Staff** | **Travel** | **Equipment** | **Other Costs** |  | **Sub - Total** |
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| **Indirect Costs (c)** | | | | | |  |
|  | | | | | |  |
| **Total Cost (100%) (a+b+c)** | | | | | |  |
| **Total FEC Costs (80%) (a+b+c)** | | | | | |  |
| **Funding Requested** | | | | | |  |

**Business and Industry Financial Year (1 April – 31 March)**

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| --- | --- | --- | --- | --- | --- |
| **YEAR** | **Staff Costs** | **Subcontractors** | **Travel & Subsistence** | **Other Costs** | **Sub-Total** |
|  |  |  |  |  |  |
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| **Funding Requested** | | | | |  |

**National Health Service Financial Year (1 April – 31 March)**

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **YEAR** | **Service Support** | **Blood Test/X Rays etc.** | **In Patient Stays** | **Extra Nursing** | **Other (specify)** | **Standard treatment costs** | **Excess treatment costs** | **Sub Total** |
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| **Funding Requested** | | | | | | | |  |

**Other (Charities, Other Bodies) Financial Year (1 April – 31 March)**

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| --- | --- | --- | --- | --- | --- |
| **YEAR** | **Staff Costs** | **Subcontractors** | **Travel & Subsistence** | **Other Costs** | **Sub-Total** |
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| **Funding Requested** | | | | |  |

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| **Justification for Resources** |
| Justify why the requested resources are appropriate for the research proposed. All requested resources must be fully justified. |

**Section 5 – Applicant Details**

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| **Lead Applicant Details** | |
| Institution Name |  |
| Institution Address |  |
| Title/Name of Lead academic |  |
| Number of hours per week on project |  |
| Department |  |
| Email Address |  |
| Telephone Number |  |

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| **Co - Applicants Details** | |
| Institution Name |  |
| Institution Address |  |
| Title/Name(s) of Co-Applicant |  |
| Number of hours per week on project |  |
| Department |  |
| Email Address |  |
| Telephone Number |  |

|  |  |
| --- | --- |
| **Co - Applicants Details** | |
| Institution Name |  |
| Institution Address |  |
| Title/Name of Co-Applicant |  |
| Number of hours per week on project |  |
| Department |  |
| Email Address |  |
| Telephone Number |  |

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| --- | --- |
| **Other (Consortia)** | |
| Institution Name |  |
| Institution Address |  |
| Title/Name |  |
| Number of hours per week on project |  |
| Department |  |
| Email Address |  |
| Telephone Number |  |

**Section 6 – Governance**

**Section 6a – Ethical approval**

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| --- | --- |
| **Ethical Approval (Please tick)** | |
| **Attached** |  |
| **Requested/ Not Requested** |  |
| **Not required** |  |

**Section 6b – Intellectual Property and Commercialisation**

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| **Does this project involve collaboration with Industry? (Please provide details)** |
|  |
| **Is the proposed research likely to lead to patentable or other commercially exploitable results? *(please give details)*** |
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**Section 7 – Peer Review**

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| **Referees for Peer Review** | | | | |
| **Name/Title** | **Post Held** | **Institution** | **Telephone** | **Email** |
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**Section 8 – Declaration and Authorisation**

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| **Academic Statement** | | | |
| I certify that the information given on this form regarding my academic institution and costs funding is accurate to the best of my knowledge  To my knowledge the project described here represents the ideas, concepts and writings of myself and co-investigators and is not a modification of projects submitted by others elsewhere. | | | **Yes/No** |
| **Name of Academic** |  | | |
| **Signature** |  | **Date** | |
| **Telephone** |  | | |
| **Email** |  | | |

*This application should be submitted by/through (i) the Head of Department and (ii) the officer who will be responsible for administering any grant that may be awarded.*

**Grantholder**

I confirm that I have read this application and that, if successful, the work will be accommodated and administered in this Department/Institution. The staff gradings and salaries proposed are correct and in accordance with the normal practice of this Institution. I accept responsibility for the conduct of this project and funds awarded for it and shall immediately inform NHSScotland Assure if there is any indication of misconduct or misuse of grant funds**.**

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| **Head of Department** | | |
| **Signature** |  | **Date** |
| **Title and Full Name** |  | |
| **Department** |  | |

|  |  |  |
| --- | --- | --- |
| **Finance Office of Grantholder** | | |
| **Signature** |  | **Date** |
| **Title and Full Name** |  | |
| **Position Held** |  | |