**NHS Scotland Assure - Research Service**

**Funding Application Form**

***NB: Must be completed in conjunction with guidance.***

**Section 1 – Project Details**

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| --- | --- | --- |
| **Project Summary** | | |
| **Project Title** |  | |
| **Principal Investigator** |  | |
| **Value of grant requested** | **£** | |
| **Project Duration** | **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 | |

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| **Project Details** |
| **Project Outline -** Summarise the project context, outlining the aims and how the project will address the area of research selected above. Please complete this section in layperson terms with no jargon. **Please refer to Section 1: Project Outline in the guidance document to ensure all the correct information is included.** |
| **Motivation for the Research**  Describe the novelty of your approach and potential benefits will align with the priority needs NHS Scotland Assure. |
| **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 NHS Scotland Assure. How will this research be disseminated? What external project funding could follow from this? |
| **Key References** |

**Section 2 – Costings**

**Full Economic Costs Financial Year (1 April – 31 March)**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Directly Allocated Costs (a)** | | | | | | |
| **YEAR** | **Staff** | **Investigators** | **Estate costs** | **Equipment** | **Other** | **Sub - Total** |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
| **Directly Incurred Costs (b)** | | | | | | |
| **YEAR** | **Staff** | **Travel** | **Equipment** | **Other Costs** |  | **Sub - Total** |
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| **Indirect Costs (c)** | | | | | |  |
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| **Total FEC Costs (a+b+c)** | | | | | |  |
| **Funding Requested from NHS Scotland Assure** | | | | | |  |

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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 3 – Applicant Details**

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

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

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

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

**Section 4 – Governance**

**Section 4a – Ethical approval**

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

**Section 4b – Intellectual Property and Commercialisation**

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| **Does this project involve collaboration with Industry? (Please provide details)** |
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| **Is the proposed research likely to lead to patentable or other commercially exploitable results? *(please give details)*** |
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**Section 5 – Peer Review**

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| **Referees for Peer Review** | | | | |
| **Name** | **Post Held** | **Institution** | **Telephone** | **Email** |
|  |  |  |  |  |
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Full Applications, peer-review reports and applicant’s responses to the peer-review reports will be considered by a panel in order to make a final decision on successful applications.

**Section 6 – 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 NHS Scotland 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** |  | |

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