**PATHOLOGICAL SOCIETY OF GREAT BRITAIN AND IRELAND**

# MULTIDISCIPLINARY RESEARCH PARTNERSHIP (MRP) GRANT APPLICATION

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| **Research project title** |

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| **Name of Applicant** |

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| **Department and Host Institution** |

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| --- | --- |
| **Head of Department** | **email** |

**Main Research Partner (if different from above)**

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| --- | --- | --- |
| **Name** | **Organisation** | **Role** |
|  |  |  |

**Applicants academic qualifications**

|  |  |  |
| --- | --- | --- |
| **Qualification** | **Year obtained** | **Department and Institution** |
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**Current Position**

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| --- | --- | --- |
| **Date** | **Job title** | **Institution** |
|  |  |  |

**Previous Positions held**

|  |  |  |
| --- | --- | --- |
| **Date** | **Job title** | **Institution** |
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| --- | --- | --- | --- | --- | --- |
| **Number of first author publications** |  | **Number of senior author publications** |  | **Total number of publications** |  |

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| --- |
| **Relevant publications supporting this application** *(maximum 10)* |

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| **Grants / Fellowships held previously:** |

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| --- |
| **Research experience** *(Maximum 500 words***)** |

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| **Career research ambitions and justification for MRP requirement at this stage of career**  *(Maximum 500 words)* |
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| **Project details** |

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| **Research abstract**  *(Maximum 300 words)* |

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| **Lay abstract**  *(Maximum 300 words)* |

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| **Project duration and start date** |  |

**Costing summary**

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| --- | --- |
| **Total salaries** |  |
| **Equipment** |  |
| **Running costs** |  |
| **Total requested** |  |

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| **Research proposal**  *(Maximum 5 pages, including figures and references, but no more than 4 pages of text – 11pt Arial* |
| **Hypothesis, background, aims and objectives, research plan** |

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| **Does the project involve use of animals?** | **Yes/No** |

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| **Justification for use of animals including licence details and sample size calculations** |
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| **Does the project use human tissues?** | **Yes/No** |

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| **Details of NRES ethical approval** |
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| **Timelines (Gantt. Chart) and potential problems**  *(Maximum 500 words)* |
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| **Financial details** |

**Staff details**

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| --- | --- |
| **Number of Programmed Activities (PAs) to be funded** | **Total** |
|  |  |

**Running expenses**

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| --- | --- | --- | --- |
| **Category** | **Yr1** | **Yr2** | **total** |
|  |  |  |  |

**Summary**

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| --- | --- | --- | --- |
| **Year** | **PA costs** | **Running expenses** | **Total** |
| **1** |  |  |  |
| **2** |  |  |  |

|  |  |
| --- | --- |
| **Total costs applied for** |  |

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| **Justification of resource**  *(Maximum 500 words)* |
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**Suggested reviewers**

*(Maximum of 3)*

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| **Name** | **Institution** | **Contact details address and email)** |
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| **Please confirm the length of your membership of the Pathological Society** |  |

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| **Upload checklist** |  |
| **Applicants cv**  **Research Partner’s cv**  **Evidence of Department/Deanery support for the post, including salary contribution from NHS** |  |

**I have read the Regulations for the Jean Shanks/Pathological Society (JSPS) MRP Award and, if my application is successful, I agree to abide by them.**

**Signature of Applicant:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Date:**  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| **Name of Head of School, Division or equivalent** |  |
| **Address:** |  |
| **Tel:** |  |
| **e-mail:** |  |
| **Signature: Date:** |  |

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| --- | --- |
| **Name of Finance/Administrative Officer:** |  |
| **Address:** |  |
| **Tel:** |  |
| **e-mail:** |  |
| **Signature: Date:** |  |