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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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*As a BRC we will only accept applications that span across 2 or more of our research themes and/or clusters. 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, 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 |
| **☐ 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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| **Strategic Alignment** (Please tick those that apply – if any) |
| **Polygenic Risk Scores** | **☐** | **Paediatrics** | **☐** |
| **Health Inequalities** | **☐** | **Data Science** | **☐** |
| **Adherence** | **☐** | **Global Health** | **☐** |
| **Fatigue** | **☐** | **PPIE** | **☐** |

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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) |
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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.  |
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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 is subject to milestone payments over 2 financial years: Up to 31st March 2024 and 1st April – 1st December 2024. Please detail costings across 2 financial years.* |
|  **Total Amount Requested**  | £  |
| Financial Year 1 **Up to 31st Mar 2024** |
|  | Description | Expenditure |
| Staff |  | £ |
| Consumables |  | £ |
| Equipment <£5,000 |  | £ |
| PPIE |  | £ |
| EDI |  | £ |
| Other BRC infrastructure - Statistician, Inclusive Research Oversight Board -IROB, Vocal  |  | £ |
|  | **Total**  | £ |

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| Financial Year 2 **01 April – 31st Decemeber 2024** |
|  | Description | Expenditure |
| Staff |  | £ |
| Consumables |  | £ |
| Equipment <£5,000 |  | £ |
| PPIE |  | £ |
| EDI |  | £ |
| Other BRC infrastructure - Statistician, Inclusive Research Oversight Board -IROB, Vocal  |  | £ |
|  | **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** |  |