

British Sjögren's Syndrome Association

Research Grant Application 2011

Applicants must read, and comply with, the regulations contained in the BSSA Research Policy before completing this form.

1. **Applicants:**

Name	Appointment	Department/Institution
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A.

B.

C.

2. **Address and telephone number of the institution(s) accommodating the project:**

3. **Title of Project:**

4. **Scientific abstract of research (in not more than 150 words):**

5. **Lay title of research**

6. **Lay summary of research (in not more than 150 words):**

7. **Proposed starting date:**

Proposed duration:

8. Summary of support requested (maximum £25,000):

Salaries

Expenses

Apparatus

9. Total cost of application:**10. Finance Requested:****SALARY**

Name	Position	£
Basic Salary		_____
London weighting		_____
Employer's On-Costs @ _____ %		_____
TOTAL		_____

EXPENSES

Details of all materials and consumables required

TOTAL**APPARATUS**

Details of any essential apparatus or other non-recurrent expenses requested to support the project.

11. Is a similar application(s) being submitted elsewhere? YES NO
If YES, to what organisation(s) and when is a decision expected?
12. Has any peer review taken place? YES NO
If YES, please provide full details
13. Does this project require the approval of a Research Ethics Committee and/or require an animal licence? (N.B. which must cover the full term of the grant)
If YES, please attach Ethical Approval letter/necessary paperwork YES NO
14. Please specify the organization acting as Research Sponsor for this project:

15. **DECLARATION**

I/we have received and read a copy of the BSSA Research Policy and the Terms and Conditions included therein before making this application and I/we understand and agree that my/our application is subject to the requirements and conditions contained therein and that in accepting any offer of a grant which is made by the Association I/we will be accepting and agreeing to be bound by them. I/we also understand that no alteration or waiver of those conditions can occur without written approval from the Association.

I/we agree that the personal data relating to me/us shown on this form, or otherwise made known to the BSSA for the purposes of a grant or grants by it, may be recorded by the BSSA and used by it for the purposes of evaluating, monitoring and administering any such grant and for reference in connection with it and may be passed by it to individuals and/or organisations consulted by the BSSA when assessing applications and monitoring grants and to the Associations auditors.

Names of Applicant (s)	Signature	Date
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I confirm on behalf of my organisation that in signing and supporting this application I am making a declaration in the same terms as the applicant himself as a proposed grant holder and I also confirm that I have the accommodation and facilities in my department necessary for the grant project and that, unless applied for here, the salary of the applicant/principal or investigator is guaranteed during the term of the grant

Name of organisation and Chief Executive/Head of Department	Signature	Date
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I confirm on behalf of my organisation that I have read and accept the conditions under which grants are awarded and that the salary details given are correct and include a provision for nationally agreed pay awards.

Name of Finance Officer	Signature	Date
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16. Name, address, telephone, fax and e-mail number of the officer who should be contacted regarding the administration of the grant if awarded:

Five copies plus the original should be sent to:

Office Manager
British Sjögren's Syndrome Association (BSSA)
PO Box 15040
Birmingham
B31 3DP

Tel: 0121 478 0222
E-mail: office@bssa.uk.net

The closing date is: 1st June 2011

17. The Application - The application should be typed single spaced on not more than 6 sides of A4 (including this page) with 1 inch margins. The font should be a 'sans serif' style (e.g. Arial) and must not be smaller than 12 points to include in this order:

1. Title
2. Background information
3. The research proposed: aims & purpose & detailed plan of investigation
4. The justification for the support requested and how it contributes to the aims of the BSSA (1. extends our knowledge of the causes or mechanisms of Sjögren's syndrome, 2. identifies avenues for future research, 3. develops new therapies for Sjögren's syndrome patients, 4. has other direct health benefits for patients with Sjögren's syndrome):

Send 5 copies plus the original

18. Scientific references to the application

19. **Curriculum Vitae of applicant(s) - please use a separate sheet for each person.**

1. Surname Forename(s) Date of Birth

2. Degrees (subject, class, university and date):

3. Current post (if personal support is requested, please give present source of funding)

4. Summary of previous posts (with dates):

5. List of all grants currently held (Funding body, grant holders, project title, start & end dates and total sum awarded):

6. List your most important recent research publications (up to a maximum of 10):

20. **Curriculum Vitae of proposed research staff**

1. Surname Forename(s) Date of Birth

2. Qualifications:

3. Current post (please give source of funding):

4. Summary of previous posts (with dates):

5. List your most important recent research publications (up to a maximum of 10):

6. Names and address of two referees: