

UK Dermatology Clinical Trials Network

Themed Research Call Application Form

Instructions to authors

When completing this form please ensure that your application focuses on the research you aim to conduct with this award funding and NOT longer term RCT plans (please include these where instructed in the appropriate section of this form).

PROJECT SUMMARY

Title of Project:

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Abstract of Research (250 words max)

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|  |

Amount Requested (£10,000 max) ………………………………………………………

Lead applicant

|  |
| --- |
| Name |
| Position |
| E-mail |

PROPOSED PROJECT

Is your application for:

Pilot/feasibility study

Other

If other please state below

Other ………………………………………............................................

PLAIN ENGLISH SUMMARY

Please provide a plain English summary of your proposal suitable for a lay audience such as patients/carers to understand (400 words max)

RESEARCH PLAN FOR THIS PROJECT

Please outline your research project using the five headings below (please add further continuation sheets as needed – 3 maximum please)

1. Research Question
2. Purpose
3. Background and Existing Evidence
4. Clinical Relevance
5. Plan of Investigation (e.g. depending on your plans define your PICO if for a feasibility trial, provide details of plans for qualitative work, PPI work, surveys and related analysis plans where relevant, outline your plan for a scoping review or critically appraised topic (CAT)

PATIENT AND PUBLIC INVOLVEMENT

Please outline patient and public involvement (PPI) plans for this work. Please include any PPI conducted to date to help inform your application and PPI that will be undertaken as part of this project. Your application will not be considered if PPI is not included as part of your work (250 words max). Please see <https://www.nihr.ac.uk/ppi-patient-and-public-involvement-resources-applicants-nihr-research-programmes> for guidance.

FUTURE PLANS

The aim of the UK DCTN Themed Call Award is to fund research that will support/inform the development of a future clinical trial in this area. Please give a brief outline below of your future plans and how this project will support/inform them (250 words max).

RELEVANT EXPERIENCE

Please tell us what experience you and your co-applicants have in developing and/or participating in clinical research (250 words max).

Please list your references here (maximum 10):

|  |
| --- |
| Are you aware of others doing similar research to this? Yes/No  If yes please give brief details (including justification for a similar project, no more than 250 words in total) |
| Is this application/closely related work currently being submitted by you/your team elsewhere? Yes/No  If so where? |
| Has this application/closely related work been submitted elsewhere by you/your team in the past 2 years? Yes/No  If so where and what was the outcome? |
| Please list any relevant funding awards directly related to this proposal?  (grant holder, project title, funder, amount and duration of award  if none please state none) |
| If you have received funding from the UK DCTN in the past 5 years please complete the following:  Title of project:  Sum awarded:  Publications arising |

OTHER RESEARCH and RESEARCH SUPPORT

JUSTIFICATION OF COSTS

Instructions to applicants: Item headings used in the table below are used for illustrative purposes and should be tailored and detailed to the activities proposed. Please ensure that items are appropriately costed, and sufficient detail is included so costs can be considered as relevant to the project. If staff costs/time are included (e.g. time for a qualitative researcher) please include details of how these have been calculated.

|  |  |  |  |
| --- | --- | --- | --- |
| *Item* |  | *Details* | *Estimated Costs (£)* |
| Patient involvement | e.g. travel, subsistence, Payment for time commitments and associated expenses |  |  |
| Staff costs |  |  |  |
| Equipment |  |  |  |
| Consumables | e.g. Printing / photocopying  Posting  /Packaging |  |  |
| Other Direct Costs | e.g. MHRA or Ethics application fees, course fees |  |  |
| Dissemination costs | e.g. Conference fee attendance  Open access fees |  |  |
| Additional costs |  |  |  |
| TOTALS: |  |  |  |

|  |
| --- |
| It is critical that our Panel reviewer feedback and other UK DCTN support in the development of grant applications is acknowledged.  Please tick here that you agree to add an acknowledgement of UK DCTN feedback and support on future funding applications/publications. |

CONTACT DETAILS

Lead Applicant:

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| --- | --- |
| Name |  |
| Address |  |
|  |
|  |
| Postcode |  |
| Tel No |  |
| Email |  |

Co-applicant 1:

|  |  |
| --- | --- |
| Name |  |
| Address |  |
|  |
|  |
| Postcode |  |
| Tel No |  |
| Email |  |

Co-applicant 2:

|  |  |
| --- | --- |
| Name |  |
| Address |  |
|  |
|  |
| Postcode |  |
| Tel No |  |
| Email |  |

Co-applicant 3:

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| --- | --- |
| Name |  |
| Address |  |
|  |
|  |
| Postcode |  |
| Tel No |  |
| Email |  |

Co-applicant4:

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| --- | --- |
| Name |  |
| Address |  |
|  |
|  |
| Postcode |  |
| Tel No |  |
| Email |  |

Signature of lead applicant and date:

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| --- |
|  |

PLEASE RETURN THIS FORM:

By email to: [*ukdctn@nottingham.ac.uk*](mailto:ukdctn@nottingham.ac.uk)