

**NEWLIFE START UP GRANT  
RESEARCH APPLICATION  
FORM 2017/18**



Newlife use - Date Received

Newlife use - Application Ref No

**Please submit an electronic version and three paper copies anytime throughout the year up to 5pm **Friday, 16<sup>th</sup> February 2018** - preliminary approval required**

**1. Name and correspondence address of applicant**

(Please include phone no, fax no and e-mail)

**2. Name and address of co-investigator/s, title/position**

**3. Title of research project**

**4. A) Abstract of research project (up to 200 words)**

**4. B)** A full protocol should be submitted with the application form. The protocol should be submitted under the headings (i) Aims (ii) Background (iii) Methods (iv) References  
(There is no word count for the protocol. The usual length of the protocol submitted by researchers for start up applications is two to three pages long.)

Please attach protocol.

**5. Funds Requested** - see accompanying notes

Year 1

A) Salary: Basic

Nat Ins.

Superann.

London W.

Sub.Total

B) Consumables

C) Travel

**TOTAL GRANT APPLICATION =**

**6. Is there any research related to this work currently being undertaken by the Applicant?** Please give details including financial support from other sources.

**7. Is ethical approval required?** YES / NO

If so please enclose a letter of support from the appropriate ethical committee before closing date.

**8. Does the experimental work involve animals?** YES / NO

If so (1) please confirm there is no alternate experimental system available

(2) please give details of your licensing

**9. SIGNATURES** - Please sign original in ink

**A) Applicant's Signature**

I have read the conditions supporting this form and agree to abide by them if this application is successful. I shall actively be in control of this project and will be responsible for its supervision.

I understand that only written agreement from Newlife the Charity for Disabled Children will provide authorisation to commence work.

I accept that the decision of the Trustees is final.

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Signature                      Name                      Date

**B) Head of Department / Co Investigator/s**

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Signature                      Name /Title                      Date

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Signature                      Name / Title                      Date

**C) Finance Officer - name and signature**

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Signature                      Name / Title                      Date

**Application form should be completed and posted to:**

**Professor Michael A Patton - Medical Director  
Newlife the Charity for Disabled Children, Hemlock Way, Cannock, WS11 7GF**

**Please note:**

Write or type clearly on this form we need three copies of the following documents: fully signed application form, protocol, the CV of principal investigator and copies of ethical approval document if required. All documents also need to be emailed to [research@newlifecharity.co.uk](mailto:research@newlifecharity.co.uk)

**Does your research fit our criteria or medical/scientific/clinical matter related to this application?** All queries to: Prof. M. Patton, Email: [mpatton@newlifecharity.co.uk](mailto:mpatton@newlifecharity.co.uk)

**Do you have queries about this application form?**

If in doubt please contact Newlife HO to discuss:  
Research Admin Officer -01543 468 888, Email: [research@newlifecharity.co.uk](mailto:research@newlifecharity.co.uk)