**College of Medicine & Health**

**Academic Health Sciences Awards**

Application Form

Send a PDF version of the completed application form to Dr. Ashleigh Byrne (ashleigh.byrne@ucc.ie) by the **deadline** **of 5pm on 10/05/2024.**

**1. Project information**

|  |  |
| --- | --- |
| PROJECT TITLE  Short title/acronym |  |
| WHICH LEVEL OF AWARD ARE YOU APPLYING FOR? | Up to €10,000  Up to €30,000  These categories will be considered separately. |
| PROJECT START DATE |  |
| HAS THE PROPOSED WORK RECIEVED FUNDING OR HAS FUNDING BEEN APPLIED FOR FROM ANOTHER SOURCE? | YES  NO  If yes, please give details below: |
| LEAD APPLICANT  (UCC), CoMH SCHOOL/DEPARTMENT  /CENTRE & CONTACT DETAILS | NAME: *Prof John/Jane Smith,*  AFFILITATION: *School of Medicine, Department of.. or School of Public Health & INFANT Centre etc*  UCC EMAIL ADDRESS:  *j.smith@ucc.ie*  PHONE: *+ 353 21 420 1234*  UCC STAFF NUMBER:  *12345* |
| PRIMARY CO-APPLICANT  (HEALTHCARE), AFFILITATION(S) & CONTACT DETAILS | NAME: *Prof John/Jane Smith,*  AFFILITATION: *Cork University Hospital or Mercy University Hospital etc.*  EMAIL:  *j.smith@ucc.ie*  PHONE: *+ 353 21 420 1234* |
| additional co-applicant 1 | NAME:  AFFILITATION:  EMAIL:  PHONE:  **Copy and paste as necessary to list any additional co-applicants** |

**2. Which one of the following UCC Futures area(s) may your proposal best align to?**

*Tick all that apply.*

Ageing & Brain Sciences  Children  Food Microbiome & Health  Future Medicines

AI & Data analytics  Sustainability  Collective Social Futures  Future Humanities

Pharmaceuticals  Quantum & Photonics

|  |
| --- |
| Please provide a statement describing how your proposal could align with one or more of the UCC Futures areas *(up to 200 words)* |

**3. Project Description**

***References can be included in this section and listed at the end of the application form.***

***Guidance on proposal writing can be found under ‘Grant Supports’ on the CoMH Research Funding SharePoint*** [***https://uccireland.sharepoint.com/sites/CoMHResearchFunding/SitePages/Impact-Pathways.aspx***](https://uccireland.sharepoint.com/sites/CoMHResearchFunding/SitePages/Impact-Pathways.aspx)

|  |
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| 3.1 Abstract (up to 200 words) |
| 3.2 Lay Summary (up to 100 words). The lay summary will be used to disseminate details on the research proposal to non-specialist audiences and will feature on research section of the CoMH website. |
| *3.3 Research Aims & Objective(s)* (up to 300 words). *Please detail the key hypotheses to be tested or questions to be asked. What you hope to achieve during the period of research?* |
| 3.4 Background to the proposed work (up to 500 words). |
| 3.5 Research Strategy and Methods (up to 500 words). Please include a timeline of the proposed work in this section. |
| 3.6 Describe the Consortium (up to 500 words). Describe the novelty, appropriateness, complementarity and diversity of the partners and how this consortium will effectively execute the proposed tasks. |
| 3.7 Public and Patient Involvement (PPI) (up to 500 words). Please describe how you have considered PPI at each stage of the research cycle. |
| 3.8 Communication and Dissemination plan (up to 500 words). You may use a table. |

**4. Impact pathway and Future Development**

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| 4.1 Impact pathway (up to 1000 words). Describe the impact pathway, including;   * activities, expected outputs, expected impacts and how these impacts will be realised * how will you exploit results to maximise impact? * How will impacts be sustained beyond the project life cycle? * How will you disseminate and communicate results and impact? * *How will you monitor / capture impact?* * *How will you engage with and ensure open research / open data as much as is practicable?*   Use the UCC Research Impact Toolkit to assist you in thinking about the real-world impact of your research at different stages of your research journey. <https://www.ucc.ie/en/research/impact/impacttoolkit/> |
| 4.2 Future Development (up to 500 words). A key part of the assessment of these awards will be in the plans that the teams of applicants have to leverage this seed funding to apply for exchequer and non-exchequer grant funding. In this section please describe the specific plans around this. |

**5. Budget details**

*In the table below please provide an itemized budget breakdown and a written justification of these costs below. Please note funds will need to be spent strictly within 12 months of the start date.*

|  |  |  |
| --- | --- | --- |
| **5.1 Item** | **Amount** | **Justification** |
|  | € |  |
|  | € |  |
| *Add additional rows as necessary* | € |  |
| **Total amount requested** | **€** |  |

**6. Ethical approvals**

Is ethical approval required for this project?  YES  NO

If yes, is ethical approval already in place?  YES  NO

If no, will ethical approval be in place by the start date?  YES  NO

**It is responsibility** **of the applicant team** to ensure that all necessary ethical approvals are in place before any work requiring ethical approval is undertaken. Applicants should allow sufficient time to obtain ethical approval from the relevant [University Ethics Committee](https://www.ucc.ie/en/research/support/ethics/) and then forward copies of all the necessary approvals to [AHSawards@ucc.ie](mailto:AHSawards@ucc.ie) prior to funds being made available. Funding offer will be withdrawn if approvals are not provided within two month of the award offer.

Do the applicants accept this responsibility?  YES  NO

**7. Post award requirements**

Please note CoMH AHS awardees will be required to submit a project and impact pathway report and a financial report detailing the expenditure within in three months of the conclusion of the funding period (templates will be provided at the end of the project). There will be an additional impact pathway report requested at 12 months after project completion.

Do the applicants accept this responsibility?  YES  NO

**8. Signatures**

LEAD APPLICANT: I consent to the data included in this submission being collected processed and stored by the College of Medicine and Health in accordance with The General Data Protection Regulation (GDPR) and data protection legislation and best practice.

Does the lead applicant agree?  YES  NO

Signature of the Lead applicant:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

CO-APPLICANT 1: I consent to the data included in this submission being collected processed and stored by the College of Medicine and Health in accordance with The General Data Protection Regulation (GDPR) and data protection legislation and best practice.

Does the co-applicant agree?  YES  NO

Signature of the Co-applicant:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Copy and paste as necessary for any additional co-applicants.**

**Appendix 1: Applicant profiles**

**LEAD APPLICANT CV (one page only)**

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| **Name and contact details** | | | | | | | | | |
| Title | | |  | | | Institution |  | | |
| Forename(s) | | |  | | | Address Line 1 |  | | |
| Surname | | |  | | | Address Line 2 |  | | |
| Email Address | | |  | | | City/Town |  | | |
| Position | | |  | | | County |  | | |
| Department | | |  | | | Phone No. |  | | |
| **Briefly describe the work that will be performed by lead applicant during this project?** | | | | | | | | |
|  | | | | | | | | |
| **Publications (up to 3 most relevant)** | | | | | | | | | |
| *Please list up to 3 publications that are most relevant to this application.* *Please underline the name of the applicant on each publication listed.* ***Please state if Open Access (OA)*** | | | | | | | | | |
| 1.  2.  3. | | | | | | | | | |
| **Details of current and or past research funding most relevant to this application as Principal/Co- investigator (up to 5 most relevant).** *Please only include funding obtained as PI or Co-PI.* | | | | | | | | | |
| *Start date mm/yyyy* | *Duration (months)* | *Total amount* | | *Funding amount* | *Title of the project* | | | *Role of applicant* | |
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**CO- APPLICANT CV (one page only). Copy and paste as necessary for any additional co-applicants.**

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| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Name and contact details** | | | | | | | | |
| Title | | |  | | | Institution |  | |
| Forename(s) | | |  | | | Address Line 1 |  | |
| Surname | | |  | | | Address Line 2 |  | |
| Email Address | | |  | | | City/Town |  | |
| Position | | |  | | | County |  | |
| Department | | |  | | | Phone No. |  | |
| **Briefly describe the work that will be performed by co-applicant during this project?** | | | | | | | | |
|  | | | | | | | | |
| **Publications (up to 3 most relevant)** | | | | | | | | | |
| *Please list up to 3 publications that are most relevant to this application.* *Please underline the name of the applicant on each publication listed.* ***Please state if Open Access (OA).*** | | | | | | | | | |
| 1.  2.  3. | | | | | | | | | |
| **Details of current and past research funding most relevant to this application as Principal/Co- investigator (up to 5 most relevant).** *Please only include funding obtained as PI or Co-PI.* | | | | | | | | |
| *Start date mm/yyyy* | *Duration (months)* | *Total amount* | | *Funding amount* | *Title of the project* | | | *Role of applicant* | |
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**Appendix 2: Supporting References**