# TA_logo_382

# expression of interest form for grant

**Applicants must email one signed copy of the completed form, in Word format, to Dr Seonaid Anderson (**[**research@tourettes-action.org.uk**](mailto:research@tourettes-action.org.uk)**).**

**Application deadline: Friday 27th October, 2017**

**NOTES**

* Please read the Tourettes Action research strategy carefully before completing this form.
* This is the preliminary expression of interest form only, you will be required to submit a full application if successful
* Please direct any enquiries to Dr Seonaid Anderson ([research@tourettes-action.org.uk](mailto:research@tourettes-action.org.uk)) Research Manager at Tourettes Action.

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| **Research details** |  |
| Project title |  |
| Duration of support (months) |  |
| Total requested support (£) |  |
| **Details of principal applicant** |  |
| Title |  |
| Surname |  |
| Forename |  |
| Position |  |
| Department |  |
| Host Institution |  |
| Address |  |
| City/Town |  |
| Postcode |  |
| Tel |  |
| Email |  |

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| **Details of co-applicant 1** |  | | | | |
| Title |  | | | | |
| Surname |  | | | | |
| Forename |  | | | | |
| Position |  | | | | |
| Host Institution |  | | | | |
| Email |  | | | | |
| **Details of co-applicant 2** |  | | | | |
| Title |  | | | | |
| Surname |  | | | | |
| Forename |  | | | | |
| Position |  | | | | |
| Host Institution |  | | | | |
| Email |  | | | | |
| **Details of co-applicant 3** |  | | | | |
| Title |  | | | | |
| Surname |  | | | | |
| Forename |  | | | | |
| Position |  | | | | |
| Host Institution |  | | | | |
| Email |  | | | | |
| **Details of co-applicant 4** |  | | | | |
| Title |  | | | | |
| Surname |  | | | | |
| Forename |  | | | | |
| Position |  | | | | |
| Host Institution |  | | | | |
| Email |  | | | | |
| ***Please include details of any further co-applicants on an additional sheet*** | | | | | |
| **Funding details** | | | | | |
| Is this or any related grant currently being considered for funding by any other body? | | Yes |  | No |  |
| If yes, please give details (funding body, sum requested, date you will be notified): | |  | | | |

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| **Relevant experience** | | | | | | | | |
| Please list up to five most relevant grants held, or previously held, by your or your co-applicants: | | | | | | | | | |
| Period | Project title | Sum | | Applicant | | | Funding body | | |
|  |  | £ | |  | | |  | | |
|  |  | £ | |  | | |  | | |
|  |  | £ | |  | | |  | | |
|  |  | £ | |  | | |  | | |
|  |  | £ | |  | | |  | | |
| Is this a clinical study that would use NHS premises, staff or patients? | | | Yes | |  | No | |  |
| If yes, please list the clinical studies that you have been involved in over the last five years. For each please indicate the number of subjects you recruited and whether you reached your recruitment target. | | | | | | | | | |
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| **Costings** |
| Please supply a budget in table format as an appendix on an additional sheet, with one row for each spend. By all means group items through using additional columns, but each item must be listed in a separate row. Furthermore, for projects spanning more than one year, the budget must indicate which funding is required in each year. |
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| **Research proposal** |
| **Scientific outline** *In no more than* ***500*** *words (excluding references). Please include (1) the background to the proposal; (2) its relevance to Tourettes Syndrome; (3) specific aims of the research, including a clear statement of your hypothesis; and (4) outline plan of research, including estimated sample size and intended statistical analysis.* ***Please use******no more than 10 references, and include them in the box headed ‘References’. Figures are not permitted at this stage of the application process.*** |
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| **References**  *Please include your references here (no more than 10)* |
| **Lay title for project** |
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| **Non-scientific** **description of research** *In no more than 200 words. Please include (1) why this area of knowledge is worth investigating; (2) what question you’re trying to answer; (3) what this research is expected to add to our knowledge of Tourettes Syndrome; (4) how quickly the results will be applicable to patients: short term (within 12 months), medium term (3-5 years) or long term (10 years or more).* |
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| **External review** | |
| **Please suggest up to two independent referees who would be suitable to review your application** *(please supply name, institution and email address)*: | |
| Reviewer 1 |  |
| Reviewer 2 |  |
| *Tourettes Action may contact both, one or neither of these nominees*  **If there is anyone whom you would rather not review your application, please give their details here** *(no more than two; please supply name and institution)*: | |
| Nominee 1 |  |
| Nominee 2 |  |

*Tourettes Action will undertake not to contact these nominees*

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| Signature of principal applicant |  |
| Date |  |