

The Severnside Alliance for Translational Research

**Bio-E Pilot Projects**

# Application Form

# This call is open to researchers in the Universities of Bristol, Cardiff, Swansea and UWE (University of the West of England).

# Please ensure that ALL institutions that are part of this proposal have agreed with the costs provided and have approved the submission.

# Only the lead institution needs to submit the application.

# Deadline 22nd November 2013. Email this application form to ebi-health@bristol.ac.uk

|  |
| --- |
| Title (max 20 Words) |
|  |

|  |
| --- |
| Abstract (200 Words) *Please briefly describe your objective* |
|  |

|  |  |
| --- | --- |
| Start Date: |  |
| Duration: |  |

Do you believe your project will generate new intellectual property or need access to existing intellectual property? *If yes you will need a supporting statement from your local Technology Transfer Office or equivalent.*

|  |  |  |  |
| --- | --- | --- | --- |
| *YES* |  | *NO* |  |

Does your project involve the use of animals? *If so you will need to provide evidence of compliance with home office regulations.*

|  |  |  |  |
| --- | --- | --- | --- |
| *YES* |  | *NO* |  |

Does your project involve human studies? *If so you will need to provide evidence of any ethical permission required for your studies.*

|  |  |  |  |
| --- | --- | --- | --- |
| *YES* |  | *NO* |  |

|  |  |
| --- | --- |
| Lead applicant: | |
| Name |  |
| Post |  |
| Department |  |
| Institution |  |
| Telephone |  |
| E-mail |  |
| Co- applicant (1) | |
| Name |  |
| Post |  |
| Department |  |
| Institution |  |
| Telephone |  |
| E-mail |  |
| Co-applicant (2) | |
| Name |  |
| Post |  |
| Department |  |
| Institution |  |
| Telephone |  |
| E-mail |  |
| Co- applicant (3) | |
| Name |  |
| Post |  |
| Department |  |
| Institution |  |
| Telephone |  |
| E-mail |  |

|  |
| --- |
| Please describe how the funding will be used and what specific goal/milestone your project will achieve. *Please make reference to any unmet clinical needs, basic biomedical question, product development, technical demonstration or other milestone that will result from this project.* (500 words max) |
|  |

|  |
| --- |
| Please describe why this project cannot be carried out without collaborative funding: *Please make reference to new collaborations between universities or across disciplines or how this strengthens existing collaborations*. (500 words max) |
|  |

|  |
| --- |
| Please describe your plans for further funding or other development after a successful completion of the project: *Please state as clearly as possible how this funding will enhance your ability to obtain further funding or translation of the project by some other means (e.g. Via partnering opportunities.)* (500 words max) |
|  |

|  |
| --- |
| Please provide any background information leading up to this project that will help the assessors determine the likely impact of your project. *Please list briefly any key publications (max 5) or other background material (e.g. patents) that are relevant to the project.* (500 words max) |
|  |

|  |
| --- |
| Please describe how the funds will be used in each organisation. *Please list any staff supported under this proposal and justify any equipment or consumable costs associated with this proposal. Please note it is not possible to include costs for the appointment of new staff under these pilot projects.* (max 500 words) |
|  |

|  |
| --- |
| Please provide any other information you feel may be helpful to those reviewing this application (max 500 words) |
|  |

|  |  |  |
| --- | --- | --- |
| Please provide a breakdown of the costs associated with this project.   * *Please note it is NOT possible to include costs for the appointment of new staff under these pilot projects.* * Please provide DIRECT costs only | | |
| Total Staff Costs: £ |  | |
| Total Equipment: £ |  | |
| Total Consumables: £ |  | |
| Total travel costs:£ |  | |
| Total Other: £ |  | |
| Costs breakdown | | |
| Lead Institution |  | |
| Staff Costs: £ |  | |
| Equipment: £ |  | |
| Consumables: £ |  | |
| Travel: £ |  | |
| Other: £ |  | |
|  |  | |
| Co-Applicant |  | |
| Staff Costs: £ |  | |
| Equipment: £ |  | |
| Consumables: £ |  | |
| Travel: £ |  | |
| Other: £ |  | |
|  |  | |
| Co-Applicant |  | |
| Staff Costs: £ |  | |
| Equipment: £ |  | |
| Consumables: £ |  | |
| Travel: £ |  | |
| Other: £ |  | |
|  |  | |
| I confirm that I wish to apply for the SARTRE Bio-E Pilot Project fund. The information given in this application and any accompanying material is accurate to the best of my knowledge. All institutions that are part of this proposal have approved this submission. I confirm that by submitting the application, that all costs have been checked by Finance. | | |
| Signature of Lead Applicant: | | Date: |