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**BGS Research Project Grant Application Form**

This application form is for the BGS Research project grant.

Up to two grants of up to £10,000 each may be awarded per round.

The scheme provides grants to enable a researcher to follow through research ideas in short timescales and will provide assistance to innovative research that may be at an early stage. To be eligible for the scheme, the research must relate to geriatric medicine and the healthcare of older people. Applicants must be members of the BGS.

There are two grant calls annually. The first opens 1 April with a deadline of 30 June, and the second on 1 November with a deadline of 1 March. Please see the [BGS Research Project Grant page](https://www.bgs.org.uk/RPgrant) for an up-to-date list of application windows and deadlines.

Please complete and attach any further documentation, including your CV. Before completing the form, please check your research project is eligible for funding and that you have understood what costs can be covered by the grant.

**For more information and guidance, visit the** [**BGS Research Project Grant page.**](https://www.bgs.org.uk/RPgrant)

Return the completed form to j.gough@bgs.org.uk.

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| **Your details**  |
| **Name** |  |
| **Job title** |  |
| **Place of work** |  |
| **Email address** |  |
| **Contact telephone number**  |  |
| **Postal address** |  |
| **Post code** |  |
| **BGS Membership number** |  |
| **Details of your application**  |
| **Project Title**  |  |
| **Expected project start and end dates.** |  |
| **Supervisor’s Name** |  |
| **Name of principal investigator and other members of research team** |  |
| **Background to the research including rationale no more than 500 words**  |   |
| **Project Plan this should contain details of the methodology, power calculations(if appropriate) and timelines and be no more than 1500 words**  |  |
| **Does this project require ethical approvals?** |  |
| **If Yes have they been applied for? Please supply documentation of application or outcome.** |  |
| **Has Ethics approval been refused? Please supply evidence of refusal and documentation.** |  |
| **Expected outcome of project (please continue on separate sheet if necessary)** |  |

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| **Identify risks to project delivery and detail mitigation plans where possible** |   |
| **Who will be supporting this research locally?** |  |
| **Please advise of timeline after completion of the project (progression of work, completion and dissemination**  |  |

**Cost Breakdown (please be as accurate as you can)**

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| **Please give a detailed breakdown of the projects expected costs** |
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|  | **Cost** |
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| **Total** | **£** |

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| **Applicant Signature** |  |
| **Date** |  |
| **Supervisor Signature** |  |
| **Date** |  |

**Please list all attached documents:**

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 **Closing date/deadline:**

Please return your completed form to Joanna Gough at j.gough@bgs.org.uk by 30 June or 1 March. If you have any problems or questions please call Joanna at 0207 608 8574.

**Please list any key references below**