# Pancreatic Cancer Action

# Early Diagnostic Challenge Award

# Application Form 2016

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| 1. Application Date | Click here to enter a date. |

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| 1. Project Title | Max 250 characters |

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| 1. Total funds requested | £ |

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| 1. How will this project improve early diagnosis of pancreatic cancer? |
| Max 120 words |

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| 1. Principle Investigator (See guidance note 1) | | |
| Full Name | Click here to enter text. | |
| Position & Title | Click here to enter text. | |
| Organisation | Click here to enter text. | |
| Department | Click here to enter text. | |
| Mailing address | Click here to enter text. | |
| Telephone | Click here to enter text. | |
| Email address | Click here to enter text. | |
| Total Number of research hours contracted for by the Employing Organisation | | Click here to enter text. |
| Number of hours per week contributing to this project | | Click here to enter text. |

Please attach a one-page Team Quality and Capability Submission (see guidance note 2)

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| 1. Period of support (see guidance note 3) | | |
| Proposed Start Date | Proposed Completion Date | Total No. of Months |
| Click here to enter a date. | Click here to enter a date. | Click here to enter text. |

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| 1. Scientific Abstract (*max 250 words)* (see guidance note 4) |
| Click here to enter text. |

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| 1. Lay Summary (see guidance note 5) This section should be no more than 500 words | |
| Lay title and objectives | Click here to enter text. |
| Clinical benefits | Click here to enter text. |
| Context | Click here to enter text. |
| Questions | Click here to enter text. |
| Justification | Click here to enter text. |
| Novelty | Click here to enter text. |

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| 1. Lay Involvement in Study Design | |
| Were lay representatives involved in the development of this application? | Yes ☐ No ☐ |
| If yes, please explain how. | Click here to enter text. |

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| 1. Prior submission (see guidance note 6) | |
| Has this proposal been submitted elsewhere? | Please choose (if no, please go to question 10) |
| Where was it submitted? |  |
| Is the application on-going? | Please choose. |
| If on-going, what is the date of the decision? | Click here to enter a date. |

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| 1. Use of Animals (see guidance note 7) | |
| Does this project require the use of animals? | Yes ☐ No ☐ |
| Which species? | Click here to enter text. |
| How many animals will be used? | Click here to enter text. |
| Please justify their use | Click here to enter text. |
| What is the status of your licence to use animals in medical research? | Click here to enter text. |

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| 1. Co-Investigators (see guidance note 8) | | | |
| **Co-investigator 1** | | | |
| Full Name | Click here to enter text. | |
| Position & Title | Click here to enter text. | |
| Organisation | Click here to enter text. | |
| Department | Click here to enter text. | |
| Mailing Address | Click here to enter text. | |
| Telephone | Click here to enter text. | |
| Email | Click here to enter text. | |
| Number of hours per week contributing to this project | | Click here to enter text. | |

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| **Co-investigator 2** | | | |
| Full Name | Click here to enter text. | |
| Position & Title | Click here to enter text. | |
| Organisation | Click here to enter text. | |
| Department | Click here to enter text. | |
| Mailing Address | Click here to enter text. | |
| Telephone | Click here to enter text. | |
| Email | Click here to enter text. | |
| Number of hours per week contributing to this project | | Click here to enter text. | |
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| **Co-investigator 3** | | | |
| Full Name | Click here to enter text. | |
| Position & Title | Click here to enter text. | |
| Organisation | Click here to enter text. | |
| Department | Click here to enter text. | |
| Mailing Address | Click here to enter text. | |
| Telephone | Click here to enter text. | |
| Email | Click here to enter text. | |
| Number of hours per week contributing to this project | | Click here to enter text. | |

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| 1. Does the project require Local Ethical Committee Approval? | Yes ☐ No ☐ |

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| 1. Does the project require regional multi-centre ethics committee approval? | Yes ☐ No ☐ |

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| 1. Joint Funding (see guidance note 9) | |
| Does this project require funding from additional sources to proceed? | Yes ☐ No ☐ |
| Total amount of money requested from additional funders | £ |
| Breakdown of funds requested from additional funders | Staff £  Non-Staff £  Equipment £  Other (please specify) £ |
| Where are the additional funds being requested from? | Click here to enter text. |
| When will decisions be made for additional funding sources? | Click here to enter a date. |

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| 1. Intellectual Property (see guidance note 10) | |
| Are there any current patents granted or pending that may be relevant to this research? | Click here to enter text. |
| Is the proposed research likely to lead to patentable or otherwise commercially exploitable results? | Please provide details |

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| 1. Project Plan (Max six pages incl references & figures - see guidance note 11) | |
| Aims and Purpose | |
| Click here to enter text. | |
| Background | |
| Click here to enter text. | |
| Methodology | |
|  | |
| Six- Monthly Milestones | |
| Milestone 1 | Max 50 words. |
| Milestone 2 | Max 50 words |
| Milestone 3 | Max 50 words |
| Milestone 4 | Max 50 words |
| Milestone 5 | Max 50 words |
| Milestone 6 | Max 50 words |
| Value of this research to pancreatic cancer academic community | |
| Enter text here | |
| List previous relevant work including where published | |
| Enter text here | |
| Please list ALL collaborators (NOT Co-Investigators) | |
| Click here to enter text. | |
| How does this work integrate with the main work of the Principal Investigator? | |
| Max 100 words. | |
| Please list relevant publications by Principal Investigator and Co-Investigators | |
| We require the top 5 publications relevant to this project for each investigator. | |

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| 1. Detailed breakdown of costs: STAFF (see guidance note 12) | | | | | | | | | | | | | | | | |
| Job Type (Researcher/technician etc) | | | | | | | Click here to enter text. | | | | | | | | | |
| Employing Organisation | | | | | | | Click here to enter text. | | | | | | | | | |
| Base starting salary | | | | | | | Click here to enter text. | | | | | | | | | |
| Grade (please attach current local pay scales) | | | | | | | Click here to enter text. | | | | | | | | | |
| % FTE (for this project) | | | | | | | Click here to enter text. | | | | | | | | | |
| Period on this project | | | | | | | Click here to enter a date. | | | | | | | | | |
| Increment date | | | | | | | Click here to enter a date. | | | | | | | | | |
|  | | Year 1 | | Year2 | | | | | | | Year 3 | | Year 4 | | | |
| Salary | | £ | | £ | | | | | | | £ | | £ | | | |
| NI & Pension | | £ | | £ | | | | | | | £ | | £ | | | |
| Indexation | £ | | % | | | £ | | % | | £ | | % | £ | | % | |
| SUBTOTAL | £ | | | | £ | | | | £ | | | | | £ | |
| Detailed breakdown of costs: STAFF 2 | | | | | | | | | | | | | | | | |
| Job Type (Researcher/technician etc) | | | | | | | Click here to enter text. | | | | | | | | | |
| Employing Organisation | | | | | | | Click here to enter text. | | | | | | | | | |
| Base starting salary | | | | | | | Click here to enter text. | | | | | | | | | |
| Grade (please attach current local pay scales) | | | | | | | Click here to enter text. | | | | | | | | | |
| % FTE (for this project) | | | | | | | Click here to enter text. | | | | | | | | | |
| Period on this project | | | | | | | Click here to enter a date. | | | | | | | | | |
| Increment date | | | | | | | Click here to enter a date. | | | | | | | | | |
|  | | Year 1 | | Year2 | | | | | | | Year 3 | | Year 4 | | | |
| Salary | | £ | | £ | | | | | | | £ | | £ | | | |
| NI & Pension | | £ | | £ | | | | | | | £ | | £ | | | |
| Indexation | £ | | % | | | £ | | % | | £ | | % | £ | | % | |
| SUBTOTAL | £ | | | | £ | | | | £ | | | | | £ | |

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| 1. Detailed breakdown of Non-staff costs: (see guidance note 13) | | | | |
|  | Year 1  £ | Year 2  £ | Year 3  £ | Year 4  £ |
| Consumables | £ | £ | £ | £ |
| Travel & Subsistence | £ | £ | £ | £ |
| Sample collection/storage | £ | £ | £ | £ |
| Equipment (please itemise all equipment over £500) | £ | £ | £ | £ |
| Animal costs | £ | £ | £ | £ |
| Professional Services | £ | £ | £ | £ |
| Total | £ | £ | £ | £ |

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| 1. Please justify the above costs here: (see guidance note 14) | |
| Staff | Click here to enter text. |
| Consumables | Click here to enter text. |
| Travel & Subsistence | Click here to enter text. |
| Sample collection/storage | Click here to enter text. |
| Equipment (please itemise all equipment over £500) | Click here to enter text. |
| Animal costs | Click here to enter text. |
| Professional Services | Click here to enter text. |

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| 1. Current Sources of Support (see guidance note 15) | |
| Principal Investigator | Click here to enter text. |
| Co-Investigator 1 | Click here to enter text. |
| Co-Investigator 2 | Click here to enter text. |
| Co-Investigator 3 | Click here to enter text. |

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| 1. Declarations – Head of Department | |
| I confirm that I have read and support this application and that I am not aware of any relevant information that has been withheld. I agree to the research being carried out in my department and will provide the necessary facilities and accommodation.  I confirm that the salaries of the Principal Investigator and Co-Investigators are guaranteed during the term of the grant.  I confirm I have read and accept Pancreatic Cancer Action’s Conditions of Grant and that all necessary licenses and approvals will be obtained before the project commences.  I understand that I or my successor would be required to vouch for the research that has been completed by signing the PCA Research Final Report at the end of the grant period. | |
| Name | Click here to enter text. |
| Title | Click here to enter text. |
| Institution Address | Click here to enter text. |
| Signature |  |
| Date | Click here to enter a date. |

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| 1. Declarations – Administrative Authority (see guidance note 16) | |
| (Finance Officer/Bursar/ Registrar/Secretary of Institution) | |
| I confirm that the application has been submitted with the agreement of the Host Organisation which, if awarded, would administer the grant. I confirm that the grant will only be used to support the project for which it is intended.  I confirm I have read and accept Pancreatic Cancer Action’s Conditions of Grant on behalf of the Host Organisation and that the Host Organisation will maintain support for this department during the period of the grant.  I confirm that there are no existing matters which would be a breach of any of the Conditions of Grant. | |
| Name | Click here to enter text. |
| Title | Click here to enter text. |
| Institution Address | Click here to enter text. |
| Signature |  |
| Date | Click here to enter a date. |

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| 1. Declarations – Principal Investigators and Co-Investigators (see guidance note 16) | | |
| The above application for a research grant has been completed in accordance with Pancreatic Cancer Action’s Guidelines. I have read and will comply with Pancreatic Cancer Action’s Conditions of Grant and consent to the use of the information I have provided accordingly.  I agree to advise Pancreatic Cancer Action of any change to my status within the Host Organisation or any issue (scientific or administrative) which may affect the direction of the research. | | |
| Principal Investigator | | |
| Name | Signature | Date |
| Click here to enter text. |  | Click here to enter a date. |
| Co-Investigator -1 | | |
| Name | Signature | Date |
| Click here to enter text. |  | Click here to enter a date. |
| Co-Investigator -2 | | |
| Name | Signature | Date |
| Click here to enter text. |  | Click here to enter a date. |
| Co-Investigator – 3 | | |
| Name | Signature | Date |
| Click here to enter text. |  | Click here to enter a date. |

Please attach to this application any relevant local pay scales where appropriate.

**Completed applications should be emailed to** [**operations@panact.org**](mailto:operations@panact.org) **and a printed copy posted to:**

Pancreatic Cancer Action

Research Grant Applications

Oakhanger Farm Business Park

Oakhanger

Hampshire

GU35 9JA