



Application for Research Funding and/or Related Equipment

If in doubt over whether you qualify for help, rather than phoning or emailing please fill out and submit an application form.	
1. Main investigator (to whom correspondence should be addressed)	
Name:	Position:
Department:	
Address:	
Email:	
Telephone:	
2. Co investigators	
Name:	Position:
Organisation:	
Name:	Position:
Organisation:	
Name:	Position:
Organisation:	
Name:	Position:
Organisation:	
3. Supervisor of project (if applicable)	
Name:	Position:
Organisation:	
4. Proposed start date:	
5. Proposed completion date:	
6. Title of project	



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7. Abstract (no more than 200 words)

8. Design of study (e.g. Randomised, prospective, double blind controlled study)



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9. Main objectives of study

1 _____

2 _____

3 _____

10. Main benefits to patients

11. How might the results of this research impact on the future provision of healthcare?

12. Principal risks to patients (Further details should be provided in the "Methods" section)

1 _____

2 _____

13. Method(s) of statistical analysis



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14. Background (please include relevant references)

15. Plan of investigations and methods

(Please include copies of patient information sheets and consent forms, where relevant)

16. What is the strategy for publication/dissemination of results of research?



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Direct costs						
Indirect costs						
Capital/Equipment *						
TOTAL						

*** Please answer the following two questions in relation to capital/equipment funding**

a. Who will assume ownership of equipment and direct its use in research?

b. Where will equipment be sited?



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20. Request for financial support

Is this project supported financially by any other source? Yes/No

Total amount of support requested: £

Duration of support requested (months):

Start date of project:

Planned completion date:

Justification of support requested:
(No more than 200 words)

21. Why is WPH Charitable Trust support necessary at this stage?



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Board approval	
Status of approval	
Received: (date)	_____
Discussed: (date)	_____
Revisions requested:	_____
Rejected:	_____
Approval: (date)	_____
Main investigator:	
Signed:	Date:
Total amount of support sanctioned: £	
Instalments agreed/One payment: £	
Date(s) of payment: £	
Cheque(s) drawn: (date)	
Cheque(s) number:	
Where did you hear about the WPH Charitable Trust?	
Signed:	Dated:
Once complete please send printed application form and a single A4 page CV of the principal investigator to: The Secretary of The WPH Trust, c/o Blythe Liggins, Edmund House, Rugby Road, Leamington Spa CV32 6EL	
Please note: Unfortunately once a decision has been made no further correspondence can be undertaken.	