# RBHC Research Fund - Seed Grants Application Form

If you are a member of staff at Guy's and St Thomas' NHS Foundation Trust, we'd love to hear your innovative research ideas to support heart and lung patients improve their health outcomes.

Before completing this form, please ensure you have read the funding guidelines [INSERT LINK].

We hope you find this form straightforward to complete. If you need any help completing the form, please read the funding guidelines  or [get in touch with us](#).

**The deadline for application submission is 23.59pm on 11 August 2024.**

The compulsory fields, marked with a red asterisk, are necessary so the Charity has enough information available to assess your project. An application will not be accepted if the compulsory fields are incomplete. Please complete one application form for each project.

On the 'Costs & Deliverability' section of the form, we ask you to upload a project budget and milestones. Please use the project budget template [INSERT LINK] provided. Please ensure that quotes include VAT, when applicable.

In submitting this form, you confirm you agree to the use of personal data according to the [Charity's Data Privacy](#) [Statement](#). Please ensure you have read and understood the statement before submitting this form.

* Indicates required question

1.  Email *

_____


**Lead Applicant Details**

2.  **Name of lead applicant** *

_____

3. **Employment confirmation** *

The lead applicant must hold a substantive or honorary contract with the GST Trust.

*Mark only one oval.*

⬭ I confirm that the lead applicant holds a substantive or honorary contract with the Trust

4. **Job title** *

_____

5. **Department** *

_____

6. **Primary Site** *

*Tick all that apply.*

☐ Royal Brompton
☐ Harefield
☐ Guy's Hospital
☐ St Thomas' Hospital
☐ Evelina Children's Hospital
☐ Other: _____

7. **Telephone** *

_____

8. **Email address** *

_____

## Line Manager or Senior Colleague Contact information

In this section please provide the contact details of your line manager or senior colleague with oversight of your project. This person **must not** be a project collaborator and such your application be successful will be asked to co-sign your grant agreement.

9. **Name of  Line Manager or Senior Colleague** *

_____

10. **Job title** *

_____

11. **Telephone** *

_____

12. **Email address** *

_____

13. **Do you wish to add a project collaborator to this application?** *

*Mark only one oval.*

◯ Yes

◯ No      *Skip to question 43*

Collaborator Details (1)

This section collects information of additional applicant.

If there are no further applicants please process to **Research Proposal** (Section 8)

**Full name of collaborator**

14. **Is this collaborator employed by GSTT at the point of application?**

*Mark only one oval.*

◯ Yes

◯ No

15. **If you have answered no to the previous question please specify their primary employer**

_____

16. **Job title**

_____

17. **Department**

_____

18. **Telephone**

_____

19. **Email address**

_____

20. Do you wish to add another project collaborator to this application?

*Mark only one oval.*

◯ Yes

◯ No     *Skip to question 43*

**Collaborator Details (2)**

If there are no further applicants please process to **Research Proposal** (Section 8)

21. **Full name of collaborator**

_____

22. **Is this applicant employed by GSTT at the point of application?**

*Mark only one oval.*

◯ Yes

◯ No

23. **If you have answered no to the previous question please specify their primary employer**

_____

24. **Job title**

_____

25. **Department**

_____

26. **Telephone**

_____

27. **Email address**

_____

28. **Do you wish to add another project collaborator to this application?** *

    *Mark only one oval.*

    ◯ Yes

    ◯ No     *Skip to question 43*

## Collaborator Details (3)

If there are no further applicants please process to **Research Proposal** (Section 8)

29. **Full name of collaborator**

    _____

30. **Is this collaborator employed by GSTT at the point of application?**

    *Mark only one oval.*

    ◯ Yes

    ◯ No

31. **If you have answered no to the previous question, please specify their primary employer**

    _____

32. **Job title**

    _____

33. **Department**

    _____

34. **Email address**

_____

35. **Do you wish to add another project collaborator to this application?** *

*Mark only one oval.*

○ Yes

○ No     *Skip to question 43*

**Collaborator Details (4)**

If there are no further applicants please process to **Research Proposal** (Section 8)

36. **Full name of collaborator**

_____

37. **Is this collaborator employed by GSTT at the point of application?**

*Mark only one oval.*

○ yes

○ No

38. **If you have answered no to the previous question please specify their primary employer**

_____

39. **Job title**

_____

40. **Department**

_____

41. **Email address**

_____

42. **If you would like to add additional collaborators please list their name below and we will contact you for further details.**

_____

_____

_____

_____

_____

### Research Proposal

In this section you will be asked for the details of your project including;

1. Your project title
2. A lay description of your project
3. Background and Context
4. Patient and Public Involvement and Engagement
5. The research hypothesis or key questions
6. Aims and objectives of this funding
7. Study Design _for this Funding_
8. Future funding
9. People and Partnerships
10. Ethical and Governances consideration
11. Benefits to Patients

This is a key section of the application that **will be assessed.**

43. **Project Title (Max 200 Charters)** *

_____

_____

_____

_____

_____

44. **Lay Research Summary** *

Provide a short description of the research that could be understood by a lay person. This description should cover a lay title (if needed), what you're investigating, the need for this work and the potential impact on heart and lung patients. If the application is successful, this description may be used in promotional and fundraising efforts of the charity.**(Max 1500 Charters)**

_____

_____

_____

_____

_____

45. **Background and Context** *

Provide relevant background information that is needed to understand the wider context of your application. Explain the need for research in this area and the rationale of the lines of research planned. Give sufficient details of other past and current research to show that the aims are scientifically justified and to show that the work will add distinct value to what is already known, or in progress. Justify the research either through its importance for medical advancements, or its contribution to relevant areas of basic biomedical science. **(Max 3000 Charters)**

_____

_____

_____

_____

_____

46. **Patient and Public Involvement and Engagement** *

Describe how patients, patient advocacy groups, communities have been involved in developing/planning/designing this proposal and will be involved in the active project and the dissemination of outcomes. **(Max 1800 Charters)**

47. **Research Question/Hypothesis** *

Describe the main hypotheses or research question(s) to be investigated **(Max 600 Charters)**

48. **Aims and Objective** *for this Grant* *

Please describe the key objectives you will aim to achieve with this funding in terms of outputs and outcomes. This question is not asking for the objectives of the potential fully funded research once a follow-on grant is secured from an external funder. **(Max 1500 Charters)**

49. **Study Design *for this Grant*** *

Describe the experimental approaches and methodology for the research project in detail (for example giving and explaining sample sizes, methods of recruitment and trial designs). It is not necessary to describe each experiment (if relevant), but sufficient detail is required to show why the research is likely to be competitive. Consideration should be given to how diversity factors such as sex, ethnicity and age are included and accounted for in the study design, on data selection or where human participants are involved. **(Maximum 3000 Charters)**

50. **Equality, Diversity and Inclusion on Data Use and Patient Recruitment** *

Please describe how diversity factors such as sex, ethnicity and age are included and accounted for in the study design, on data selection or where human participants are involved. **(Max 1500 Charters)**

51. **Future Funding Plans** *

Describe the future plans you have for this research project. What will the aims and objectives be for the fully funded project and how have these been taken into account in this funding proposal?
**(Max 1800 Charters)**

52. **Future Funding Plans** *

Please indicate what plans you have for acquiring funding for the full study. please include potential funders and/or programs and any indicative timelines you may have for the full study. **(Max 1500 Charters)**

53. **People and Partnerships** *

Outline how each of the researches and collaborators named in the proposal will contribute to the project, which skills and knowledge they will bring, how they will work together and outline other major collaborations important for the research. Where appropriate, explain how the grant will contribute to the applicant's career and also the development of others. **(Maximum 3900 words)**

54. **Ethics & Research Governance** *

Are there any ethical issues arising from any involvement of people, human samples or personal data in the research proposal? If so, have you discussed this with your sponsor, and is there a plan in place to secure ethics approval, once funding is secured, with the relevant regulatory authorities? Describe the ethical review and research governance arrangements that would apply to the proposed research. **(Max 1500 Charters)**

55.   **Benefits to Patients** *

Please describe in lay terms how the overall research will improve heart and lung patient health outcomes, both in the short and long term.  **(Max 1800 Charters)**

_____

_____

_____

_____

_____

**Costs and Deliverability**

In this section you will be asked for details of your project that indicate its deliverability including;

1. Project Budget and milestone
2. Risks and mitigations.

This is a key section of the application that **will be assessed.**

56.   **Project Budget and Milestones** *

Please complete and upload the budget and milestones template that can be found here: https://www.rbhcharity.org/Handlers/Download.ashx?IDMF=df1f5a90-d572-42f1-80af-4ae758337b76

Please be aware that by submitting your attached budget you are confirming that your spend meets out funding restrictions as set out in in the guidance to bidders document guidelines document

If your budget does not meet these restrictions we will be **unable to fund** your project.

Files submitted:

57.   **Delivery Risks and Contingency Plans  (Max 2400 Charters)** *

Highlight potential risks and identify any potential mitigations that can be put in place to minimise them.

_____

_____

_____

_____

_____

## Approvals and Project Sponsor

This section will **not be assessed.** However, funding is contingent to RBHC receiving the following confirmations and **may be withheld** without them.

58. **Name of Sponsor Organisation for this Project** *

_____

59. **Sponsor Budget Approval** *

All project budgets must be approved by the project's sponsoring organisation.

'I confirm that I have engaged with the sponsoring organisation; they have agreed to be the project sponsor and have approved the project budget.'

_Tick all that apply._

☐ I confirm the above statement

60. **Sponsor Contact Details** *

Please provide the contact details of this project account manager at the sponsor organisation. Please note this person will need to co-sign the grant agreement, in case the proposal is successful.

**Name**

_____

61. **Job title** *

_____

62. **Department** *

_____

63. **Telephone** *

_____

64. **Email address** *

_____

65. **PA/Ringfenced time confirmation.** *

If your project involves PA or ringfenced time, you will need to first seek the appropriate approval from line managers or senior reporting officers.

*Mark only one oval.*

( ) I confirm that I have sought and received approval for research ringfenced time from line manager previously mentioned in the application.

( ) My project does not involve PA or ringfenced time.

## The Use of Animals

This section is **only** applicable to projects that involve the use of animal. It will not be used in a comparative assessment with other applications, but a satisfactory response is required to received funding for those projects involving the use of animals.

As a member of the Association of Medical Research Charities, RBHC is committed to upholding the principles of the 3Rs (Replacement, Reduction and Refinement) where animals are to be involved in research that we fund.

Applications
should include an appropriately detailed and justified experimental plan, with statistical analyses and preliminary data to support the
proposed research when possible. This includes incorporation of the principles of the 3Rs (Replacement, Reduction and Refinement) where animals are to be
involved. **In particular, the Grants Committee members and external expert reviewers are asked to consider and comment on whether:**
- The research question can be addressed without the use of animals
- The species is justified
- The experimental design is appropriate
- The number of animals requested are
appropriate

Please refer to the NC3Rs APPIVE guidelines and Responsibility in the use of animals in bioscience research for further guidance.

66. **Will your project include the use of animals?** *

   *Mark only one oval.*

   ( ) Yes

   ( ) No      *Skip to question 68*

67. **Overview of the use of animals in your project** *

   Please describe the necessity of using animals in your project and how the project meet the principle of the 3Rs. **(600 characters)**

   _____

   _____

   _____

   _____

   _____

   **RBH Charity Data Collection and Feedback**

   The following questions will help RBHC understand the need for this funding and better tailor future funding. As further funding rounds are envisaged, this feedback will be directly taken into consideration in their development.

   These questions that will **not be assessed** and will not be passed on to the assessors.

68. **Has RBH Charity previously awarded you funding?**

   *Mark only one oval.*

   ( ) Yes

   ( ) No

69. **If you answered yes to the previous question, please could you give a short description of the funding you received?**

   _____

70. **Why have you applied to this funding rather then looking to another funding body for this project?**

_____

_____

_____

_____

_____

71. **Application Feedback**

Please provide any feedback you have on the application process in general and/or on this application form?

_____

_____

_____

_____

_____

72. **Fund Feedback**

Please provide any feedback you have on this fund/funding in general.

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### Equality, Diversity & Inclusion

Our funding is open to **everyone across GSTT**. We are interested in knowing the background and banding of our applicants because we want to make our funding as equitable as possible across the hospitals and their diverse staff and patients.

The completion of this section is voluntary. It contains sensitive data and the data will only be used to produce an anonymous statistical summary of the applicants for RBHC Research Fund. Sharing this information won't influence the outcome of your application. The panel reviewing and scoring applications won't have access to the information in this section. **All applications submitted to us will always be considered equally.**

73. **Age**

*Mark only one oval.*

- ( ) 18-30
- ( ) 31-40
- ( ) 41-50
- ( ) 51-60
- ( ) 60+
- ( ) Prefer not to say
- ( ) Other: _____

74. **Gender**

*Mark only one oval.*

- ( ) Female (including trans women)
- ( ) Male (including trans men)
- ( ) Non-binary
- ( ) I identify differently
- ( ) Prefer not to say

75. Is your gender the same as the sex you were registered at birth?

*Mark only one oval.*

- ( ) Yes
- ( ) No
- ( ) Prefer not to say

76. **Sexual orientation**

*Mark only one oval.*

◯ Heterosexual/straight

◯ Bisexual

◯ Gay man

◯ Lesbian/gay woman

◯ Prefer not to say

◯ Other: _____

77. **Ethnic group**

*Tick all that apply.*

☐ White – English, Welsh, Scottish, Northern Irish or British

☐ White – Irish

☐ White – Gipsy or Traveller

☐ White – Other

☐ Asian or Asian British – Bangladeshi

☐ Asian or Asian British – Indian

☐ Asian or Asian British – Pakistani

☐ Asian or Asian British – Chinese

☐ Asian or Asian British - Other

☐ Black/ African/ Caribbean/ Black British - African

☐ Black/ African/ Caribbean/ Black British - Caribbean

☐ Black/ African/ Caribbean/ Black British – Other

☐ Mixed - White and Black African

☐ Mixed - White and Black Caribbean

☐ Mixed - White and Asian

☐ Mixed – Other

☐ Prefer not to say

☐ Other: _____

78. **Do you have a health condition or consider yourself to have a disability?**

*Mark only one oval.*

◯ Yes

◯ No

◯ Prefer not to say

79. **If yes, please indicate by marking "X" in the appropriate box below. Mark all that apply.**

*Tick all that apply.*

☐ Hearing impairment

☐ Visual impairment

☐ Speech impairment

☐ Physical impairment

☐ Learning difficulties

☐ Learning disabilities

☐ Neurodivergent

☐ Mental health condition

☐ Prefer not to say

☐ Other: _____

80. **Religious belief/faith**

*Mark only one oval.*

- ( ) Catholic
- ( ) Protestant
- ( ) Buddhist
- ( ) Hindu
- ( ) Jewish
- ( ) Muslim
- ( ) Sikh
- ( ) Atheist
- ( ) Agnostic
- ( ) Prefer not to say
- ( ) Other: _____

81. **Salary band**

*Mark only one oval.*

- ( ) Band 1
- ( ) Band 2
- ( ) Band 3
- ( ) Band 4
- ( ) Band 5
- ( ) Band 6
- ( ) Band 7
- ( ) Band 8a
- ( ) Band 8b
- ( ) Band 8c
- ( ) Band 8d
- ( ) Band 9
- ( ) Prefer not to say

Google Forms