



WELLBEING  
OF WOMEN

Wellbeing of Women

First Floor, Fairgate House, 78 New Oxford Street, London WC1A 1HB

Registered Charity No.: 239281

**APPLICATION FOR A WELLBEING OF WOMEN RESEARCH PROJECT GRANT 2019**

**Deadline for Applications is 1.00 p.m. on Thursday 7 February 2019**

Please use font size 10-12 pt. throughout. Two email versions (one **Word** and one **fully signed PDF** copy) sent to [jbarratt@wellbeingofwomen.org.uk](mailto:jbarratt@wellbeingofwomen.org.uk) by the closing date. Electronic signatures are acceptable. **Please make sure to read accompanying guidelines and the funding Terms and Conditions before completing this form.**

Reference No. (for office use only):

RG/

**1. Application Details**

	<b>Principal Applicant</b>	<b>Co-Applicant (1)</b>	<b>Co-Applicant (2)</b>
Title:			
Forename(s):			
Surname:			
Current post and source of funding:			
Department:			
Institution:			
Postal address:			
Telephone:			
Email:			
%FTE on this project			
	<b>Co-Applicant (3)</b>	<b>Co-Applicant (4)</b>	<b>Co-Applicant (5)</b>
Title:			
Forename(s):			
Surname:			
Current post and source of funding:			
Department:			
Institution:			
Postal address:			
Telephone:			
Email:			
%FTE on this project			

Host Institution			
Proposed start date:		Proposed duration:	
Total funds requested:	£	<i>NB: upper funding limit of £200,000</i>	
Title of the research:			

**Please tick appropriate subject area for project:**

Pregnancy and Birth       Gynaecological Cancer       General Wellbeing

**Please tick as appropriate if your research is also related to one of the following topics:**

Amniotic Fluid Embolism       Midwifery       Menopause

**2. The Research**

**2.1**      **Structured Abstract of Research** (*Please summarise the aims, objectives, methodology, and scientific and medical opportunities of the study*): (Max 400 words)

2.2	<b>Background and Rationale</b> <i>(Please explain the nature of the proposed research, the prospective outcomes and the expected benefits in terms of improvement to women's health):</i> <i>(Max 600 words)</i>
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**2.3**

**Plan of Investigation** *(Please provide a detailed plan of research including the aims, objectives, design, methodology and highlighting any anticipated barriers. Details of patient and public involvement in the preparation of the application or proposed in the research should be provided. A Gantt chart and any supporting tables or figures should be included in the Appendices): (Max 1,500 Words)*

<b>2.4</b>	<b>Expected Outputs, Outcomes and Impact</b> <i>(Please describe the expected outputs and how they might impact the health and wellbeing of women/babies, as well plans for dissemination and any exploitation): (Max 500 words)</i>

<b>2.5</b>	<b>Relevant Expertise and Experience</b> <i>(Please detail the expertise and experience of the individuals who will be involved in the research and their roles): (Max 500 words)</i>

**2.6**

**References** *(Please include a list of references central to your proposal):*

### 3. Approvals for Research

3.1	<b>Does your proposal involve the use of human participants or human tissue?</b>	YES <input type="checkbox"/> NO <input type="checkbox"/>
If YES: please state, in appropriate detail, any approval that you have and the title of the Research Ethics Committee that gave it.		
3.1.i	If you propose to use facilities within the NHS and/or your research involves patients being cared for by the NHS, which NHS provider, or providers, has agreed to facilitate this research?	
3.2	<b>Does your proposal involve the use of human embryos requiring a licence from the Human Fertilisation and Embryology Authority (HFEA)?</b>	YES <input type="checkbox"/> NO <input type="checkbox"/>
If YES: please give the licence number, date of issue, end date and title of approved project.		
3.3	<b>Does your proposal involve research on gene therapy that requires regulatory approval?</b>	YES <input type="checkbox"/> NO <input type="checkbox"/>
If YES: please state the steps that have been taken to obtain the approval of your Local Research Ethics Committee, the University's Genetic Manipulation Committee, the Gene Therapy Advisory Committee (GTAC) and the Medicines and Healthcare products Control Agency (MHRA).		
3.4	<b>Does your proposal include procedures to be carried out on animals or animal tissue in the UK under the Animals (Scientific Procedures) Act?</b>	YES <input type="checkbox"/> NO <input type="checkbox"/>
If YES: please provide responses to the other questions in this section. If NO: proceed to section 4.5.		
3.4.i	Have the following necessary approvals been given by:	
	The Home Office (in relation to personal, project and establishment licences)?	YES <input type="checkbox"/> NO <input type="checkbox"/> NOT REQUIRED <input type="checkbox"/>
	Animal Welfare and Ethical Review Body?	YES <input type="checkbox"/> NO <input type="checkbox"/> NOT REQUIRED <input type="checkbox"/>
	If NO: has an application been made for these approvals?	
YES <input type="checkbox"/> NO <input type="checkbox"/>		

	If NO: please give a brief explanation, including date when any application will be made.	
3.4.ii	Does your proposal involve the use of animals or animal tissue outside the UK?	YES <input type="checkbox"/> NO <input type="checkbox"/>
3.4.iii	If your project involves the use of animals, what would be the severity of the procedures?	MILD <input type="checkbox"/> MODERATE <input type="checkbox"/> SEVERE <input type="checkbox"/>
Please provide details of any moderate or severe procedures ( <i>Max 250 Words</i> )		
3.4.iv	Why is animal use necessary and are there any other possible approaches? ( <i>Max 250 Words</i> )	
3.4.v	Why is the species/model to be used the most appropriate? ( <i>Max 250 Words</i> ) <b>Where the use of non-human primates, cats, dogs or equines is proposed, it is a <u>mandatory requirement</u> to complete the additional 'Research Questions for Non-standard Animals' form.</b>	
3.4.vi	Please justify the number of animals to be used per experiment, including details of any sample size calculations and/or statistical advice sought.	
<b>3.5</b>	<b>Licences and Approvals:</b>	
I confirm that I have secured all necessary licences and approvals in relation to the research and will abide by the terms of those licences and approvals in carrying out the research.		YES <input type="checkbox"/> NO <input type="checkbox"/> Applications in Progress <input type="checkbox"/>



#### 4. Financial Information

(Please provide a breakdown of the funding being requested, noting the upper funding limit of £200,000 over three years. Wellbeing of Women only funds the Direct Costs of research. We do not fund Indirect Costs, nor any contribution towards them):

4.1 Salaries (Please list out researchers):							
<i>(insert additional rows as required)</i>				Year 1 (£)	Year 2 (£)	Year 3 (£)	TOTAL (£)
<b>a) Principal Applicant Salary:</b> Name:            Grade:            %FTE:							
<b>b) Co-Applicants/Other Staff Salaries:</b> Name:            Grade:            %FTE: Name:            Grade:            %FTE:							
<b>c) Superannuation:</b> Name: Name:							
<b>d) NI:</b> Name: Name:							
<b>4.1 SUB TOTAL:</b>							

4.2 Research Expenses (insert a separate page below if necessary):				
List Items (please give brief description)	Year 1 (£)	Year 2 (£)	Year 3 (£)	TOTAL (£)
<b>a) Materials and Consumables:</b>				
<b>b) Equipment:</b>				
<b>c) Travel and Subsistence:</b>				
<b>d) Dissemination:</b>				
<b>e) PPI:</b>				
<b>f) Other:</b>				
<b>4.2 SUB TOTAL:</b>				
<b>TOTAL FUNDING REQUESTED (4.1 + 4.2):</b>				

4.3	<b>NHS Costs:</b> <b>If your proposal involves research in the NHS, it is a <u>mandatory requirement</u> to complete and submit with your application a Schedule of Events Cost Attribution Template (SoECAT)</b>
Total NHS Support Costs:	
Total NHS Treatment Costs:	
4.3.i	If your proposal involves NHS Support or Treatment Costs, please provide detail of who has agreed to pay them.

4.4	<b>Justification of Support:</b> <i>(Max 500 words)</i>

**5. Previous Applications and Current Submissions of this Proposal to Other Funding Bodies**

*(Please provide details of whether this (or a closely related application) has been submitted to any other funding body and include the date by which a decision is expected. Details of previously unsuccessful applications must also be listed. **All resubmissions must include a covering letter stating how the previous proposal has been modified.** Failure to do so may jeopardise your application):*

Funding body:	Title of proposal:	Status/date decision expected:

## 6. Declarations and Signatures

<b>6.1</b>	<b>Applicants:</b>
<p>I/we have read the standard Terms and Conditions and if this application is successful, I/we agree to abide by them. I/we agree to notify Wellbeing of Women of any significant change in the particulars of this application either before or during the tenure of the award.</p> <p>I/we confirm that the information given on this form is complete and correct and that I/we shall be actively engaged in this research and responsible for its overall management.</p> <p>No association or partnership between Wellbeing of Women and myself/us shall exist or be inferred by reason of the award of a Project Grant for this work by Wellbeing of Women, and I/we acknowledge that I/we have no authority to commit Wellbeing of Women in any way in relation to the study.</p>	
<b>Signatures of Principal Applicant and Co-Applicants:</b>	
Signature.....	Date.....
Signature.....	Date.....
Signature.....	Date.....
Signature.....	Date.....
Signature.....	Date.....
Signature.....	Date.....

<b>6.2</b>	<b>Head of Department responsible for administration of the Grant:</b>
<p>I confirm that I have read the above application and the standard Terms and Conditions. I confirm that the study referred to will take place in, and be administered by, this Department in accordance with the above regulations and conditions.</p>	
<b>Signature of Head of Department:</b>	
Signature.....	Date.....
Full name in BLOCK CAPITALS:	

<b>6.3</b>	<b>Officer responsible for administration of the Grant:</b>
<p>I confirm that I have read the above application and the standard Terms and Conditions. I confirm that the research referred to will take place in and be administered by this Institution in accordance with the above regulations and conditions if the award is made. I also confirm that the costs quoted therein are in accordance with the normal practice of this Institution.</p>	
<b>Signature of Finance Officer/Bursar/Registrar:</b>	
Signature.....	Date.....
Full name in BLOCK CAPITALS:	

6.4	For research involving NHS patients, a signature is needed from the R&D Director or Deputy confirming that the project will be carried out within the NHS research governance framework.	
	<b>Signature of R&amp;D Director or Deputy of recognised sponsor:</b>	
Signature.....	Date.....	
Full name in BLOCK CAPITALS:		

## 7. Lay Description

7.1	Lay Title:	
7.2	<b>Lay Summary</b> <i>(Please provide a simple description of the proposed research that will be easily understood by an educated lay audience. <b>This should address the questions in the guidelines</b>): (Max 1,000 words)</i>	

## 8. Keywords

8.1	<b>Please provide up to six keywords to help classify the research in this application:</b>	
8.2	<b>Where did you see this funding advertised?</b>	

## 9. Suggestions for Possible Reviewers

*(Please provide the names, addresses and emails of **at least three people** who have suitable expertise to act as independent reviewers. These potential referees should not be in the same institution as, or have collaborated with, any of the applicants within the last 3 years. The nomination of potential reviewers does not guarantee that they will be contacted. In addition, applicants may indicate individuals who should not be contacted with regard to the application. The reasons for this must be clearly stated):*

**10. Curriculum Vitae of all Applicants/Research Workers/Assistants (please use 1 page of A4 ONLY for each named individual).**

Please include: degrees with dates awarded; present employment and previous posts; current grants held (title, source, duration and sum awarded); and publications (no more than 5)



### 11. Report on Previous Wellbeing of Women Grant(s)

This section must be completed for grants awarded to each member of the team where appropriate. Please use the following headings:

Title of Grant:			
Reference Number:			
Start Date:		Completion Date:	
Grant Holders:			
<b>11.1</b>	Please include a brief summary of your current perception of the significance of the work done (e.g. as increment to knowledge, conceptual or methodological advance, contribution to medical practice, training, industrial exploitability/applicability/spin-off), and of the project's significance for your own, your assistants' and your colleagues' scientific development.		
<b>11.2</b>	Please list scientific papers directly resulting from this grant [full papers published or "in press" in refereed journals with title, full pagination and co-authorship: please asterisk the key paper(s) and underline the names of any assistant(s) on the grant among the authors].		

# APPLICATION FOR A WELLBEING OF WOMEN RESEARCH PROJECT GRANT

## APPENDICES

Only the following will be accepted and should be included in this order: (delete as appropriate)

- *Supporting tables or figures (Max two sides A4) – optional*
- *Gantt Chart (Word or PDF, one side A4) – mandatory*
- *Covering letter stating how the previous proposal has been modified - mandatory for resubmissions*
- *One copy of any papers in press – if applicable*
- *Schedule of Events Cost Attribution Template (SoECAT) – mandatory for research in the NHS (must attach as a separate file)*
- *Research Questions for Non-standard Animals form – mandatory if proposing the use of non-human primates, cats, dogs or equines (must attach as a separate file)*

(Ctrl+Enter to insert a page at this point if required)