

Oracle Cancer Trust

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*Patron*

Sir Michael Morpurgo

**ORACLE CANCER TRUST RESEARCH GRANT APPLICATION**

**Notes:**

* Please read the **Information for Applicants** carefully before completing this form
* Please submit your completed application to [alice@oraclecancertrust.org](mailto:alice@oraclecancertrust.org)
  + One copy in word
  + One copy as PDF, signed
* Please submit prior to deadlines set for March or September review, specified on our website under ‘Apply for funding’

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Research Details** | | | | | | | | | | |
| 1. | **Project title** | | Click or tap here to enter text. | | | | | | | |
| 2. | **Oracle grant requested** | | TOTAL £Click or tap here to enter text. | | | | | | | |
| Per Annum £ Click or tap here to enter text.  for Click or tap here to enter text. Year(s) | | | | | | | |
| 3. | **Project start date** | | Click or tap here to enter text. | | | | END DATE | Click or tap to enter a date. | | |
| **Investigators** | | | | | | | | | | |
| 4. | **Researcher (full name)** | | Click or tap here to enter text. | | | | | | | |
| 5. | **Supervisor (full name)** | | Click or tap here to enter text. | | | | | | | |
| 6. | **Site** | | Click or tap here to enter text. | | | | | | | |
| 7. | **Email** | | Click or tap here to enter text. | | | | | | | |
| 8. | **Telephone number** | | Click or tap here to enter text. | | | | | | | |
| 9. | **Name of charity/institution** | | Click or tap here to enter text. | | | | | | | |
| **Relevant experience** | | | | | | | | | | |
|  | **Please summarise your (lead applicant) relevant experience and role in the research.** In  addition, please include your CV (max 2 pages) and five research papers which are relevant to either the project or the applicant when submitting the application | | | | | | | | | |
|  | Click or tap here to enter text. | | | | | | | | | |
| 10. | **Please list the 5 most relevant grants held or previously held by you** | | | | | | | | | |
|  | **Period** | **Project Title** | | | **Sum** | **Applicant** | | | **Funding body** | |
|  | Click or tap here to enter text. | Click or tap here to enter text. | | | **£** Click or tap here to enter text. | Click or tap here to enter text. | | | Click or tap here to enter text. | |
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| **Research proposal** | | | | | | | | | | |
| 11. | ***Lay summary (200 words max)***  *Clearly demonstrate how your proposed research relates to head and neck cancer and how it could provide valuable insights for future research and/or translation into clinical practice for a non-scientific audience. Please include the following headings:*   1. *Why are you doing the research* 2. *What questions are you trying to answer and what do you hope to find* 3. *What are you going to do throughout the project* 4. *Explain how achieving the research objectives will benefit people with head and neck cancer*   Click or tap here to enter text. | | | | | | | | | |
| ***Scientific outline***  *Please include the following headings:*   1. *Background to proposal* 2. *Relevance to head and neck cancer* 3. *Specific aims of the research, including a clear statement of your hypothesis* 4. *An outline plan of research* 5. *Impact proposed research will have for patients*   Click or tap here to enter text. | | | | | | | | | |
|  | **Are animals involved in this study? If yes, please complete the ‘Supplementary questions for research grant applications involving animal research’. Here, please briefly outline your consideration of the 3R’s** | | | | | | | | | |
|  | Click or tap here to enter text. | | | | | | | | | |
| 12. | **Time to achieve objective** | | | | | | | | | |
|  |  | | | TICK | ANTICIPATED BENEFITS FOR PATIENTS | | | | | |
|  | **Within 1 year** | | |  | Click or tap here to enter text. | | | | | |
|  | **Within 3 years** | | |  | Click or tap here to enter text. | | | | | |
|  | **Within 5 years** | | |  | Click or tap here to enter text. | | | | | |
|  | **Within 10 years** | | |  | Click or tap here to enter text. | | | | | |
| 13. | **Estimate of time needed to develop new drugs (if applicable) and for patients to benefit from the results of this project** | | | | | | | | | |
|  | Click or tap here to enter text. | | | | | | | | | |
| 14. | **Provide a breakdown of research costs and provide justification for the resources requested.** | | | | | | | | | |
|  | Click or tap here to enter text. | | | | | | | | | |
| 15. | **Is this project being co-funded by another organisation? Please provide details below including organisation and amount.** | | | | | | | | | |
|  | Click or tap here to enter text. | | | | | | | | | |
| 16. | **Outline the next stage of research on completion of this project** | | | | | | | | | |
|  | Click or tap here to enter text. | | | | | | | | | |
| 17. | **Are there any time pressures to beginning your research project? If so, please provide details** | | | | | | | | | |
|  | Click or tap here to enter text. | | | | | | | | | |
| 18. | **Oracle may request that researchers who are funded by them, agree to peer review several future applications on its behalf. Please confirm your areas of expertise in respect of such applications.** | | | | | | | | | |
|  | Click or tap here to enter text. | | | | | | | | | |
| 19. | **Where/how did you hear about Oracle Cancer Trust?** | | | | | | | | | |
|  | Click or tap here to enter text. | | | | | | | | | |
| **Supporting documents** | | | | | | | | | | **Please tick if attached** |
| 20. | **CV (maximum 2 pages)** | | | | | | | | |  |
| 21. | **Five research papers which are relevant to either the project or the applicant** | | | | | | | | |  |
| 22. | **Other e.g. technical analysis** [optional] | | | | | | | | |  |

**DECLARATION AND INSTITUTIONAL APPROVAL**

The application should be approved by the Head of Department and by the Administrative or Finance Officer who will be responsible for administering any grant which may be awarded.

**Main Supervisor / Principal Investigator**

Signed………………………………………………………………

Print name: Click or tap here to enter text. Date: Click or tap to enter a date.

**Head of Department**

I confirm that I have read this application and that, if a grant is awarded, the work will be accommodated and administered at our institution. The staff gradings and salaries quoted in the application are correct and are submitted in accordance with the normal practice of this institution.

Signed………………………………………………………………

Print name: Click or tap here to enter text. Date: Click or tap to enter a date.

Post: Click or tap here to enter text.

Institution: Click or tap here to enter text.

Email: Click or tap here to enter text.

Tel: Click or tap here to enter text.