ROBERT GADDIE MEMORIAL FUND APPLICATION FORM

#### DETAILS OF APPLICANT

*Please provide a preferred mailing address for correspondence if different from the departmental address. Applicants must immediately notify the RGMF of any changes to their contact details.*

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| --- |
| **Title Name Qualifications** |
| **Department** |
| Address for correspondence |
| **Applicant status/Position held** |
| **List of previous appointments** *(****Do not*** *send a separate CV)*  Year(s) Job title Location |

#### PROJECT TYPE

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| --- |
| Research Development |
| Research Travel |
| Academic Conference Organisation |
| Other *(specify)* |

#### Funding requested and proposed use

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| --- |
| Total cost of project |
| Total funding requested |
| Consumables Item Cost |
| Travel Destination Mode of transport Fare |
| Accommodation Name/type of accommodation Cost |
| Other expenses Description Cost |

#### DETAILS of project

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| --- |
| **Title**  This research project is in progress/proposed\***.** *(\*delete as applicable)* |
| Details of project  * Please provide a project summary stating the project's aims, design, methods, time scale, clinical relevance (immediate or long-term), and whether your request is for full or part funding * *Continue on next page if required, but your project details must not exceed 500 words excluding references.* * *Do not attach a separate protocol or other documents (additional papers will be removed)* |

#### DETAILS OF MEETING

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| --- |
| Title |
| Details of Meeting  * *Please provide information on relevance of meeting to personal development, departmental benefits, and work to be presented.* * *For conference organisers, please give a brief resume of the invited speaker and the topic of their presentation* |

#### Facilities and support for the project

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| Institution, laboratory or other place where project will be undertaken  A letter of support from the Head of Department must accompany the application, including confirmation that ethical approval has been obtained where required. |

### Details of collaborators

A signed letter of agreement from each collaborator must be enclosed with the application

**Part-funding of projects**

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| External funding sought Sponsor Date of application Status Value |

Signature of Applicant:-

Date of Application:-