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.*

|  |
| --- |
| **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

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

#### Funding requested and proposed use

|  |
| --- |
| Total cost of project |
| Total funding requested  |
| ConsumablesItem Cost |
| TravelDestination Mode of transport Fare |
| AccommodationName/type of accommodation Cost |
| Other expensesDescription Cost |

#### DETAILS of project

|  |
| --- |
| **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

|  |
| --- |
| 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

|  |
| --- |
| Institution, laboratory or other place where project will be undertakenA 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**

|  |
| --- |
| External funding soughtSponsor Date of application Status Value |

Signature of Applicant:-

Date of Application:-