



Kidney Cancer UK Research Grant Application

The Charity is keen to support those grants that provide direct patient experience and benefit, together with improving the quality of the patient's life.

ARE YOU APPLYING FOR FINANCIAL SUPPORT FOR THE PROJECT? OR IS THE APPLICATION SOLELY FOR HAVING THE PROJECT PEER-REVIEWED?	
TITLE OF PROJECT:	
WILL LIVE ANIMALS BE USED IN ANY PART OF THE PROJECT?	YES NO

PRINCIPAL APPLICANT 1

NAME: CURRENT POSITION: ADDRESS and E-MAIL: QUALIFICATIONS:	
ADDITIONAL ATTACHMENTS: (please confirm these documents required are separately attached)	<input type="checkbox"/> CV (ideally no more than 2 pages with a photo if possible) <input type="checkbox"/> 5 highest impact / most relevant publications

PRINCIPAL APPLICANT 2

NAME: CURRENT POSITION: ADDRESS and E-MAIL: QUALIFICATIONS:	
ADDITIONAL ATTACHMENTS: (please confirm these documents required are separately attached)	<input type="checkbox"/> CV (ideally no more than 2 pages) <input type="checkbox"/> 5 highest impact / most relevant publications

CO-APPLICANTS (If Applicable from Either Discipline)

NAME(S): CURRENT POSITION(S): ADDRESS and E-MAIL(S): QUALIFICATIONS:	
---	--

ADDITIONAL ATTACHMENTS: (please confirm these documents required are separately attached for each co-applicant listed)

- CV (ideally no more than 2 pages)
- 5 highest impact / most relevant publications

PROJECT DETAILS

SUMMARY: Please provide a clear and concise project description including background, significance, translational impact, justification of work, methodology, is this new work and why is the study needed now?

Background:

Significance:

Translational impact:

Justification of work:

Methodology:

KCUK GRANT REQUESTED:	TOTAL: £	NUMBER OF PEOPLE AFFECTED BY THE DISEASE IN	
KCUK GRANT REQUESTED:	PER ANNUM: £	FOR	THE UK: WORLDWIDE:
	YR(S)		
PROPOSED DATE OF PROJECT:	FROM:	TO:	

TECHNICAL REPORT

Please provide a detailed report on categories listed below (Max. 5 pages including references). You can either include the report in the space below, or alternatively if you wish to attach a separate document please tick this box to confirm this has been included in your submission

BACKGROUND	
EXPERIMENTAL PLAN	
POTENTIAL RISKS & BENEFITS FOR PATIENTS	
ADDITIONAL COLLABORATORS & SITES	
ENDPOINTS, POTENTIAL OUTCOME & IMPACT OF THE PROJECT	
MILESTONES	
IF APPLICABLE POTENTIAL ADDITIONAL INVESTIGATIONS ABOVE STANDARD OF CARE AND RESOURCES ASSOCIATED WITH THEM	
WHERE APPLICABLE, PLEASE PROVIDE DETAILS OF THE TRIAL STEERING COMMITTEE AND DATA MONITORING COMMITTEES (PLEASE INCLUDE INFORMATION ON EARLY STOPPING RULES AND METHODS OF IDENTIFICATION OF POTENTIAL HARM.	
SUGGESTED & EXCLUDED REFEREES	

COST BREAKDOWN

Please provide a summary of the project costs being applied for with a breakdown by year:

Staff costs

Post	Dates	Justification

Running Expenses

Description	Justification	Cost (£)

ADDITIONAL INFORMATION

IF YOUR APPLICATION IS SUCCESSFUL, WOULD YOUR SALARY BE SECURED FOR THE DURATION OF THE GRANT?	
HAVE YOU APPLIED FOR FUNDING FROM ANY OTHER ORGANISATIONS TO SUPPORT THIS PROJECT?	
HAS THE PROJECT PREVIOUSLY BEEN REVIEWED BY AN EXTERNAL BODY? <i>IF YES, PLEASE PROVIDE DETAILS</i>	
DO YOU HAVE OTHER FUNDING APPLICATIONS WITH THE CHARITY?	

PLEASE NOTE THAT WHERE A PEER-VIEW APPLICATION RECEIVES A **POSITIVE** RECOMMENDATION, AN APPLICATION FOR FUNDING ASSISTANCE COULD BE CONSIDERED BY THE CHARITY, AND MUST BE MADE WITHIN TWELVE MONTHS OF THE INTIAL REVIEW DATE, IN WRITING AND SENT AS BELOW.

Please email this application form and all the additional attachments mentioned throughout to grants@kcuk.org.uk

FOR INTERNAL USE ONLY

DATE APPLICATION RECEIVED BY KCUK	
COMMITTEES CHAIR SIGN OFF	
DATE:	APPROVED DECLINED
LETTER TO APPLICANT FROM CHARITY DATE SENT	