

BAcC Research Grant Application Form

For Office Use:	Date Received	Receipt Sent	Assessment Date	% Score	ACTION (fail/ hold/award - £)

PART 1: Applicant details

Surname of Main Applicant		Title
First Name and Initials		
Position Held		
BAcC Membership No.:		
Full postal address for all correspondence		
Telephone:	Email	
Fax:		
Co-investigators (List Institution if different from above)		
Title of Project		
Duration of Projectmonths Proposed Start Date 01/...../.....		

PART 2: Project Proposal

Project Title:

Abstract of proposed study

Please type below an abstract of 250 words, maximum :- (Please refer to guidelines.)

Please list up to 5 key words or phrases that relate to your project:

1.
2.
3.
4.
5.

On separate sheets, please use the following headings when describing your proposal. Please refer to the guidelines for further explanation. Please keep your answers to less than one side of A4 for each of the 5 sections.

1. Significance

What is the current body of knowledge in the proposed area of research?

If the project is successful, what will this study bring to the subject area, and how will it benefit patients?

2. Approach

a) What is the hypothesis or research question?

What alternative methodologies have been considered in testing this hypothesis and why has the one outlined been chosen?

b) What is the plan of investigation?

Provide a written plan, with a listing of project milestones with start and completion dates for each.

3. Innovation

What is new about the proposed study in the field of acupuncture research?

4. Skills

Describe the skills and experience of the investigator(s) which are relevant to the conduct and analysis of the study. (Attach relevant CVs). Describe the supervisory and mentoring arrangements.

5. Environment and collaboration

In what environment will the research be carried out? (e.g. University, NHS Premises, private acupuncture practice).

Describe the advantages and appropriateness of the environment for the type of research being conducted.

Provide evidence of support and collaboration for the research from any relevant individuals or bodies. (Attach letters with application)

PART 3: Resources required

Staff Details	Post 1	Post 2	Post 3
Name and Initials			
Grade			
Salary scale			
Scale Point			
% full/part time			
Incremental date			

A. Staff Costs

POST 1	Year 1 / £	Year 2 / £	Total
Salary/Stipend			
London Weighting			
Student Fees			
Oncosts			
Post 1 Total			

POST 2	Year 1 / £	Year 2 / £	Total
Salary/Stipend			
London Weighting			
Student Fees			
Oncosts			
Post 2 Total			

POST 3	Year 1 / £	Year 2 / £	Total
Salary/Stipend			
London Weighting			
Student Fees			
Oncosts			
Post 3 Total			
A. TOTAL Staff Costs			

B. Running Expenses (RE)

Description	Year 1 / £	Year 2 / £	Total
B. TOTAL RE			

C. Non-Recurring Expenditure (NRE) (e.g. specialist equipment)

Description	Year 1 / £	Year 2 / £	Total
STATE WHERE VAT IS PAYABLE BUT NOT RECLAIMABLE			
C. TOTAL NRE			

D. Exceptional Items e.g. research travel / other expenses

Description	Year 1 / £	Year 2 / £	Total
D. TOTAL Exceptional Items			

E. TOTAL COSTS

		Year 1 / £	Year 2 / £	Total
A	TOTAL STAFF COSTS			
B	TOTAL RE			
C	TOTAL NRE			
D	TOTAL Exceptional Items			
	TOTAL COSTS			
	TOTAL GRANT REQUESTED			
			GRAND TOTAL YEARS 1-2	

PART 4: Additional information

A: Other funding sources

Is this research supported by any other funding agency?	YES / NO (please circle).
If yes, give details of the agency, amount of grant provided, and duration of project with start date.	
Is this application being considered by any other funding agency?	YES / NO (please circle)
If yes, give details of the agency, amount of grant applied for, and duration of project with start date:	

B: Mentoring Arrangements

<p>If the research is being conducted with the co-operation of a College, University or NHS Department, has an appropriately placed and qualified individual been identified to provide supervision of the research?</p> <p>YES / NO (please circle)</p>	<p>If the research is not being conducted with the assistance of these institutions, has an appropriately qualified individual agreed to act as mentor for the duration of the project?</p> <p>YES / NO (please circle)</p>
Name of supervisor / mentor:	
Post (if relevant)	
Description of relevant skills and experience to act as mentor in this field of research.:	
<p>A letter of confirmation of these arrangements from the person named has been attached to this application.</p> <p>YES / NO (please circle)</p>	

C: Organisational Support

Does the head of department or manager of the host premises where the research will be conducted, fully support and approve the research being carried out for the project duration? If so, please obtain their signature below (or attach separate letter of consent).

Signature:

Position:

Has agreement been obtained to make necessary arrangements for administering the grant, and to provide details of income and expenditure as necessary for reimbursement purposes in accordance with the amount of grant awarded?

Signature of Finance Officer or similar:

Position:

D: Ethics Committee Approval

Ethics Committee submission attached: YES / NO (please circle)

Name of Ethics Committee: _____

Approved: YES / NO (please circle)

If not yet approved, anticipated date of approval: _____

If approved, attach letter of approval.

E: Dissemination of findings

Outline your plans for the dissemination of your findings here.

PART 5: Conditions of Award

If a grant is awarded, the applicant(s) undertake to:

- Actively pursue the execution of the research outlined.
- Provide the BAcC with any information relating to actual or envisaged variations in the scale, approach, setting or costs of the research project.
- Provide the BAcC with details of any delays or difficulties with the project.
- Provide the BAcC with progress reports every 6 months, with details of completed milestones as laid out in the application.
- Ensure that a detailed statement of account of expenditure is provided every 6 months.
- Acknowledge the role of the BAcC in supporting the research during any presentation or publication of the research findings.
- Provide the BAcC with a written report on completion of the project or within 6 months of the end of BAcC funding, whichever is sooner.

The BAcC reserves the right to terminate or vary the agreement for funding should the researcher(s) be unable to continue the specified research project within the timescale given in this grant application.

The BAcC accepts no liability, financial or otherwise for any expenditure or liability arising out of the project, other than for which the fixed sum award has been made.

I have read the conditions attached to any award which may be granted and agree to abide by them.

Signature of main applicant:

Name:

Position:

Organisation

Date:

Attachments Checklist



CVs of main applicant, and any co-investigators. A covering letter from co-investigators is required indicating their intention to participate in the project.



Letter of support from Head of Department or institution describing position of applicant and the interest of the department in acupuncture and other complementary medicine research.



Letter of support from research supervisor or mentor



Ethics Committee approval letter, or copies of your Patient Information Leaflet and Patient Consent Form