**Haywood Foundation PhD Matched Funding Scheme**

We welcome applications that are aligned to the Haywood Foundation’s strategy to improve the health and wellbeing of patients with arthritis and related conditions, and their carers, living in our locality. <http://www.haywoodfoundation.uk/>.

We will consider investment in research and innovation into arthritis and related conditions that relates to: local patient priorities; that recruits patients from the Haywood population; and/or that involves Haywood staff.

If you are uncertain as to whether your proposal meets these criteria and would like informal feedback before a full submission, we welcome initial inquiries. Please outline your idea and proposal on no more than one side of A4 and email to Kathryn.Jones2@mpft.nhs.uk.

If the Charity feels your proposal is within scope, you will be invited to submit a full application utilising the proforma below.

**PhD Matched funding Application Form**

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| 1. Proposed Title of PhD (25 words maximum)
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| 1. Existing funding
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| Is part funding already in place from other funder ? Yes/noIf yes complete 2.1If no complete 2.2 |
| 2.1 Please give details of existing part funding and reason for application to the Haywood Foundation, including any other funding options considered or previously applied for. |
| Funding source & duration:Reason for application to Haywood Foundation:Are there any other sources of additional matched funding you have considered or applied for(as alternative to Haywood Foundation). If yes please give details. |
| 2.2 If no part funding yet in place, please state plans for seeking additional matched funding and reason for application to the Haywood Foundation: |
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| 1. Lead supervisor and Institution Details
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| 3.1 Principal Applicant |
| Name, title, position: Department & Institution:Email address:Phone Number:**Please provide copy of CV** |
|  3.2 Co-supervisors (Please list names, titles, supervisory experience & organisations) |
|  |
| 3.3 Administering Institution (Full name, host department and address) |
|  |
| 3.4 Has a student been identified for this project? If yes please provide, name, position and brief description of what makes this student suitable for this PhD (200 words max). Please also provide a CV |
|  |
| 1. Previous Grants from the Haywood Foundation
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| 4.1 Is this application a re-submission of any part of a previous application to the charity? If yes please give details |
|  |
| 4.2 List all grants from the Charity held (or involved in) over last 5 years. |
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| 1. Lay Summary (200 words maximum) to be easily understood by the public
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| 1. Indicative costs
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| --- | --- | --- | --- | --- |
| 6.1 | Year 1 | Year 2 | Year 3 | Total (£) |
| Stipend Costs |  |  |  |  |
| Research Costs |  |  |  |  |
| Total Cost |  |  |  |  |
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| 6.2 Please provide a justification details of the costs requested (maximum 200 words) – and ensure that appendix 1 is completed.  |
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| 1. Start date & Duration of Project
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| Proposed Start Date:Duration of Project: |
| 1. Details of the proposed research
 |
| 8.1 Please provide details of the proposed PhD (**this must not exceed 1 sheet of A4)**. Please cover the following:1. Background to the proposal and outline of any previous work you have undertaken in the field. Please also indicated the novelty of the project you are proposing
2. Research question/aim
3. Method of research: overall study design, population studied, number of patients/staff involved, clinical/laboratory techniques, data collection and analysis methods.
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| 8.2 How does this research/proposal relate to the aims and objectives of the Haywood Foundation (200 words maximum) |
|  |
| 8.3 Please describe how the public and/or patients have been involved or will be involved in this project – please include development of the proposal and dissemination of the project outcomes/results (200 words maximum) |
|  |
| 8.4 Please describe how the proposed project will benefit the public and/or patients/carers affected by arthritis or associated conditions. (200 words maximum) |
|  |
| 8.5 Please describe how the proposed project will be disseminated to patients, carers and staff – (with particular reference to our location populations linked to the Haywood Hospital) (200 words maximum). Please advise us of any plans to support implementation of any change in practice as a result of research/innovation project. |
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| 9. Ethics/Governance  |
| 9.1 Please give details on whether the proposal involves human subjects or human samples?  |
|  |
| 9.2 Proposals need to be peer reviewed. * Peer review may take place as part of the process of obtaining additional funding (e.g. Faculty peer review of projects). If you have part funding already in place, please give details on previous peer review of your proposal, including who has reviewed, and changes made, and submit evidence of the peer review alongside your application.
* If your project has not been peer reviewed, please explain whether peer review will take place as part of the process of obtaining additional funding.
* If peer review has not taken place and/or is not anticipated, please provide names of 2 possible peer reviewers. Please note this may delay committee decision making.
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| 1. Intellectual Property
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| Please indicate if the research is likely to give arise to new intellectual property and describe the arrangements for the management of these. Please note that the Haywood Foundation is keen to ensure that the results of any studies it has funded are made freely and openly available to patients, NHS providers and commissioners of care. If any IP is likely to be commercially exploitable then it is anticipated that any income raised will be used to fund research and innovation in line with the aims and ambitions of the Haywood Foundation |
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| 1. Declarations
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| 10.1 Applicant declaration: I enclose an application for a grant to the Haywood Foundation completed in accordance with the Foundation’s guidelines and terms and conditions. I consent to the information I have provided in this application being used and stored in accordance with the Charity’s reporting framework. I also agree to advise the Charity of any change in my status within the host institution, or any specific, managerial, or administrative issue which might affect the direction or progress of the research or may be considered to affect the Charity’s reputation |
| **Principal Applicant and Lead supervisor** |
| Name:  |
| Signature: |
| Date: |
| **Student (if named student in place)** |
| Name:  |
| Signature: |
| Date: |
| **Co-Applicant/ Co-supervisor**  |
| Name:  |
| Signature: |
| Date: |
| **10.2 Head of Department:** I confirm that I have read and support this application and that I am not aware of any relevant information that has been withheld. I agree to the project being carried out within this department and will provide the necessary accommodation and facilities /**if matched funding is secured (delete as appropriate).** I confirm that the stipend and costs supplied here are guaranteed for the term of the grant. I also confirm that all necessary licences and regulatory approvals will be obtained before the project commences. |
| Name: |
| Signature: |
| Date: |
| **10.3 Administrative Authority/ Finance lead** |
| I confirm that the application has been submitted with the agreement of the host institution, that the costs provided are accurate and acceptable to the organisation and that the project is deliverable within this envelope of funds **/if matched funding is secured (delete as appropriate).** I can confirm as the host organisation that we would administer the grant solely for the purpose for which it is intended. On behalf of the host institution I confirm that the host will maintain support for this department during the period of the grant.  |
| Name: |
| Signature: |
| Date: |

**Checklist:**

* Application Form + Appendix 1.
* Signatures by: Finance, Head of Department, lead supervisor, student, co-supervisor

Copy of CV (lead and student if relevant) to include qualifications, current position, relevant publications and grant awards.

**Appendix 1:**

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| Research Costs | Year 1 | Year 2 | Year 3 | Total |
| Materials & Consumables (please give brief description) **Please do not include recoverable VAT** |  |  |  |  |
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| Total Materials/Consumables |  |  |  |  |
|  |  |  |  |  |
| Miscellaneous (please give brief description e.g. conference, travel expenses) **Please do not include recoverable VAT** | Year 1 | Year 2  | Year 3 | Total |
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| Total Miscellaneous |  |  |  |  |
|  |  |  |  |  |
| Capital Equipment (please list in order of priority) **Please do not include recoverable VAT** | Year 1 | Year 2 | Year 3 | Total |
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| Total Capital |  |  |  |  |
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| TOTAL PROJECT COSTS |  |  |  |  |
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