![Text

Description automatically generated with medium confidence]()

**Welsh Intensive Care Society Research Awards**

Please complete and return electronically to Dr Ceri Lynch (WICSARG Lead) or Mrs Sharon Norman (WICS Secretary) on [wicsarg@gmail.com](mailto:wicsarg@gmail.com) or wicssecretary@gmail.com by the advertised deadline.

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| --- | --- | --- | --- |
| **Applicants** | | | |
|  | **Lead Applicant** | **Applicant 2** | **Applicant 3** |
| Surname |  |  |  |
| First name |  |  |  |
| Title |  |  |  |
| Current post |  |  |  |

|  |  |
| --- | --- |
| **Corresponding applicant** | |
| Name |  |
| Address |  |
| Telephone |  |
| Fax |  |
| Email |  |

|  |  |
| --- | --- |
| **Institution Administering Grant if Approved** | |
| Name |  |
| Department |  |
| Address |  |

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| **Where will the work be undertaken?** |
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| **Title of the proposed research (not exceeding 20 words). Include study design in title.** |
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| **Plain English summary: Summary of the proposed research (not exceeding 300 words)** |
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| **Background / Study goals and objectives (not exceeding 500 words)** |
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| **Overview of study design (not exceeding 1500 words). Include proposed patient inclusion / exclusion criteria, recruitment and informed consent, data collection and data analysis** |
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| **How does this research benefit the NHS in Wales? Consider current priorities in Wales (not exceeding 500 words)** |
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| **Patient and public involvement (not exceeding 500 words). If no PPI involvement, state why.** |
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| **Overview of quality assurance, data management and confidentiality (max 500 words)** |
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| **Summary of the expected outcomes and dissemination plan (not exceeding 500 words)** |
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| **References (no more than 5 references)** |
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| **Proposed starting date** |  |
| **Proposed duration (in months)** |  |

**Does this research require approval of a Research Ethics Committee** Yes / No

**Has ethical approval been obtained** Yes / No

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| **Curriculum Vitae of Lead Applicant** | |
| Surname |  |
| First name |  |
| Date of birth |  |
| Primary Qualification (Degree, University, Class and Date) |  |
| Higher Degree(s) (Degree, University, Class and Date) |  |
| Current Post and previous posts (past 5 years) |  |
|  | |
| Significant publications (Up to 5, published in the last 10 years or ‘in press’) | |
|  | |

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| --- | --- |
| **Curriculum Vitae of 2nd Applicant** | |
| Surname |  |
| First name |  |
| Date of birth |  |
| Primary Qualification (Degree, University, Class and Date) |  |
| Higher Degree(s) (Degree, University, Class and Date) |  |
| Current Post and previous posts (past 5 years) |  |
|  | |
| Significant publications (Up to 5, published in the last 10 years or ‘in press’) | |
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| --- | --- |
| **Curriculum Vitae of 3rd Applicant** | |
| Surname |  |
| First name |  |
| Date of birth |  |
| Primary Qualification (Degree, University, Class and Date) |  |
| Higher Degree(s) (Degree, University, Class and Date) |  |
| Current Post and previous posts (past 5 years) |  |
|  | |
| Significant publications (Up to 5, published in the last 10 years or ‘in press’) | |
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| **Summary of Support Requested** | | |
| **Category** | **Details** | **Cost** |
| Staff costs |  |  |
| Consumables |  |  |
| Equipment |  |  |
| Other |  |  |
| Total |  |  |

|  |  |
| --- | --- |
| **Is this project receiving funding from other grant making organisations?** Yes / No | |
| **Organisation** | **Amount of funding** |
|  |  |

|  |  |
| --- | --- |
| **Signatures of Applicants** | |
| **Name** | **Signature and date** |
| 1. |  |
| 2. |  |
| 3. |  |

This application should be submitted with the support of the Clinical or University Department Lead and the Research Grant Administration of your Hospital or University.

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| **Head of Department** | |
| Name |  |
| Position |  |
| Institution |  |
| Address |  |
| Telephone |  |
| Fax |  |
| Email |  |
| Signature and date |  |

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| --- | --- |
| **Administrative Authority (e.g. R&D Lead)** | |
| Name |  |
| Position |  |
| Institution |  |
| Address |  |
| Telephone |  |
| Fax |  |
| Email |  |
| Signature and date |  |