

2019 Funding Round

Helping the people of Yorkshire, avoid,
survive and cope with cancer

DRAFT Full Application Form



PROJECT TITLE

IMPORTANT - DEADLINE

The deadline is **12 noon Thursday 3 October 2019** the Charity must receive the below information by this deadline

Applications must be sent in **Microsoft Word format** to research@ycr.org.uk PDFs will **not** be accepted.
Please use the filename format "[Surname] – 2019 Full Application".

Have submitted **15 double-sided hard copies** of your application to the address below.

Please ensure you have read and understood the [Information for Applicants](#), [Award Conditions](#), [Policies for Awards](#)
and agree with our [Ethics Statement](#) and [Privacy Policy](#).

Have completed everything listed on the checklist at the end of this application form.

SECTION 1 – ABOUT YOU

Principal applicant 1 contact details

Surname		Forename		Title	Click title
Phone		Email			
Full Postal address		Institution			
		Department			
Would you like to receive our Research Newsletter?			No <input type="checkbox"/>	Yes <input type="checkbox"/>	

Principal applicant 2 contact details (if applicable)

Surname		Forename		Title	Click title
Phone		Email			
Full Postal address		Institution			
		Department			
Would you like to receive our Research Newsletter?			No <input type="checkbox"/>	Yes <input type="checkbox"/>	

Personal Assistant details (if applicable)

Surname		Forename		Title	Click title
Phone		Email			

Lay representative

Please provide the details of your main lay representative that has been involved in the development of your application

Full name		Email	
-----------	--	-------	--

SECTION 1 – ABOUT YOU

Co-applicant details

Full name	Email	Would you like to receive our Research Newsletter?	
		No <input type="checkbox"/>	Yes <input type="checkbox"/>
		No <input type="checkbox"/>	Yes <input type="checkbox"/>
		No <input type="checkbox"/>	Yes <input type="checkbox"/>
		No <input type="checkbox"/>	Yes <input type="checkbox"/>
		No <input type="checkbox"/>	Yes <input type="checkbox"/>
		No <input type="checkbox"/>	Yes <input type="checkbox"/>
		No <input type="checkbox"/>	Yes <input type="checkbox"/>
		No <input type="checkbox"/>	Yes <input type="checkbox"/>
		No <input type="checkbox"/>	Yes <input type="checkbox"/>
		No <input type="checkbox"/>	Yes <input type="checkbox"/>
		No <input type="checkbox"/>	Yes <input type="checkbox"/>
		No <input type="checkbox"/>	Yes <input type="checkbox"/>
		No <input type="checkbox"/>	Yes <input type="checkbox"/>
		No <input type="checkbox"/>	Yes <input type="checkbox"/>
		No <input type="checkbox"/>	Yes <input type="checkbox"/>
		No <input type="checkbox"/>	Yes <input type="checkbox"/>
		No <input type="checkbox"/>	Yes <input type="checkbox"/>
		No <input type="checkbox"/>	Yes <input type="checkbox"/>
		No <input type="checkbox"/>	Yes <input type="checkbox"/>
		No <input type="checkbox"/>	Yes <input type="checkbox"/>
		No <input type="checkbox"/>	Yes <input type="checkbox"/>
		No <input type="checkbox"/>	Yes <input type="checkbox"/>
		No <input type="checkbox"/>	Yes <input type="checkbox"/>
		No <input type="checkbox"/>	Yes <input type="checkbox"/>
		No <input type="checkbox"/>	Yes <input type="checkbox"/>
		No <input type="checkbox"/>	Yes <input type="checkbox"/>
		No <input type="checkbox"/>	Yes <input type="checkbox"/>
		No <input type="checkbox"/>	Yes <input type="checkbox"/>
		No <input type="checkbox"/>	Yes <input type="checkbox"/>
		No <input type="checkbox"/>	Yes <input type="checkbox"/>
		No <input type="checkbox"/>	Yes <input type="checkbox"/>
		No <input type="checkbox"/>	Yes <input type="checkbox"/>
		No <input type="checkbox"/>	Yes <input type="checkbox"/>
		No <input type="checkbox"/>	Yes <input type="checkbox"/>

SECTION 2 - ABOUT YOUR PROJECT

Project title			
Proposed start date: (dd/mm/yyyy)		Proposed end date: (dd/mm/yyyy)	
Total amount requested (£) (Amount must not be significantly different from that in the Preliminary Application).		Project length: (months)	
Which funding topic does your Application address? (Please tick one or more boxes).	<input type="checkbox"/> Reducing the risk of developing cancer (including smoking cessation) <input type="checkbox"/> Early diagnosis and cancer screening <input type="checkbox"/> Improving treatments <input type="checkbox"/> Supportive and palliative care <input type="checkbox"/> Physical activity following a diagnosis of cancer		
Is any part of this application currently supported by other funding bodies?	If yes, please give organisation details and award amount.		
Are you currently an applicant on any supporting work relating to this project?	If yes, please give organisation details and expected outcome date.		
Is <u>this</u> application or any part of it currently being submitted elsewhere?	If yes, please give organisation details and expected outcome date.		
Are you considering applying for NIHR portfolio status for your study?	If yes, give details on relevant discussions about portfolio adoption.		
Have you or will you apply for a Clinical Trial Authorisation (CTA)? (If you have already applied, please describe the status of your CTA application).	If yes, give details on application status.		
Will animals be used in this project?	If yes, give please details.		

SECTION 2 - ABOUT YOUR PROJECT

Project summary in lay terms – for press releases or newsletters to the general public.

Word count (200 words MAX)

Technical summary.

Word count (100 words MAX)

Need - What need does your project address?

Word count? (150 words MAX)

SECTION 2 - ABOUT YOUR PROJECT

Impact – What impact will your research have on cancer patients and/or cancer outcomes in Yorkshire? Please estimate to what extent this project will contribute to a combination or one of: positively impacting the lives of people in Yorkshire to reduce the risk of cancer, the goal of saving 2000 lives a year in Yorkshire by 2025, improving quality of life beyond diagnosis and treatment of cancer.

Please tick all that apply and give an estimated number.

<input type="checkbox"/>	Number of people at reduced risk of cancer.	
<input type="checkbox"/>	Number of lives saved.	
<input type="checkbox"/>	Number of people with improved quality of life after cancer.	

Please describe how you arrived at the numbers above in more detail with references where relevant.

Word count (150 words MAX)

Patient/public participation – Will this project involve members of the public, patients or use of patient data? If yes, clearly state the number of people, indicating how many of these would be from Yorkshire.

How many patients and/or patient records will be involved in this Award?

Word count (150 words MAX)

Patient/public Involvement – please describe how patient/public will be involved in designing the project.

Word count (150 words MAX)

Patient/public benefit description - If this research is successful what is the timescale until patient/public benefit is realised and what are the key milestones towards achieving this benefit?

Word count (150 words MAX)

DRAFT

SECTION 2 - PATIENT/PUBLIC BENEFIT DIAGRAM

Provide a diagram of delivery of patient/public benefit. Please ensure you indicate whether this is anticipated during and/or beyond the timeframe of the propose project (indicating number of years, if relevant).

DRAFT

SECTION 2 - PROJECT MILESTONE DIAGRAM

Please provide a timeline e.g. Gantt chart of the project milestones.

DRAFT

SECTION 3 - FULL PROJECT DESCRIPTION

Project background - Please complete these sections in Calibri font size 10 with 1.5 line spacing
Combined project background and detailed project plan MAX 2500 words plus up to 5 tables/figures.

DRAFT

SECTION 3 - FULL PROJECT DESCRIPTION

Detailed project plan including:

- milestones.
- cost justifications.
- if your work has statistical analyses, relevant power calculations.
- an estimate of any combination of: the number of people at reduced risk of cancer, the number of lives saved by 2025, and the number of people with improved quality of life as a result of this work, including any assumptions made.

DRAFT

Word count (or page count for larger applications)

SECTION 3 - REFERENCES AND SUPPORTING LITERATURE

Please list each reference in numerical order.

DRAFT

SECTION 3 - PROJECT TEAM

Why are you and your team well placed to deliver the objectives of this project?

Word count (100 words MAX)

SECTION 3 - RESEARCH OUTPUTS AND INTELLECTUAL PROPERTY

What plans are in place to protect or commercialise any research output(s) including intellectual property?

Word count (100 words MAX)

SECTION 4 - PROJECT COSTINGS

Please read the [Information for Applicants](#) document before starting this section for our costing policy.

Salary costs requested - Only include salaries of applicants when they are a directly incurred cost of this project.
Staff Costings (including NI and superannuation).

Name and job title	Grade and %FTE	Year 1 (£)	Year 2 (£)	Year 3 (£)	Year 4 (£)	Year 5 (£)	Total salary costs (£)
Total salary costs							

Non-salary project costs - Individual costs of £3000 or over must be itemised and/or a quote provided.

Cost details	Year 1 (£)	Year 2 (£)	Year 3 (£)	Year 4 (£)	Year 5 (£)	Total non-salary project costs (£)
Total non-salary project costs						

SUMMARY OF TOTAL COSTS – Have you checked your costings in excel.

Total salary costs	
Total non-salary project costs	
Overall total (this must match the total provided in Section 2)	

IF COSTINGS ARE NOT TOTALLED ACCURATELY YOUR APPLICATION MAY NOT BE CONSIDERED.

SECTION 5 - APPLICANT EXPERTISE

(copy this page for additional principal applicants and renumber)

Principal applicant 1				
Surname			Forename	Title
Will your CURRENT employment extend beyond the end date of this project? If not, give the end date.			Current Post & % FTE	
% FTE on this project				
Relevant qualification	Subject	Grade	Organisation	Date
Relevant posts held (include job title)		Organisation		Date
Please describe your track record in delivering outcomes related to the proposed work (150 words MAX).				
Word count				
Please provide details of up to 5 of your recent publications (please include titles).				
Signature (All Applicants MUST sign)		Copy and paste signature into this box.		

SECTION 5 - APPLICANT EXPERTISE				
(copy this page for additional principal applicants and renumber)				
Principal applicant 2 (if applicable)				
Surname		Forename		Title
Will your CURRENT employment extend beyond the end date of this project? If not, give the end date.		Current Post & % FTE		
% FTE on this project				
Relevant qualification	Subject	Grade	Organisation	Date
Relevant posts held (include job title)		Organisation		Date
Please describe your track record in delivering outcomes related to the proposed work (150 words MAX).				
Word count				
Please provide details of up to 5 of your recent publications (please include titles).				
Signature (All Applicants MUST sign)	Copy and paste signature into this box.			

SECTION 5 - APPLICANT EXPERTISE

(copy this page for additional principal applicants and renumber)

Co-applicant 1				
Surname			Forename	Title
Will your CURRENT employment extend beyond the end date of this project? If not, give the end date.			Current Post & % FTE	
% FTE on this project				
Relevant qualification	Subject	Grade	Organisation	Date
Relevant posts held (include job title)		Organisation		Date
Please describe your track record in delivering outcomes related to the proposed work (150 words MAX).				
Word count				
Please provide details of up to 5 of your recent publications (please include titles).				
Signature (All Applicants MUST sign)		Copy and paste signature into this box .		

SECTION 5 - APPLICANT EXPERTISE

(copy this page for additional principal applicants and renumber)

Additional staff 1				
Surname		Forename		Title
Will your CURRENT employment extend beyond the end date of this project? If not, give the end date.		Current Post & % FTE		
% FTE on this project				
Relevant qualification	Subject	Grade	Organisation	Date
Relevant posts held (include job title)		Organisation		Date
Please describe your track record in delivering outcomes related to the proposed work (150 words MAX).				
Word count				
Please provide details of up to 5 of your recent publications (please include titles).				
Signature (All Applicants MUST sign)	Copy and paste signature into this box .			

**SECTION 6 - THIS SECTION IS ONLY FOR CURRENT OR PREVIOUS
YORKSHIRE CANCER RESEARCH AWARD HOLDERS**

(Please copy this page for any additional awards)

Please complete if any applicant on this project has been a Principal Applicant on a Yorkshire Cancer Research award with a start date within the past five years.

Project title and award reference			
Project start date: (DD/MM/YYYY)		Project end date: (DD/MM/YYYY)	
Award holder(s)			

Brief summary of project impact including advancement of knowledge, contribution to clinical practice, commercial exploitation and career development.

--	--

Peer reviewed research papers directly resulting from this award (full academic citation).	Page number where Yorkshire Cancer Research is acknowledged.

Please indicate whether research papers have been submitted to disclosure@ycr.org.uk and/or press@ycr.org.uk. Please provide Yorkshire Cancer Research disclosure reference number(s) or any IP opinions from Yorkshire Cancer Research with relevant dates (where applicable).

--

Have either of the following been provided to Yorkshire Cancer Research? If so, please give relevant dates.

1) Annual Reports	
2) KPI reports	

SECTION 7 - PREFERRED REVIEWERS

Applicants must name AT LEAST 2 and up to 4 preferred reviewers from OUTSIDE YORKSHIRE.
Those who have co-published with ANY applicant within the past 3 years are not eligible.

Reviewer 1

Name		Email	
Organisation			
Expertise			

Reviewer 2

Name		Email	
Organisation			
Expertise			

Reviewer 3

Name		Email	
Organisation			
Expertise			

Reviewer 4

Name		Email	
Organisation			
Expertise			

EXCLUDED REVIEWERS

Applicants may name up to 2 EXCLUDED reviewers from OUTSIDE YORKSHIRE.

Excluded reviewer 1

Name		Email	
Organisation			

Excluded reviewer 2

Name		Email	
Organisation			

SECTION 8 - ACCEPTANCE OF AWARD CONDITIONS AND POLICIES FOR AWARDS

- I/We shall be actively engaged in, and in day-to-day control of, the project.
- I/We have read the Charity's current [Award Conditions](#), [Policies for Awards](#) and [Ethics statement](#). If my/our application is successful I/we agree to abide by them.

Signature of Principal Applicant 1	Copy and paste signature into this box	Date	
Signature of Principal Applicant 2	Copy and paste signature into this box	Date	

This application MUST be submitted via the Principal Applicant's Line Manager or Head of Department AND the officer responsible for the Finance administration of any award granted.

Each should sign the following declaration:

- I confirm I have read the application and that, if awarded, the work will be accommodated and administered in the Organisation/Department in accordance with the [Award Conditions](#), [Policies for Awards](#) and [Ethics statement](#).
- The **staff gradings and salaries** quoted are correct and in accordance with the normal practice of this Organisation.

HEAD OF DEPARTMENT/LINE MANAGER

Title	click title	Name	
Job title			
Organisation			
Contact details			
Address line 1			
Address line 2			
Town/City			
Postcode			
Phone number		Email	
Signature	Copy and paste signature into this box.	Date	

FINANCIAL AUTHORITY

Title	click title	Name	
Job title			
Organisation			
Contact details			
Address line 1			
Address line 2			
Town/City			
Postcode			
Phone number		Email	
Signature	Copy and paste signature into this box.	Date	

APPLICANTS MUST COMPLETE THE CHECKLIST BEFORE SUBMITTING YOUR APPLICATION

- Have you read and understood the [Information for Applicants](#), [Award Conditions](#), [Policies for Awards](#) and [Ethics Statement](#).
- Have you had a Patient or Lay Representative read and comment on the application and particularly the project lay summary. Also do you have permission to provide their contact details to Yorkshire Cancer Research.
- Have you checked that all amounts in [Section 4](#) have been added up correctly? **Please use Excel to ensure totals are correct.** Are only direct project costs included? Have you provided a breakdown for any costs over £3000? **Applications with costings that do not add up correctly may not be considered.**
- Have all co-applicants filled in and signed [Section 5](#) (electronic signatures are accepted). Have applicants provided employment end dates if they fall before the end of the project.
- Has the form been signed by the **Principal applicant/s**, the **Head of Department/Line Manager** and the appropriate **Organisation Finance Department** in [Section 8](#). Please confirm the host institution will comply with all current and relevant data protection regulation.
- Have you ensured that you have not altered the format of the original application form. Note that applications **must** conform to the **word count** and **formatting rules** where indicated.
- The only additions allowed to the application are notices of ethical approval, letters signifying collaboration and quotations for costings which you can include and send as attachments in PDF format. **Please ensure when providing supporting information you collate into a single PDF document. Please also send 15 double-sided hard copies of any supplemental material.**
- Manuscripts and papers may be sent to accompany the application as PDF attachment/s only if they have been accepted for publication and they are not available in the public domain. **Please also send 15 double-sided hard copies of any supplemental material.**
- Have you sent a total of **15** double-sided photocopies of your application form to **Jacob Smith House, 7 Grove Park Court, Harrogate, HG1 4DP**? **Hard copies must also be received by the application deadline.**
- Have you emailed a copy of your application in **Microsoft Word format** to research@ycr.org.uk. Application forms in PDF formats will not be accepted. Please name the file in the following format “[Surname] - 2019 Full Application”.
- Have you completed all sections of the application form.

Please do not submit an application if you answer “No” to any of the above questions.

If you answer “No” to the following questions please provide explanation

- Have you sought advice with a relevant NCRI Clinical Study Group, Clinical Reference Group or Initiative (e.g. CTRad and CMPath). Insert explanation here
- Have you consulted the NIHR Clinical Research Network Yorkshire and Humber team to discuss NIHR portfolio adoption and potential CRN support for your study. Insert explanation here

If you do not receive an acknowledgement within 7 days of submitting your application please contact research@ycr.org.uk or call 01423 501269.