

## SECTION 1: APPLICATION SUMMARY

*Project Title:*

*Administrative Authority:*

*Name of Applicant:*

*Location of Applicant:*

*People Supporting this Application:*

*Duration of Proposal:*

*Staff Costs:*

*Running Expenses:*

*Equipment Costs:*

*Total Requested:*

## SECTION 2: RESEARCH PROPOSAL OUTLINE

**2.1 Research Project Title:**

Please note: Only use capital letters for the first letter of the title and for acronyms where appropriate. Titles should be no longer than 250 characters (including spaces).

**2.2 Proposed Start Date (01/mm/yyyy):**

**2.3 Duration of Proposal (months):**

**2.4 Main Research Goals:**

Please summarise in a format that can be understood by a non-specialist audience (100 words max).

## SECTION 2: RESEARCH PROPOSAL OUTLINE (CONTINUED)

**2.5 Type of Application:** (Please tick one of the boxes on each line)

*New Application*

*Revised Application*

*Extension Application*

*Programme Grant*

*Project Grant*

*Small Project Grant*

**2.6 Research Abstract:** (Not to exceed 400 words in total; Please use the headings below)

*1. Background*


*2. Relevance to Oesophageal Cancer Patients*


*3. Specific Aims of Research Project*


*4. Outline Plan of Research*


## SECTION 3: FINANCIAL DETAILS

Please refer to the guidance provided and be careful to enter all the relevant information requested for each salary within the application.

### 3.1 Staff Details for Year One:

Please highlight any significant changes to staffing costs required in subsequent years in the Summary Project Costs section below and fully justify these within your research proposal.

Post Title	Staff Member	Details of Salary	Total Salary

### 3.2 Financial Administration Contract Details:

Please provide information about someone who can be contacted regarding staffing issues, either within the department or the finance section of the host institution.

Full Name:

Telephone Number:

E-mail Address:

### 3.3 Running Expenses for Year One:

Please highlight any significant changes to staffing costs required in subsequent years in the Summary Project Costs section below and fully justify these within your research proposal.

Item	Cost	Item	Cost
Hire / Maintenance of Special Equipment		2)	
Laboratory Expenses		3)	
Office Expenses		4)	
Access to Services (e.g. IT Support)		5)	
Photocopying / Printing		6)	
Travel Related to Research Proposal		7)	
Other:		8)	
1)		9)	

### 3.4 Total Equipment Costs:

Any equipment costs for the duration of the award should be requested here. It is likely that all these will only be awarded in year one, and subsequent requests may be denied.

Item	Cost	Item	Cost

## SECTION 3: FINANCIAL DETAILS (CONTINUED)

### 3.5 Summary Project Costs:

Please use the table below to summarise the totals for your project starting with year one. Any significant increases after year one should be justified in the research proposal.

Year	Staff Costs	Running Costs	Equipment	Year Total

## SECTION 4: ADDITIONAL RESEARCH INFORMATION

### 4.1 Animal Studies:

In general OCF does not fund animal research. Clear justification for use of animals must be provided within the proposal and a statement provided to demonstrate that the proposed research complies with existing regulations concerning animal research.

Does the proposed research involve the use of animals?

If YES, has an appropriate licence been obtained?

### 4.2 Human Studies:

Does the work require approval from an ethics committee?

If YES, has a licence been obtained?\*

\* Please enclose a copy of the ethics committee approval letter.

Does the work involve use of human tissue samples?

If YES, will you have patient consent for use of the samples?\*

\* Please enclose copies of your patient consent forms with your application.

### 4.3 Commercial Outputs:

Has the applicant, principal investigator or co-investigator any current or past OCF funding?

If YES, please provide details:

If relevant, please briefly explain how this new application will fit in with any current OCF awards that you have identified above.



## SECTION 4: ADDITIONAL RESEARCH INFORMATION (CONTINUED)

### 4.7 Information about the Application Coordinator:

Are you applying for your own support?

If NO, is your current position funded for the duration of the applied award?

If YES, please state the source of your current funding:

Are you a clinician?

If YES, state your weekly percentage of clinical sessions:

If YES, state your weekly percentage for research:

### 4.8 Peer Review: Please nominate up to three reviewers and supply full contact details for each reviewer:

**1** Name:

Address:

Telephone Number:

E-mail Address:

**2** Name:

Address:

Telephone Number:

E-mail Address:

**3** Name:

Address:

Telephone Number:

E-mail Address:



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