

Liverpool Dental Alumni Association (LDAA) Research Funding Application

1. Overview details	
Project Title:	
Name of Principal Investigator (PI) Names of Co-investigators	
Brief CVs of all applicants attached (Max 4 pages)	YES <input type="checkbox"/> NO <input type="checkbox"/>
Study duration	
PI E-mail	
Amount requested	
Dental / Medical School address	
External collaborators working with you on this project (if any)	

2. Place where research would take place:	
Address of centre:	
Work email:	
Work telephone No:	

3. Abstract (max 200 words)

4. Details of research to be undertaken: (2000 words max.)

1. Background
2. Aims
3. Experimental Plan including ethics if required.
4. Justification for budget
5. Deliverables
6. Timeline
7. How this funding will support future research plans, including likely sources of external funding

5. Suggested External reviewers (2 max)

Name, address and email contact details

Note – The External Reviewers must not have previously published with the applicant(s)

6. Public and patient involvement: (no more than 300 words)

Provide any details of how patients and/or the public have shaped your research idea and design

7. Student engagement (*this is optional if you are a member of the LDAA*)

Please describe how you will involve School of Dentistry undergraduate students in your project. (no more than 200 words)

8. References (Research project)

Please give citation in full, including title of paper and all authors:

9. Financial details: The grant is worth a maximum of £5,000

Please set out how these monies are to be spent, the reason for requested funding.

Please note:

- ❖ All sections **MUST** be completed and a clear justification for the funds requested must be given.
- ❖ Failure to complete this section will result in your application not being considered.
- ❖ This scheme **DOES NOT** cover: personal salaries and staffing costs, living expenses, IT equipment which is not directly related to the research project (personal laptops etc) or fees for courses or open-access publication costs.

Item:	Justification for this item:	Amount:
	TOTAL:	

10 Applicant's Declarations:

If I am successful in obtaining this award, I agree to:

- i. Acknowledge the support of the Liverpool School of Dentistry Alumni Association and include such wordings in all manuscripts.
- ii. Present the initial research plan in the first year of the award and the 12 month report the following year, at the Liverpool Dental Alumni AGM
- iii. Submit a final project report to lee.cooper@liverpool.ac.uk, within 12 months of completion of the project.
- iv. I confirm that the specific items in the original application and costed above are not being financed by any other funding stream.

YES ☐ NO ☐

YES ☐ NO ☐

YES ☐ NO ☐

YES ☐ NO ☐

Applicant's (PI) signature:

Co-Applicants signatures:

DATE: