**Intensive Care Foundation Research Grants 2020**

**Expression of Interest: Applicant**

**PART A**

**Project title:**

……………………………………………………………………………………………………………………………………… ………………………………………………………………………………………………………………………………………
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**Level of funding\* requested:**

|  |  |
| --- | --- |
| **Funding Requested** | **Tick as appropriate** |
| Less than $5000  |  |
| $ 5000 - $15,000 |  |
| $15,001 - $25,000 |  |
| $25,001 - $50,000 |  |

*\* In 2020 there will be only one research project grant allocated funding of up to $50,000. All other grants will be funded to a maximum of $25,000 per project.*

**Justify why this project is feasible within the available team, timeframe and setting and/or any pilot or feasibility data already completed. (Note: strict 100 word limit)**

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**Applicant’s (Chief Investigator’s) personal details:**

**Title**………… **First name**……………………………… **Surname**…………………………………………………………..

(Mr/Mrs/Ms/Dr/Prof)

**Email** ………………………………………………………………………………………………………………………………

**Telephone**…………………………………………………………………………………………………………………………

**Has the Applicant previously received ICF Grant funding? ![C:\Users\Shelley.Roberts\AppData\Local\Microsoft\Windows\Temporary Internet Files\Content.IE5\GBS54ZN7\checkboxempty[1].gif]() Yes ![C:\Users\Shelley.Roberts\AppData\Local\Microsoft\Windows\Temporary Internet Files\Content.IE5\GBS54ZN7\checkboxempty[1].gif]() No**

**If yes, please state year and title of project:**

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**If no, is the Applicant an early career researcher? ![C:\Users\Shelley.Roberts\AppData\Local\Microsoft\Windows\Temporary Internet Files\Content.IE5\GBS54ZN7\checkboxempty[1].gif]() Yes ![C:\Users\Shelley.Roberts\AppData\Local\Microsoft\Windows\Temporary Internet Files\Content.IE5\GBS54ZN7\checkboxempty[1].gif]() No**

**Please indicate the category of your research ![C:\Users\Shelley.Roberts\AppData\Local\Microsoft\Windows\Temporary Internet Files\Content.IE5\GBS54ZN7\checkboxempty[1].gif]() Medical ![C:\Users\Shelley.Roberts\AppData\Local\Microsoft\Windows\Temporary Internet Files\Content.IE5\GBS54ZN7\checkboxempty[1].gif]() Nursing**

**Lastly, is this a (CICM) Trainee Formal Project funding request? ![C:\Users\Shelley.Roberts\AppData\Local\Microsoft\Windows\Temporary Internet Files\Content.IE5\GBS54ZN7\checkboxempty[1].gif]() Yes ![C:\Users\Shelley.Roberts\AppData\Local\Microsoft\Windows\Temporary Internet Files\Content.IE5\GBS54ZN7\checkboxempty[1].gif]() No**

 *Move to the next page to complete Part B…*

**Intensive Care Foundation Research Grants 2020**

**Expression of Interest: Applicant**

**PART B**

**Project title:**

………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………
………………………………………………………………………………………………………………………………………

**Project description, highlighting the scientific merit of your project:**
(**STRICT 500 word limit**. Please use Arial 10pt with single spacing. No diagrams or tables.)