

***Vascular Anaesthesia Society  
Of Great Britain and Ireland***

**RESEARCH GRANT APPLICATION**

**SECTION 1**

<b>1</b>	Name:		
	Address:		
	Present Appointment:		
	DOB:	E-mail:	

<b>2</b>	Title of Study: 15 words maximum

<b>3</b>	Place where the research would be carried out:		
	Address of Centre:		
	Tel:	Fax:	E-mail:

<b>4</b>	<i>(For trainees only)</i> Name, Address, present appointment, e-mail of supervisor:		
	Name of supervisor:		
	Address:		
	Tel:	Fax:	E-mail:

<b>5</b>	If the study is to be performed at more than one centre please give contact details and e-mail of the principal investigator at each site:		
	Name:		
	Address:		
	Tel:	Fax:	E-mail:
	Name:		
	Address:		
	Tel:	Fax:	E-mail:
	Name:		
	Address:		
	Tel:	Fax:	E-mail:

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6	Proposed start date:	Estimated end date:
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7	Has funding for this research been obtained or applied for from any other source? <i>If so, please give details?</i>
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8	Please supply details of Ethical Committee application (see Section 4, no.3)
	LREC reference number (if known):
	MREC reference number (if known):
	Date of submission:
	Date of approval:

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**SECTION 2**

1 Aims, objectives and benefits of project: (100 words maximum)

2 Type of study: (pilot, definitive, follow-on)

*For follow on studies, please include brief details of the findings of the original study*

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3	Scientific background of the study: <i>(Approximately 250 words, to include details of study design, end points, study power)</i>
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4	Has the study been reviewed by anyone else? <i>If yes, by whom (give details)</i> <i>If no, please offer explanation</i>
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**SECTION 3**

Estimated costs of study and details of support requested (please give details)

		<b>Total costs</b>	<b>Support requested</b>
1	Consumables (eg materials, assays)		
2	Equipment (exclusive of VAT)		
3	Salaries (Name, position)		
		<b>TOTAL COSTS</b>	<b>TOTAL SUPPORT REQUESTED</b>

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**SECTION 4**

**DECLARATION**

THIS SECTION MUST BE SIGNED BY ALL RELEVANT PARTIES, REGARDLESS OF WHETHER THE REST OF THE FORM IS SUBMITTED ELETRONICALLY.  
PLEASE ENSURE THAT YOU HAVE ENCLOSED ALL RELEVANT ADDITIONAL DOCUMENTS (see Notes 1-2)

The information in this form is accurate to the best of my knowledge and belief and I take full responsibility for it.

All participants listed have been contact and agree to their involvement in this research.

I understand it is my responsibility to obtain management approval where appropriate from the relevant NHS body before the project takes place.

I agree to supply interim and final reports as requested by the Research Committee of the Vascular Anaesthesia Society of Great Britain and Ireland. I will advise the committee of any adverse or unexpected events that may occur during this project. I also agree to advise the committee if this research is withdrawn or not completed.

Signature of principal investigator:

Please print name:

Date:

*(For trainees only)* Signature of supervisor:

Please print name:

Date:

*(To be completed in all cases)*

I have discussed the research proposal with the investigator who is in my department, and I support his/her application to the Ethical Committee.

Countersignature of Head of Department

Please print name:

Date:

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## NOTES

1. Please attach a brief (2 page maximum) C.V. detailing research experiences, and areas of interest, publications and research funding currently or recently held, for both the applicant and project supervisor.
2. Please enclose 2 copies of the full protocol.
3. Please note that applications will be considered whilst Ethics Committee approval is pending, but successful applications will only be funded after evidence of Ethical Committee approval and appropriate indemnification has been provided.
4. Grants are available to cover all or part of the costs of research projects up to a limit of £10,000. Owing to the limited funds available, we are not usually able to fund salaries, although each individual application will be considered on its own merits.
5. The deadline for current applications is advertised on the website (<http://www.vasgbi.com/research.php>). All applications are independently reviewed, and applicants will be notified within 10 weeks of this date.
6. **Sections 1-3 of this application form, together with protocols and brief CVs as detailed in notes 1-2 may be submitted electronically, but in all cases Section 4 should be signed and sent in original form.**
7. Please address all queries and application forms to:

Dr Gerry Danjoux  
Consultant Anaesthetist  
Department of Anaesthesia  
James Cook Hospital  
Marton Road  
Middlesbrough  
TS4 3BW  
Tel: 01642 854600

E mail: [gerry.danjoux@vasgbi.com](mailto:gerry.danjoux@vasgbi.com)