

	ot over whether you qualify for help, rather than phoning or
er	nailing please fill out and submit an application form.
1. Main investigator (to	whom correspondence should be addressed)
Name:	Position:
Department:	
Address:	
Email:	
Telephone:	
2. Co investigators	
Name:	Position:
Organisation:	
Name:	Position:
Organisation:	
Name:	Position:
Organisation:	
Name:	Position:
Organisation:	
3. Supervisor of project	t (if applicable)
Name:	Position:
Organisation:	
4. Proposed start date	
5. Proposed completio	n date:
6. Title of project	



7. Abstract (no more than 200 words) 8. Design of study (e.g. Randomised, prospective, double blind controlled study)



	9. Main objectives of study					
1						
1						
2						
3						
10. Ma	in benefits to patients					
11. Ho	w might the results of this research impact on the future provision of healthcare?					
12. Pri	ncipal risks to patients (Further details should be provided in the "Methods" section)					
1						
1						
1						
1 2						
2						
2	ethod(s) of statistical analysis					
2	thod(s) of statistical analysis					
2	thod(s) of statistical analysis					
2	thod(s) of statistical analysis					
2	 :thod(s) of statistical analysis					
2						



14. Background (please include relevant references)
15. Plan of investigations and methods
(Please include copies of patient information sheets and consent forms, where relevant)
16. What is the strategy for publication/dissemination of results of research?
To. What is the strategy for publication/dissemination of results of research:



17. Has financial support been received or been requested for this study? (if "Yes" please provide details including the source of funding and the amount received or applied for)						
Name and address of Charity/funding council/Foundation, etc. applied to for funding and date of application						
Status of application (please tick)	In prepa	aration ~				
	Submitted		, Da	te :		
	Pending		,			
	Rejecte	d ~	, Da	te :		
Note: Please include details of all other	requests	for fundi	ng, attach	ing furthe	er sheets i	if required.
18. Is this study supported by com	mercial	sponsors	hip? Yes	/No		
If "Yes" please provide the following de	tails :					
Name and address of company						
Sponsorship per patient £ Expected no of patients in study :						
Total amount of sponsorship £	Duration of sponsorship (months):					
19. Costing of research project						
ITEM	Year 1	Year 2	Year 3	Year 4	Year 5	Total
Consumables						
Salaries						



Direct costs			
Indirect costs			
Capital/Equipment *			
TOTAL			

* Please answer the following two questions in relation to capital/equipment funding

a. Who will assume ownership of equipment and direct its use in research?

b. Where will equipment be sited?



20. Request for financial support

Is this project supported financially by any other source? Yes/No

Total amount of support requested: £

Duration of support requested (months):

Start date of project:

Planned completion date:

Justification of support requested: (No more than 200 words)

21. Why is WPH Charitable Trust support necessary at this stage?



Board approval					
Status of approval					
Dessived (deta)					
Discussed: (date)		-			
Revisions requested:					
Rejected:		-			
Approval: (date)		-			
Male in the set					
Main investigator:					
Signed:	Date:				
Total amount of support sanctioned:	£				
Instalments agreed/One payment:	£				
Date(s) of payment:	£				
Cheque(s) drawn: (date)					
Cheque(s) number:					
Where did you hear about the WP					
Signed:	Dated:				
Once complete please send printed application form and a single A4 page CV of the principal investigator to:					
The Secretary of The WPH Trust, c/o Blythe Liggins, Edmund House, Rugby Road, Leamington Spa CV32 6EL					
	ecision has been made no further corre	spondence can be			

Your personal data will be processed in accordance with our Privacy Policy available to view on our website.