Research Award Application Form

|  |  |
| --- | --- |
| **Biographical Details** |  |
| BACCN Membership Number: |  |
| Date joined BACCN: |  |
| Title: |  |
| First Name: |  |
| Surname: |  |
| Your Address: |  |
| Telephone Number: |  |
| Email: |  |

|  |  |
| --- | --- |
| **Your Current Post** |  |
| Job Title: |  |
| Start Date (Month & Year): |  |
| Name and Address of Employer |  |
| Brief Description of Current Responsibilities |  |

What is your ethnic group? Please circle one appropriate box

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| White | English, Scottish, Welsh,  Northern Irish  or British | Irish | Gypsy or Irish Traveller | | Roma | | Any other white background  Please write here | |
| Mixed or Multiple ethnic group | White & Black Caribbean | White & Black African | White & Asian | Any other mixed or multiple background  Please write here | | | | |
| Asian or Asian British | Indian | Pakistani | Bangladeshi | | | Chinese | | Any other Asian background  Please write here |
| Black, Black British, Caribbean, or African | Caribbean | African background  Please write here | Any other Black, Black British, Caribbean, or African  Please write here | | | | | |
| Other ethnic group | Arab | Any other ethnic group Please write here | | | | | | |

Based on 2021 Census

|  |  |
| --- | --- |
| Project Title: |  |
| Is this an NIHR application? | Yes/ No |
| Start Date: |  |
| End Date: |  |
| Cost Breakdown |  |
| Total cost: | £ |
| Are you seeking Funding from any other source? | Yes / No  If Yes, please give details and outcomes (if known): |
| Have you previously received a BACCN award?  If so when and what was it used for? |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Application Checklist:** Please confirm you have attached the following: | Yes | No | NA |
| Research Proposal |  |  |  |
| Copy of data collection tool:   * Questionnaire * Interview schedule * Outcome measurement tool |  |  |  |
| Copy of participant information sheet |  |  |  |
| Ethics approval letter |  |  |  |
| Evidence of Local Trust/ organisation approval/ permission |  |  |  |
| A covering letter stating how the research will benefit patient care and the NHS |  |  |  |
| Two-page curriculum vitae of the chief investigator |  |  |  |

Please email the completed application and supporting documents to [support@baccn.org](mailto:support@baccn.org)