|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **PROJECT ID** (For SPARK use) |  | | | | | |
| **Principal Investigator – Name** |  | | | | | |
| **Principal Investigator employer details** | **Substantive** | | **Honorary** | | **Department** | |
|  | |  | |  | |
| **LHP Partners** - Does the project involve a local NHS/HEI? If so please provide name and email address |  | | | | | |
| Any **other partners** – please name company and give contact email address |  | | | | | |
| Who is the **lead partner**? E.g. Host Institute |  | | | | | |
| **Does your study require Sponsorship?** If yes please provided details of the intended sponsor organisation: |  | | | | | |
| **Project Title** |  | | | | | |
| **Number of estimated sites** | **Single-centre**, *please provide site details:* | | |  | | |
| **National multi-centred**, *please provide estimated number of sites:* | | | UK | |  |
| Wales | |  |
| Scotland | |  |
| Northern Ireland | |  |
| **International Multi-centred**, *please provide estimated number of international sites, broken-down by country::* | | |  | | |
| **Other**, *please specify* | | |  | | |
| **Estimated Number of Participants** |  | | | | | |
| **Project Funder** |  | | | | | |
| **Funder Programme you are applying to?**  Web link to funding scheme details |  | | | | | |
| **Is this an initial or full application?** |  | | | | | |
| **What is the submission deadline date?** |  | | | | | |
| **Start date and duration** |  | | | | | |
| **Have you requested any costs from the following partners?** | | | | | | |
| **HEI Partner?** If yes please provide name, job title and email address of the person request was sent to and the date request was sent: | **Yes**  **No** | HEI Partner Details: | | | | |
| **NHS Partner?** If yes please provide name, job title and email address of the person request was sent to and date of request: | **Yes**  **No** | NHS Partner Details: | | | | |
| **Local Clinical Research Network?** If yes please provide name, job title and email address of the person request was sent to and date of request: | **Yes**  **No** | Local CRN Details: | | | | |
| **Do you have involvement from the following departments?** | | | | | | |
| **Clinical Trials Unit?** If yes please provide the details of the CTU you have been in contact with, including the details of the lead CTU representative | **Yes**  **No** | CTU Details: | | | | |
| **Research Design Services** If yes please provide the details of the RDS you have been in contact with, including the details of the lead RDS representative | **Yes**  **No** | RDS Details: | | | | |
| **For SPARK Personnel Use Only** | | | | | | |
| **Date application received:** |  | | | | | |
| **Date registered on EDGE:** |  | | | | | |
| **SPARK ID Assigned:** |  | | | | | |
| **Date application reviewed:** |  | | | | | |
| **Application reviewed by:** |  | | | | | |
| **List of partnering organisations:** |  | | | | | |
| **Date email sent to PI confirming validate application and assigned SPARK ID:** |  | | | | | |
| **Date of proposed initial meeting:** |  | | | | | |
| **List of attendees/partner organisation(s) invited to initial meeting:** |  | | | | | |