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| --- | --- |
| **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:** |  |