**LHP Expression of Interest (EOI) form**

**(Grant Application and Costing Request)**

**Please email the completed form to:** [***enquiries@lhpspark.nhs.uk***](mailto:enquiries@lhpspark.nhs.uk)

**COVID UPDATE**

**\*\*\***

**Please fill in as much of this form as you are able to but if this is a new idea or still at an early development stage, please focus on providing as much contextual information on need, your research question and what outcomes you would like to explore.**

**In order to ensure the feasibility of all COVID-19 related research, colleagues are required to complete this form.**

**This form should be used for ALL research (laboratory, clinical, health service research, community)- reviews of University and NHS capacity is undertaken using the information provided.**

**The STrategic One Liverpool Partnership for COVID (STOP COVID) - SILVER Group will make an assessment on whether the research is feasible, based on real time capabilities and to ensure that the research can be carried out in a safe and appropriate way.**

**All COVID-19 related research will require the above approval prior to submission of funding applications, or if funding is already in place, prior to work starting.**

**\*\*\***

The LHP SPARK/HEI Grants Application Team will facilitate links to stakeholders as required- support from LCTC, NIHR Research Design Service, linking to existing researchers or ongoing / developing programmes. The team will be able to discuss feasibility of the proposed project and advice on funding strategy.

**For all COVID Applications, please indicate with an ‘X’ if research work is:**

|  |  |
| --- | --- |
| UKRI / Other direct funding application (e.g. new funding application) |  |
| Repurposing of existing funds to support COVID work (e.g. changes to existing funding internal or external project). Please specify in Funder below. |  |
| Expansion of existing live projects (e.g. as Co-I on existing work or extension to existing project) |  |
| New COVID Application |  |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Lead Investigator** |  | | | | | |
| **Lead Investigator Institution** |  | | | | | |
| **Local Principal Investigator** |  | | | | | |
| **Principal Investigator employer details** | **Substantive** | | **Honorary** | | **Department** | |
|  | |  | |  | |
| **Contact Details**  Email/Phone |  | | | | | |
| **Department / Institute** |  | | | | | |
| **Project Title** |  | | | | | |
| **Overview of your project/ idea**  *Please give us some information about what you would like to do and why*  ***OR***  *Append a draft document/protocol when you email this form* |  | | | | | |
| **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 (e.g. for LHP see [here](https://liverpoolhealthpartners.org.uk/spark/lhp-research-sponsorship/)) | *Sponsor: Yes\*/ No / Already obtained\*\**  *(\* name of intended Sponsor; \*\* name of Sponsor)* | | | | | |
| **Does your project have/need Ethical Approval?**  *(^If already obtained, then please provide details)* | *Ethics: Yes/ No / Already obtained^* | | | | | |
| **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**, *estimated number sites, by country:* | | |  | | |
| **Other**, *please specify* | | |  | | |
| **Estimated Number of Participants** |  | | | | | |
| **Project Funder** |  | | | | | |
| **Application Reference –** where applicable  (i.e. IRIS Number, Cost Centre etc.) |  | | | | | |
| **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: | | | | |
| **Please complete the following section if you require any Technical Support from LHP NHS Trust / HEI labs** | | | | | | |
| **What technical equipment is required? Is equipment in place and operational?** |  | | | | | |
| **Are specialist facilities required**  (e.g. Clinical Trials, BSU, CL3 labs, GCLP, Biobank, TD Facilities etc) - what frequency/duration?  **Have these been discussed with facility leads?**  [*Click here.*](https://forms.office.com/Pages/ResponsePage.aspx?id=MVElUymxEECG4UdL_X6AdvPhqljGM9dCnD50vEQqOJFUMlU5QzBPQVNSWTZRUk1FOEhQMTMxTEhBWiQlQCN0PWcu)  ***Note: Failure to complete the above link will mean that your application will NOT be considered by the Silver Group****.* |  | | | | | |
| **What technical staff resources will be required (include staff numbers / FTE)?**  **Are specialist skills or training required?** |  | | | | | |
| **Where will project physically take place? If in HEI buildings specify exactly space(s) required.**  **Please include details about any partner sites technical space requirements (e.g. NHS / social care)** |  | | | | | |
| **Are there specific Health and Safety requirements?**  **Are regulatory approvals needed (e.g. GMO, CL3, Biohazard etc)** |  | | | | | |
| **Any other technical / admin issues that may be relevant (e.g. admin resources, out of hours working, specific consumables)** |  | | | | | |
| **Other Comments-** *details of any clinical sample use (numbers/ types) Study linked to an existing study?* |  | | | | | |
| **PI SIGNATURE**  *As confirmation that the about information is correct* |  | | | | | |
| **DATE** |  | | | | | |
| **For Office 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:** |  | | | | | |
| **\*\*\*COVID STUDIES ONLY\*\*\*** | | | | | | |
| **SILVER COMMAND REVIEWER NAME** |  | | | | | |
| **DATE SENT TO SILVER COMMAND REVIEWER** |  | | | | | |
| **DATE DISCUSSED AT SILVER COMMAND** |  | | | | | |
| **OUTCOME FOR COVID ONLY STUDIES**  (To be completed by Silver Group – from STrategic One Liverpool Partnership  for COVID (STOP COVID)) | APPROVE / NOT APPROVED / FURTHER INFORMATION REQUIRED | | | | | |
| **OTHER COMMENTS** |  | | | | | |

**Please email the completed form to:** [***enquiries@lhpspark.nhs.uk***](mailto:enquiries@lhpspark.nhs.uk)