**LHP SPARK Grant Application and Costing Request Form**

**Once completed, please email to the SPARK Grant Application Team at:** [***enquiries@lhpspark.nhs.uk***](mailto:enquiries@lhpspark.nhs.uk)

The LHP SPARK 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 the feasibility of the proposed project, provide advice on funding strategy and the costing process.

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| --- | --- | --- | --- | --- | --- | --- | --- |
| **Grant application title** |  | | | | | | |
| **Overview of your application**  *Please give us some information about what you would like to do and why including the following:*   * *Project objectives* * *Project outcomes* * *NHS involvement*   *(Please append a copy of your draft application when you email this form, if possible)* |  | | | | | | |
| **Name of Lead Investigator** |  | | | | | | |
| **Lead Investigator employer details:**  *Please confirm who your substantive employer is, the institute you belong too and if you have an honorary contract.* | **Substantive** | | | **Institute** | | **Honorary** | |
|  | | |  | |  | |
| **ORCID ID of lead investigator** |  | | | | | | |
| **Are you a first-time lead investigator?** *Yes or no* |  | | | | | | |
| **Local principal investigator details *–*** *please confirm if different from lead investigator* |  | | | | | | |
| **Email address of lead contact for application** |  | | | | | | |
| Who is the **host organisation**? *E.g. contracting partner* |  | | | | | | |
| Who is the **lead NHS trust**? |  | | | | | | |
| **LHP Partners** - *Does the project involve a local NHS/HEI? If so please provide name and email address* |  | | | | | | |
| **Other partners** – *please give details of any other partners involved in this application* |  | | | | | | |
| **Does your study require Sponsorship?**  (See LHP website for more details: <https://liverpoolhealthpartners.org.uk/spark/lhp-research-sponsorship/> ) | Sponsor: Yes/ No / Already obtained | | | | | | |
| Who is the proposed **sponsor?**  *The proposed sponsor should be the substantive employer of the lead applicant* |  | | | | | | |
| **Does your project require/have ethical approval?** | University Ethics: Yes/ No / Already obtained  NHS Ethics: Yes/ No / Already obtained | | | | | | |
| **Number of estimated sites** | **Single-centre**, *please provide name of single site:* | | | |  | | |
| **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?**  Please provide web link to funding scheme details |  | | | | | | |
| **Is this a 1st stage, 2nd stage or full application?** |  | | | | | | |
| **What is the submission deadline date?** |  | | | | | | |
| **Start date of project** |  | | | | | | |
| **Duration of project** |  | | | | | | |
| **Will you be taking patient samples for central research analysis? If so which labs will be used to process and store research samples?** |  | | | | | | |
| **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 tick this box if you would consent to SPARK contacting you in the future in regards to feedback on the SPARK processes** | | *I consent to SPARK contacting me for feedback in the future.* | | | | | |
| **For SPARK Personnel Use Only** | | | | | | | |
| **Date application received:** |  | | | | | | |
| **Date registered on EDGE:** |  | | | | | | |
| **SPARK ID Assigned:** |  | | | | | | |

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