**NIHR Three Schools: Dementia Research Programme**

**Reducing the risk of dementia and improving the lives of people living with dementia and carers**

**2021-2029**

**Seed Fund 2023: Proposal Form**

Please do not exceed **3 pages of A4**, excluding the references section, Part 2 and Part 3. The font should be Trebuchet, size 11. Allowance will be made of up to half a page of A4 for space used by the instructions within this form.

**Please submit your completed application at** <https://www.sscr.nihr.ac.uk/internal-proposals/three-schools-dementia/dementia-research-programme-seed-fund-proposal/>.

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| **Applicant details** | |
| Lead Applicant |  |
| Organisation |  |
| Contact Email |  |
| Co-Applicant(s) |  |

|  |  |
| --- | --- |
| **Proposal details** | |
| Title |  |
| Expected Start Date |  |
| Expected End Date |  |
| Requested Budget |  |

**PART 1: SUMMARY**

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| **Background**  *Please explain the context to the proposed activity and why it is important, including reference to current evidence.* |
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| **Case for support**  *Please describe the activity, setting out: aims and objectives, methods and workplan, expected outcomes, timetable. Note any key ethical considerations and requirements for approvals.* |
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| **Public involvement**  *Please provide details of involvement of people with dementia, carers and practitioners in planning the activity, including in the writing of this application, and future plans for their involvement.* |
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| **Equality, diversity and inclusion**  *Please set out how you will address EDI considerations in your proposed activities.* |
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| **Outcomes**  *Please set out how you expect the planned activities to lead to the development and submission of a research proposal. Note the relevance to the NIHR Three Schools’ Dementia Research Programme.* |
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| **References** |
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**PART 2: RESOURCES**

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| **Total funding requested**  *Please provide a cost for your proposal and set out details of the resources requested* | | | |
|  | Up to 30 April 2024 | From 1 May 2024 | Total |
| Total of salary costs | £ | £ | £ |
| Total of other costs | £ | £ | £ |
| Total overheads (if requested) | £ | £ | £ |
| **Total budget requested** | **£** | **£** | **£** |
| **Breakdown and justification of resources** | | | |
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**PART 3: DECLARATIONS**

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| **Declaration and signature** |
| I confirm that the information given on this form is complete and correct, that I shall be actively engaged in the proposal outlined and responsible for its overall management, and that this proposal has the support of all co-applicants and my organisation.  Signature:  Name:  Date: |

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| **Organisational authorised signatory** |
| I confirm that I have read the details of this application and that the host organisation is willing to accept this award if funding is approved and will support the applicant’s planned activities.  Signature:  Name:  Position:  Date: |