



Paediatric Intensive Care Society
 21 Portland Place
 London
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 Fax: +44 207 631 4352

Paediatric Intensive Care Society Research Awards (2015)

Please complete and return electronically to Dr Akash Deep or Dr Adrian Plunkett (Co-Chairs of Science and Education Committee) akash.deep@nhs.net or adrian.plunkett@bch.nhs.uk PLUS one signed hard copy to The Co-Chairs, PICS Science & Education Committee, c/o PICS Office as above by 31st July 2015.

Applicants			
	Lead Applicant	Applicant 2	Applicant 3
Surname			
First Name			
Title			
Current Post			

Corresponding Applicant	
Name	
Address	
Telephone	
Fax	
Email	

Institution Administering Grant if Approved	
Name	
Department	
Institution Address	

Where will the work be undertaken?

Title of the proposed research (not exceeding 200 characters including spaces)

Summary of the proposed research (not exceeding 250 words)

Proposed starting date

Proposed duration (in months)

**Does this research require approval of a Research Ethics Committee
Has ethical approval been obtained**

Yes / No
Yes / No

Curriculum Vitae of Lead Applicant	
Surname	
First name	
Date of birth	
Primary Qualification (Degree, University, Class and Date)	
Higher Degree(s) (Degree, University, Class and Date)	
Current Post and previous posts (past 5 years)	
Significant publications (Up to 5, published in the last 10 years or 'in press')	

Curriculum Vitae of 2nd Applicant	
Surname	
First name	
Date of birth	
Primary Qualification (Degree, University, Class and Date)	
Higher Degree(s) (Degree, University, Class and Date)	
Current Post and previous posts (past 5 years)	
Significant publications (Up to 5, published in the last 10 years or 'in press')	

Curriculum Vitae of 3rd Applicant	
Surname	
First name	
Date of birth	
Primary Qualification (Degree, University, Class and Date)	
Higher Degree(s) (Degree, University, Class and Date)	
Current Post and previous posts (past 5 years)	
Significant publications (Up to 5, published in the last 10 years or 'in press')	

Summary of Support Requested		
Category	Details	Cost
Staff costs		
Consumables		
Equipment		
Other		
Total		

Is this project receiving funding from other grant making organisations? Yes / No	
Organisation	Amount of funding

Signatures of Applicants	
Name	Signature and date
1.	
2.	
3.	

This application should be submitted with the support of the Clinical or University Department Lead and the Research Grant Administration of your Hospital or University.

Head of Department	
Name	
Position	
Institution	
Address	
Telephone	
Fax	
Email	
Signature and date	

Administrative Authority (e.g. R&D Lead)	
Name	
Position	
Institution	
Address	
Telephone	
Fax	
Email	
Signature and date	