****

**HRB-TMRN Training Funding Scheme**

**2018**

**Application Form**

# Note: this call will remain open subject to funding availability. Applicants must read the associated guidance notes for this call.

# Applications must be completed and submitted by email to hrb-tmrn@nuigalway.ie with “HRB-TMRN Training Funding Scheme” in the subject line. Applications will receive a response within 3 weeks of application.

# Application Form

**Please complete ALL SECTIONS using font Calibri, size 11pt with single line spacing.**

**It is the responsibility of each applicant to check the word count in each section. Failure to comply within the word counts may result in your application being deemed ineligible without further review.**

**Completed applications can be submitted by email as a PDF to**

HRB-TMRN@nuigalway.ie**; noting TRAINING AWARD in the subject line.**

# Details of the Lead Applicant:

|  |  |
| --- | --- |
| **Applicant name** |  |
| **Title** *(Mr., Ms., Dr., Prof. etc.)* |  |
| **Current role** |  |
| **Institution / Organisation** |  |
| **Address** |  |
| **Contact phone number** |  |
| **E-mail** |  |

**Title of proposed training event:**

|  |
| --- |
|  |

**Summary Outline (200 words max)**

Please present a short background and description of the event, including the name of the event, dates, duration and location. The summary should also state the amount of funding that is requested.

|  |
| --- |
|  |

**Aim, Objectives, and Summary Outline of proposal (450 words max)**

* **Aim (50 words max)**

Identify the aim of the event in relation to the promotion and / or education of trial methodology activity

* **Objectives (200 words max)**

Identify the objectives of the event in terms of how it seeks specifically to expand trial methodology knowledge among attendees

**(A) Background and Context for the event**

* **Relevance, Significance and Timeliness (200 words max)**

Identify the relevance, significance and timeliness of the event to HRB-TMRN goals and objectives. This should include key areas of focus that the event will address.

|  |
| --- |
|  |

* **Potential Impact of the Activity (200 words max)**

Clearly outline the potential impact of the activity for health research, information or policy in Ireland, including potential public impact. For example, explain the extent to which the event may inform practice, influence policy, engage the public or generate public debate or media coverage.

|  |
| --- |
|  |

* **Indicative Content (200 words max)**

Outline how content relates to trial methodology

* **Outline places where the HRB-TMRN logo will be used**

Clearly outline the places where the HRB-TMRN logo will be displayed before during and after the event (e.g. websites, programme, conference bags, and display material at conference/event or on social media).

|  |
| --- |
|  |

**(B) Event programme and budget**

* **Programme outline & how it relates to trial methodology**

Provide an outline of the programme and describe how the event relates to trial methodology.

|  |
| --- |
|  |

* **Provide full available programme if available.**

Insert link to online programme here, or attach programme separately.

|  |
| --- |
|  |

* **Budget (max. €2000)**

The budget requested must reflect the scale and nature of the proposed activities and reviewers will thoroughly assess the level of funds requested when reviewing the proposal. Please provide a detailed breakdown of the proposed spend for this event.

|  |
| --- |
| **Requested budget amount: €** |

HRB-TMRN TRAINING FUNDING SCHEME 2018 SIGNATURE PAGE

|  |
| --- |
| **Applicant** I am submitting this application to the HRB-TMRN to be considered for funding under the HRB-TMRN TRAINING FUNDING award call. I confirm that I have read the Guidance Notes for the call and that I will acknowledge the source of funding in any subsequent promotions or publications arising from this work. Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Name (Printed): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

**Head of School / Department / Unit** *(if not lead applicant)*

I have read this application and the relevant Guidance Notes. I confirm that I am aware that the lead applicant is seeking funding to run the proposed event.

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name (Printed): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_