

# HRB-TMRN Core Outcome Set (COS) Award 2024

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# Application Form

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

**Please note 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.**

**Applications must include a named collaborator from the MRC - NIHR - Trials Methodology Research Partnership in the UK. See guidance notes for information on how to make contact with potential collaborators.**

**Please refer to the call guidance notes before completing.**

**Deadline for receipt of completed applications is 22nd March 2024 at 1pm.**

**Completed applications can be submitted by email as a PDF to** [HRB-TMRN@nuigalway.ie](mailto:HRB-TMRN@nuigalway.ie)**; noting COS AWARD in the subject line.**

# SECTION 1: Details of the Applicant

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

* **Please select (X) the HRB-TMRN institution through which funding will be received**

*Funds are administered through the HRB-TMRN partner institutions below only. Please refer to the call guidance notes for further information.*

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | **UCD** | **University of Galway** | **UCC** | **TCD** | **UL** |
| **Eligible Institution *(please select)*** |  |  |  |  |  |

* **Relevant publications**

*List below your most recent relevant publications (maximum 5) in peer-reviewed journals (if any).*

*Where appropriate, include any papers specific to primary trials methodology research.*

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* **Mentoring arrangements**

*Please provide a detailed outline of the mentoring arrangements to provide appropriate academic and clinical/practice-based support (if appropriate), research guidance and training (max 250 words).*

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# SECTION 2: Details of the Research Team

*A strong team with the appropriate breadth, depth and potential to deliver the project is required, including appropriate public and patient involvement. Please complete the following table for each Co-applicant and Collaborator associated with the proposed COS.*Applications **must** include a named collaborator from the MRC-NIHR-Trials Methodology Research Partnership. See guidance notes.

*If more tables are required, please copy and paste as necessary*.

**MRC-NIHR-Trials Methodology Research Partnership Collaborator**

|  |  |
| --- | --- |
| **Name:** |  |
| **Title** |  |
| **Address** |  |
| **Contact Number** |  |
| **E-mail** |  |
| **Present position:** |  |
| **Describe how this Collaborator will contribute to the COS** *(max 200 words)* |  |

**Co-applicant 1**

|  |  |
| --- | --- |
| **Name:** |  |
| **Title** |  |
| **School, Department, Institution** |  |
| **Contact Number** |  |
| **E-mail** |  |
| **Present position:** |  |
| **Describe how this Collaborator will contribute to the COS** *(max 200 words)* |  |

**Co-applicant 2**

|  |  |
| --- | --- |
| **Name:** |  |
| **Title** |  |
| **School, Department, Institution** |  |
| **Contact Number** |  |
| **E-mail** |  |
| **Present position:** |  |
| **Describe how this Collaborator will contribute to the COS** *(max 200 words)* |  |

**Co-applicant 3**

|  |  |
| --- | --- |
| **Name:** |  |
| **Title** |  |
| **School, Department, Institution** |  |
| **Contact Number** |  |
| **E-mail** |  |
| **Present position:** |  |
| **Describe how this Collaborator will contribute to the COS** *(max 200 words)* |  |

**Co-applicant 4**

|  |  |
| --- | --- |
| **Name:** |  |
| **Title** |  |
| **School, Department, Institution** |  |
| **Contact Number** |  |
| **E-mail** |  |
| **Present position:** |  |
| **Describe how this Collaborator will contribute to the COS** *(max 200 words)* |  |

**Co-applicant 5**

|  |  |
| --- | --- |
| **Name:** |  |
| **Title** |  |
| **School, Department, Institution** |  |
| **Contact Number** |  |
| **E-mail** |  |
| **Present position:** |  |
| **Describe how this Collaborator will contribute to the COS** *(max 200 words)* |  |

**OTHER COLLABORATORS**

**Collaborator 1**

|  |  |
| --- | --- |
| **Name:** |  |
| **Title** |  |
| **School, Department, Institution** |  |
| **Contact Number** |  |
| **E-mail** |  |
| **Present position:** |  |
| **Describe briefly how this Collaborator will contribute to the COS** *(max 100 words)* |  |

**Collaborator 2**

|  |  |
| --- | --- |
| **Name:** |  |
| **Title** |  |
| **Address** |  |
| **Contact Number** |  |
| **E-mail** |  |
| **Present position:** |  |
| **Describe briefly how this Collaborator will contribute to the COS** *(max 100 words)* |  |

**Collaborator 3**

|  |  |
| --- | --- |
| **Name:** |  |
| **Title** |  |
| **Address** |  |
| **Contact Number** |  |
| **E-mail** |  |
| **Present position:** |  |
| **Describe briefly how this Collaborator will contribute to the COS** *(max 100 words)* |  |

**Collaborator 4**

|  |  |
| --- | --- |
| **Name:** |  |
| **Title** |  |
| **Address** |  |
| **Contact Number** |  |
| **E-mail** |  |
| **Present position:** |  |
| **Describe briefly how this Collaborator will contribute to the COS** *(max 100 words)* |  |

**SECTION 3: Proposed COS Project**

***Please note that successful applications which involve developing a COS will be required to register the COS on the*** [***COMET Database***](https://www.comet-initiative.org/About/SubmitNewStudy) ***on award of funding.***

**Proposed commencement date and duration**

*Note: Funding is subject to a 12-month project duration after which a final report must be prepared and submitted to the HRB-TMRN, outlining the main findings of the study. Successful applicants will also be provided with an interim progress report form that must be completed and submitted to the HRB-TMRN.*

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| **Start date:** day /month / year |
| **Duration (in months):** |

**Study area of scope, as per call guidance (please select one)**

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| **Area of scope:** | **Please indicate (x) which applies** |
| Exploring the need for a COS within a health related area. |  |
| Development of an ongoing COS for which no funding is available. |  |
| Assist in the development of methodology and tools for selecting the most suitable outcome measurement instrument. |  |

**COS title / health subject area**

**Project Description** *(max 500 words. Please provide details of the work to be carried out. Where a COS has started or is ongoing, please describe current status of the work and progress to date.)*

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**SECTION 4: Timelines and deliverables**

*The project management plan should set out the packages of work and their timetable. You must provide a separate* ***Gantt chart*** *(or equivalent) outlining the estimated timelines/deliverables and outputs (250 word limit).*

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**SECTION 5: Public and Patient Involvement**

*Please outline planned involvement of patient representatives in the proposed work (max 250 words).*

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**SECTION 6: Dissemination and Knowledge Transfer Plan**

*Please outline the dissemination and knowledge plan for the proposed COS project (max 500 words). Please note an acknowledgement of the source of funding is required on any arising publications, presentations or reports.*

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**SECTION 7: Ethical Considerations**

*Please detail the approach to Ethical considerations where applicable (250 word limit).*

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**SECTION 8: Budget**

*For each item below, please provide a justified budget relative to the scale and size of the research study proposed. The maximum allowed budget is €10,000. Overheads are calculated as 25% of direct project costs. Under each heading please provide a detailed breakdown of specific costs where appropriate. Note: costs relating to student stipends / fees are* ***not*** *eligible for inclusion.*

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| --- | --- |
| **Item name** | **€** |
| **Salary Costs** |  |
| **Salary PRSI** |  |
| **Salary Pension Contribution** |  |
| **Running Costs** |  |
| **Dissemination and Knowledge Exchange** |  |
| **Total** *(max €10,000 excl. overhead)* |  |
| **Overhead** *(25% total direct project costs)* |  |
| **Total** *(direct project costs and overhead)* |  |

*Please provide justification for each amount requested under the following headings;*

|  |  |
| --- | --- |
| **Item name** | **Justification** |
| **Salary Costs** |  |
| **Salary PRSI** |  |
| **Salary Pension Contribution** |  |
| **Running Costs** |  |
| **Dissemination and Knowledge Exchange** |  |

**SECTION 9 - Supporting Documentation Check List**

*Please add as an attachment to the submission e-mail the following items;*

* **Signed Signature Page (required)**
* **Signature of MRC – NIHR - Trial Methodology Research Partnership collaborator**
* **Gantt Chart outlining timelines (required)**
* Research Ethics Committee approval letter (if required)
* Letter of support from appropriate clinical/practice-based senior staff (if required)

HRB-TMRN COS AWARD 2024 SIGNATURE PAGE

**Person authorised to endorse research grant applications for the Host Institution (Research Office or Dean of Research)**

I have read this application and the relevant Guidance Notes. I confirm that all staffing/budget issues have been discussed with the applicant and I confirm that the host institution is willing to accept and administer the award, if successful. I confirm that published standards of good research practice, including a formal written procedure for the investigation of scientific fraud, are in place in this institution.

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

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

Position/Institution: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| **Applicant**  I am submitting this application to the HRB-TMRN to be considered for funding under the HRB-TMRN COS 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 publications arising from this work.  Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Name (Printed): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |