

# HRB-TMRN Study within a Trial (SWAT) 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.**

**Please note that any SWAT will require the support of the host trial’s Principal Investigator. 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.**

**Applications without a letter of support from a host trial PI will be deemed ineligible. 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@universityofgalway.ie**; noting SWAT AWARD in the subject line.**

# SECTION 1: Details of the Applicant

|  |  |
| --- | --- |
| **Applicant name** |  |
| **Title** *(Mr., Ms., Dr., Prof. etc.)* |  |
| **Current role** |  |
| **Institution / Organisation** |  |
| **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.*

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| --- | --- | --- | --- | --- | --- |
|  | **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 trial 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 SWAT is required, including appropriate public and / or patient involvement. Please complete the following table for each Co-applicant and Collaborator associated with the main randomised trial and any additional team members associated with the proposed SWAT.**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 SWAT** *(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 SWAT** *(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 SWAT** *(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 SWAT** *(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 SWAT** *(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 SWAT** *(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 SWAT** *(max 100 words)* |  |

**Collaborator 2**

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

**Collaborator 3**

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

**Collaborator 4**

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

**SECTION 3: Proposed SWAT**

***Please note that successful applications will be required to be registered on the*** [***SWAT repository***](http://www.qub.ac.uk/sites/TheNorthernIrelandNetworkforTrialsMethodologyResearch/SWATSWARInformation/ApplicationForms/SWATApplication/) ***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):** |

**SWAT title**

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**SWAT objective(s)** *(max 250 words)*

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* **Associated host randomised trial**

*Please provide a* ***brief summary of the host trial associated with this SWAT*** *using the headings below (max 500 words): Background to the research area, details of the healthcare intervention applied, study design and current status of main trial. Please also provide details of the funding body and scheme for this award.*

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**Please indicate the proposed study area of the SWAT** *(Please mark* **(x)** *all that apply)*

* Data Quality
* Follow-up
* Monitoring
* Outcomes
* Randomisation
* Recruitment
* Retention
* Other *(please specify) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

**Please indicate the proposed target audience of the SWAT** *(Please mark* **(x)** *all that apply)*

* Carer / Parent
* Healthcare Professionals
* Patients
* Researchers
* General Public
* Sites in Cluster RCT
* Trial Team
* Other *(please specify) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

**SECTION 4: SWAT Intervention and Comparators**

**Please describe the intervention(s) (max 250 words)**

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**Please describe the Comparator(s) (max 250 words)**

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**Please select up to 3 intervention indexes** *(Please mark* **(x)** *all that apply)*

* Incentive
* Method of dissemination
* Method of follow-up
* Method of invitation
* Method of monitoring
* Method of Randomisation
* Method of Recruitment
* Participant Information
* Questionnaire format
* Site Selection
* Visit
* Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Method for allocating to intervention or comparator***(Please mark* **(x)** *all that apply)*

* 1 in 1 out
* 1st come 1st served
* Before and after study
* Best site
* Biggest site
* Cross over
* Non-random
* Random
* Smallest site
* Various
* Worst site
* Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**SECTION 5: Outcomes Measures and Analysis**

**Please list the primary outcome(s) of the study**

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**Please list the secondary outcome(s) of the study**

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**Please describe the analysis plan (max 250 words)**

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**List key references cited (5 reference limit)**

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**SECTION 6: 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 7: Public and Patient Involvement**

*Please outline any public and patient involvement in this proposed work (max 250 words).*

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**SECTION 8: Dissemination and Knowledge Transfer Plan**

*Please outline the dissemination and knowledge plan for the proposed SWAT (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 9: Ethical Considerations**

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

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**SECTION 10: 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.*

|  |  |
| --- | --- |
| **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 incl. 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 11 - Supporting Documentation Check List**

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

* **Trial funding confirmation letter from institution research office (required)**
* **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 SWAT 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 SWAT 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): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

**Trial Principal Investigator**

I have read this application and the relevant Guidance Notes. I confirm that the lead applicant is authorised to conduct the proposed research within the ongoing trial and has the necessary expertise and support to do so.

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

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

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

I have read this application and the relevant Guidance Notes. I confirm that the lead applicant is authorised to conduct the proposed research within the ongoing trial and has the necessary expertise and support to do so.

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

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