

Application details

Application summary

Application title

Proposed duration of funding (months)

Proposed start date

You can change your start date if your application is successful. All grant expenditure and activities must be within the grant start and end dates.

Research subject area

Select the most relevant area, based on the key aims of the research. This information is used to report on our funding.

Research proposal

Proposal summary

Proposal summary

Provide a summary of your proposal.

(200 words maximum)

Details of proposal

Provide details of your proposal. These should include:

- Aims and key deliverables;
- Background and justification;
- Details of the planned activities;
- Timetable and milestones (as appropriate).

Ensure that you provide any additional information requested on the call's webpage or by your Wellcome contact.

Do not exceed 1,000 words.

Provide all relevant information within the application form; do not refer to additional unpublished information on personal websites.

You may provide your answer to this question in text entry format or as a PDF attachment. If you are uploading your proposal, the uploaded document must be in 11 point Arial font and portrait format.

If essential to the proposal, you should embed figures, graphs, tables in the text. You can upload other additional essential information separately, for example: references, unpublished data, letters of support. The additional information should not be an extension of the proposal.

(1,000 words maximum)

Additional information

If you have been instructed to provide additional information, upload it here as a single PDF, otherwise leave this section blank.

Applicant details

Lead applicant details

Account profile

Complete, or check and update, the following sections in your Wellcome funding account profile:

- Basic information about you
- Diversity monitoring information
- CV

CV details you must complete in your Wellcome Funding account profile

Education/training

| School | Country | Degree or Qualification | Subject | Start date | End date (or expected) |
|--------|---------|-------------------------|---------|------------|------------------------|
| | | | | | |

Career history (current/most recent first)

| Position | Department | Organisation | Country | Start date | End date | Current position? |
|----------|------------|--------------|---------|------------|----------|-------------------|
| | | | | | | |

Career breaks

Have you taken any breaks from research that you would like us to take into consideration? This can include periods of parental or long-term sick leave, caring responsibilities, part-time work, secondments, volunteering or time spent in clinical training or different sectors. You can also include any periods where you were unable to work because of the COVID-19 pandemic.

Provide details of career breaks

We take breaks from research into account when we consider your outputs. Tell us when and for what period you took a break or were working part-time. Don't provide reasons for any career breaks, or share sensitive personal health information. (200 words)

Salary funding sources

| Salary source | Percentage contribution to salary | Type of contract |
|---------------|-----------------------------------|------------------|
| | | |

Are you a healthcare professional?

| | |
|-------------------------------------|--|
| What is your healthcare profession? | |
|-------------------------------------|--|

| | |
|----------------------------|--|
| Are you clinically active? | |
|----------------------------|--|

| | |
|-------------------------|--|
| What is your specialty? | |
|-------------------------|--|

Administering organisation

| |
|---|
| Enter the name of your administering organisation |
| |

Your team

| |
|---|
| List any others who will be participating in this proposal (name and organisation). Provide a very brief outline of their role in the proposed activity. (500 words maximum) |
| |

| |
|---|
| <i>This can be any individual who will be making a significant contribution to the proposal. If there are no other participants, enter N/A.</i> |
|---|

| | |
|---|--|
| I confirm that those named above have agreed to be involved, as described, in the proposed activity and are willing for their details to be included as part of this application. | |
|---|--|

Page: Costs**Section: Currency**

Select the currency in which you want to apply.

Section: Approximate costs

Provide the likely total costs of the project; these need only be estimates at this stage. Use the currency stated above. If any of the categories listed below does not apply, enter a zero.

| Budget category | Amount |
|---|---------------|
| Staff | |
| Adjustment Support | |
| Training and continuing professional development | |
| Animals | |
| Associated animals costs | |
| Equipment | |
| Access charges | |
| Overheads | |
| Travel and subsistence | |
| Overseas allowance costs | |
| Fieldwork expenses | |
| Clinical research costs | |
| Public engagement and patient involvement costs | |
| Contract research organisations | |
| Other | |