

## Leukaemia & Lymphoma NI



## Grant Application Form



1. All information supplied in this application is treated in confidence. The information is furnished to Leukaemia & Lymphoma NI with the understanding that it shall be used or disclosed for evaluation, reference and reporting purposes. If your application is not successful, this form will be destroyed after the retention period deemed as appropriate by the Scientific and Medical Advisory Panel.



**LEUKAEMIA & LYMPHOMA NI**  
**Application for Research Grant**

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**1. Title of Research** (limit to 300 characters)

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**2. Applicants**

Applicant	Role	Position	Institution

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**3. Total Amount of funds applied for:**

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**4. Proposed start date and period of support:**

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**5. Key words** (minimum of 6 key words)


**6. Research Field**

*Please click the appropriate box(es)*

<input type="checkbox"/> Acute Myeloid Leukaemia (AML)	<input type="checkbox"/> Acute Lymphoid Leukaemia (ALL)	<input type="checkbox"/> Chronic Myeloid Leukaemia (CML)
<input type="checkbox"/> Chronic Lymphoid Leukaemia (CLL)	<input type="checkbox"/> Myelodysplastic Syndrome (MDS)	<input type="checkbox"/> Myeloproliferative Neoplasms (MPN)
<input type="checkbox"/> Myeloma	<input type="checkbox"/> Hodgkin Lymphoma	<input type="checkbox"/> Non-Hodgkin Lymphoma Which sub-types (if relevant):

**7. Ethical Considerations**

*Awards subject to appropriate ethics approval or animal licences under AMRC guidelines.*

Please tick accordingly and give brief further details or approval numbers if the project involves any of the following:

			Approval Number
<b>1. Human subjects</b>	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
<b>2. Use of human tissues or cells from primary donors</b>	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
<b>3. Use of commercial available human tissues or cells</b>	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
<b>4. Animal Experimentation</b>	<input type="checkbox"/> Yes	<input type="checkbox"/> No	

**8. Lay Abstract**

*In no more than 300 words, please describe in simple terms that could be publicised to a general audience*

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**9. Scientific Abstract**

*In no more than 300 words, concisely describe the specific aims, hypotheses, methodology and approach of the research proposal including its importance to science or medicine in particular clinical significance. The abstract must be self-contained so that it can serve as a succinct and accurate description of the research proposal.*

**10. Research Proposal**

*In no more than 2000 words, describe the specific aims, hypotheses, methodology and approach of the research proposal. A maximum of one page of figures is allowed (figure legends do not count towards the 2000 word limit).*

**11. References**

*Please list the references in the order cited in this proposal, including the titles.*

**12. Curriculum Vitae****(a) Principal Investigator / Lead Applicant**

Please use the format below to provide the required information on Principal Investigator. **Limit to 2 pages.**

<b>Name:</b>	<b>Title:</b>
<b>Contact Details:</b>	
<b>Telephone:</b>	<b>Email:</b>
<b>Academic qualifications:</b>	
<b>Current Position:</b>	
<b>Previous positions</b>	
<b>Publications in the last 5 years (include only publications of direct relevance to study):</b>	
<b>Current Research Grants (include funder, amount and dates):</b>	



**(b) Co-Investigator and Collaborators**

No more than **1 page** per applicant, please use the format below to provide the required information on the Co-Investigators and Collaborators.

<b>Name:</b>	<b>Title:</b>
<b>Role in Application: Co-investigator / Collaborator (delete as appropriate)</b>	
<b>Contact Details:</b>	
<b>Telephone:</b>	<b>Email:</b>
<b>Academic qualifications:</b>	
<b>Current Position:</b>	
<b>Previous positions</b>	
<b>Publications in the last 5 years (include only publications of direct relevance to study):</b>	
<b>Current Research Grants (include funder, amount and dates):</b>	

**13. Budget****a) Manpower**

Please indicate Position and Grade:

Item	Year 1	Year 2	Year 3	Total

**b) Consumables**

Category	Cost	Justification

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**14. Milestones**

*Please propose Milestones for assessment of the progress of the study and shade the appropriate boxes. The progress of the project will be monitored which may involve the use of ResearchFish for monitoring outputs for the annual report.*

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**15. Training environment** (only applicable for Ph.D. studentship applications only; no more than 500 words)



## 16. Signatures

### a) Applicant(s)

*I declare that the information provided is true and accurate. If the application is successful I agree to accept the responsibility for the day-to-day running of the project and will abide by the Award Conditions of the Leukaemia & Lymphoma NI.*

Principal Applicant Name:

Signature \_\_\_\_\_

Date:

Co-Applicant Name:

Signature \_\_\_\_\_

Date:





**To be signed by an authorised signatory on behalf of the University, Institution or Department**  
*I confirm that I have read this application and that, if granted, the work will be accommodated and administered in the Department / Institution and in accordance with the Award Conditions of the Leukaemia & Lymphoma NI.*

a) Head of University, Institution or Department

Name \_\_\_\_\_ Position: \_\_\_\_\_  
Signature \_\_\_\_\_

Date \_\_\_\_\_

b) Financial Authority

Name \_\_\_\_\_ Position: \_\_\_\_\_  
Signature \_\_\_\_\_

Date \_\_\_\_\_

c) Name and Address of Grant Administration

Name \_\_\_\_\_ Position: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Telephone \_\_\_\_\_

Email: \_\_\_\_\_

Please submit completed and signed applications to [info@llyni.co.uk](mailto:info@llyni.co.uk) for the attention for the Chair of the Scientific & Medical Advisory Panel.