

**Grant Application**

**Research/Specialist Nurse Proposal for LUPUS UK**

(Send one copy of your application to LUPUS UK at the address below

and email a PDF & Word copy to headoffice@lupusuk.org.uk)

Name of Applicant(s)

(Up to a maximum of 4)

Hospital & Address

Title of Proposal

Type of Proposal Clinical/Basic/Translational/Equipment

Amount of Funding Required £……………….. Term………………..

*Towards the total project cost, if applicable, of:* £………………..

*Source of other funding and amount if applicable:* …………………………………………………………

**PLEASE USE THE FOLLOWING HEADINGS WITHIN YOUR APPLICATION:**

Background to Proposal:(Maximum 3 pages, Font 10)

Aim(s): (Maximum of 1 page, Font 10)

Methods: (Maximum of 2 pages, Font 10. Including statistics and Ethical Permission if appropriate)

Lay Summary:(Maximum 1 page, Font 10)

Applications that exceed these parameters will not be welcome.

We confirm that we have read and that this application complies with the LUPUS UK Conditions of Grant:

Applicants Signature…………………………………………..Name…………………………………………………..Date…………………

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**LUPUS UK, St James House, Eastern Road, Romford, Essex, RM1 3NH, United Kingdom**

**Registered Charity Nos. 1051610, SC039682**