

# British Council for Prevention of Blindness (BCPB)

## Research Grant Application Form 2019

### How to apply

Application form to be completed by the Principal Investigator (who must be based in a UK institution) together with co-investigator(s) in a low or lower-middle income country.

This is an application for a grant to start in 2020.

Please read the ***Research Grant Programme 2019 Guidelines, Terms and Conditions and Child Protection Policy*** prior to completing this form.

All information relevant to your application must be included on this form.

Please do not amend this application form wording or submit an altered version.

The only additional documents to be included are CVs of PI and overseas co-investigator(s).

### Application Deadlines

We require applications to be sent both by email and in hard copy. Please email your completed application to [info@bcpb.org](mailto:info@bcpb.org) by **5pm on Friday 27 September 2019** and send a signed hard copy by post to The British Council for Prevention of Blindness, 4 Bloomsbury Square, London, WC1A 2RP to reach us no later than **5pm on Friday 4 October 2019**.

No faxes will be accepted.

BCPB will be entitled to reject, without offering a reason, any application arriving after those deadlines.

### Queries

If you have any queries please email Diana Bramson, BCPB Charity Manager – [info@bcpb.org](mailto:info@bcpb.org)

Principal Investigator (in UK):

Name and address

Position held

Tel (day)

Mobile

Email

Co-investigator (in low or lower-middle income country):

Name and address

Position held

Tel (day)

Mobile

Email

Title of research project for which a grant is sought

Start date (no earlier than April 2019)

Abstract of research for lay readership, to include expected outcomes (max 150 words)

Scientific abstract of research (max 200 words)

Institution(s) and geographical area(s) where the research is to be carried out

How does the proposed project further the aims of VISION 2020 and the National Prevention of Blindness Plan of the country concerned? (max 200 words)

Describe the previous research experience of the applicants, including its relevance to VISION 2020 and the aims of BCPB (max 200 words)

Where the research is to be carried out jointly with another institution, please describe any previous collaboration or pre-existing relationship (eg. previous collaborative research, teaching or training) (max 200 words)

How do you expect the results of the proposed project be taken forward and used more broadly in the prevention of blindness and by whom (eg. as pilot data for Ministry of Health before introduction nationally; or evidence for a new technique that will replace the current one) (max 150 words)

If there is a collaborator who is essential to the project and is not listed elsewhere, please provide their name and contact details and briefly outline their contribution to the project (max 100 words).

Is this, or a similar application, being submitted elsewhere?

If so, to which organisation and when is the result expected?

Has this, or a similar, application been submitted elsewhere during the last year?

If so, to which organisation and what was the result?

Does the research involve the use of animals?

If so, has an appropriate licence been obtained?

Does the research involve human subjects, tissue samples or data collection in the UK or overseas?

If so, has ethical approval been sought or obtained?

## Financial Table

This section must be completed in consultation with an academic finance officer from the PI's institution. Please note that you must give a detailed breakdown of all materials and consumables in excess of £5,000.

BCPB supports open access publication. Applicants are encouraged to include cost of open access publication in their proposal budget.

In the event of a change of circumstances, the applicant may wish to re-direct BCPB funding to costs that have not been included in the original application. This should be discussed with BCPB trustees before re-allocating BCPB funds.

	Year 1	Year 2	Year 3	Total
Staff costs				
Equipment				
Consumables				
Travel costs				
Other				
<b>Total costs</b>				

**PLEASE CHECK YOUR ARITHMETIC. Your application may be rejected if your budget contains errors.**

Please justify the funding requested (max 100 words each)

a) Staff costs

b) Equipment

c) Consumables

d) Travel costs

e) Other

Other sources of funding agreed or applied for, including the name(s) of funding organisations and the date approval is expected

**Please attach a full project proposal (maximum 4 sides of A4 in no less than 11pt), to include:**

- Background and importance of research topic
- Aims of research project
- Experimental plan (to include experimental design and methods; numbers for experiments involving people; recruitment plan for people/patients; statistical analysis methods)
- Timeline, milestones and monitoring
- Relevant publications
- Status of ethical approval (if applicable)

**Please attach up-to-date two-page curricula vitae for the PI and the co-investigator, to include:**

- Date of appointment to current post
- Expected date of termination of current post
- Details of previous posts held, including dates
- Details of higher education and training, including dates
- Summary of research to date (highlighting previous experience relevant to this application, and the existing working relationship between the PI and co-investigator)
- List of previous relevant successful grant applications (last five years)
- List of relevant papers published (last five years)
- Membership of committees, professional bodies etc

### **Independent reviewers**

Applicants are entitled to suggest two independent reviewers that the Chairman of the Advisory Panel may approach at his or her discretion. Please provide names and contact details of the two reviewers.

How did you hear about our grants?

# Undertakings

## Undertakings required when submitting an application for a BCPB Research Grant

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### 1. Principal Investigator

I have read the **Research Grant Programme 2019 Guidelines, Terms and Conditions and Child Protection Policy** and, if this application is successful, I agree to abide by them. I am not aware of any relevant information that has been withheld or of any information given in the application that is misleading.

Name (please print).....

Signed.....Date.....

### 2. Head of Department at applicant institution

I have read the **Research Grant Programme 2019 Guidelines, Terms and Conditions and Child Protection Policy** and, if this application is successful, I agree to abide by them. I have read and support this application and I am not aware of any relevant information that has been withheld or of any information given in the application that is misleading. I agree to the research being carried out in my department and all necessary licences and approvals have been obtained or are being sought.

Name (please print).....

Signed.....Date.....

### 3. Applicant Institution Administrator

(eg Chief Executive, Registrar or Head of Finance)

I am authorised to make this undertaking on behalf of the applicant institution. I have read the **Research Grant Programme 2019 Guidelines, Terms and Conditions and Child Protection Policy** and, if this application is successful, the applicant institution agrees to abide by them. On behalf of the applicant institution, I confirm that it will administer any grant if awarded. The financial information provided has been prepared in consultation with an authorised finance officer and I confirm that the details are correct.

Name (please print).....

Signed..... (duly authorised signatory)

Date.....

Position..... Institution.....