**APPLICATION FOR FUNDING FROM THE ROLAND SUTTON ACADEMIC TRUST**

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| **Application Type:** | Training/Travel |  |
| Research project/study |  |
| Equipment |  |
| Other |  |

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| --- | --- |
| **Title of proposal** |  |
| **Dates of proposal** | **Start date:** | **End date:** | **Duration:** |

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| **Principal Applicant Details** |
| **Name** |  |
| **Job Title** |  |
| **Address** |  |
| **Tel No** |  |
| **Email** |  |
| **Institution/Organisation** |  |

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| **Co-applicant Details** |
| **Name** |  |
| **Job Title** |  |
| **Address** |  |
| **Tel No** |  |
| **Email** |  |
| **Institution/Organisation** |  |

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| **Co-applicant Details** |
| **Name** |  |
| **Job Title** |  |
| **Address** |  |
| **Tel No** |  |
| **Email** |  |
| **Institution/Organisation** |  |

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| **Proposal Summary (max 250 words)** |

Please amplify below in the following categories as appropriate

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| **Full Details of the Proposal**1. Background
2. Aims
3. Research plan and methods
4. Key references
5. Diagrams/charts if applicable
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| **Detailed costs of proposal** |

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| **Personal benefit in terms of further education** |

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| **Potential benefit to patients now or in the future** |

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| **Are any arrangements required to cover your work during your period of absence?****(if yes, provide details)** | **Yes 🞏** |
| **No 🞏** |

Date of Application­­­­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**DETAILED CONDITIONS OF ACCEPTANCE WILL BE SUPPLIED AND WILL REQUIRE AGREEMENT FOR ALL RECIPIENTS OF A ROLAND SUTTON ACADEMIC TRUST AWARD PRIOR TO RECEIVING FINANCIAL SUPPORT**