**Accelerating Innovation in Applied Child Health Informatics**

**Lead Applicant Details**

| **Name**  |  |
| --- | --- |
| **Role** |  |
| **Team** |  |
| **Organisation**  |  |

**Project Team and Collaborators:**

| Please provide an overview of the skills and experience of the project lead, project team and any key collaborators.  |
| --- |
| [Max 300 words] |

# **Project Details**

| **Project Title** |  |
| --- | --- |
| **Project description and alignment with the missions and focus areas of the call.**  | [Max 300 words] |
| **Lay summary of project**  | [Max 300 words] |
| **Summary of funding request and justification for each item****(e.g. staff-time / consumables / equipment / small project etc)**  | [Max 300 words] |
| **SMART Aims & Objectives of Project** | [Max 100 words] |
| **Project timeline / milestones** | [Max 300 words] |
| **If collecting data please provide details of data type and data storage**  | [Max 100 words] |
| **Does this project involve recruitment of patients or staff?**  | [Max 100 words] |
| **Is NHS Research Ethics Committee / University ethics review required?**  |  |
| **Impact / Benefit of project to children and young people / families and the NHS** | [Max 300 words] |
| **Next steps following the completion of this project**  | [Max 100 words] |
| **Risks and mitigating factors** | [Max 200 words] |

**Funding Requested**

Please include the total request, and a breakdown of what the funds will support, including the roles and grades of any staff. The total should not exceed £10,000.

| Item | Cost |
| --- | --- |
|  |  |
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|  |  |
| Total: |  |

**Authorisation**

In order for your application to be accepted, you are required to gain approval from the relevant stakeholders within your department and/or institution. These approvals are required to ensure that the applicants agree to support the proposed project, and that the research activity can be accommodated by the department where the work will be performed. These approvals can be supplied as an e-signature (i.e. a scanned image of the person's ink signature), or a ‘wet ink’ signature. If it’s not possible to obtain an e-signature or ‘wet ink’ signature, we can accept an email from the stakeholder confirming the relevant statement below. Please submit the consent email as part of the application.

| I can confirm that the information given on this form is complete and correct and I shall be responsible for its overall management. Name:………………………………………………………………………………………Signed:……..…….……………………Date: ………………………………….. *(Lead applicant)* |
| --- |
| I confirm that I am the supervisor/line-manager of the Lead Applicant. I confirm that I have read this application and that, if funded, I will be happy for the applicant to undertake the work as part of their role and I will provide supervisory support to the applicant as required. By signing this, you are agreeing that, should the applicant leave their employment during the period of the research study, you would be responsible for informing the funder and providing the required end of study reports.Name:………………………………………………………………………………………Signed:………………………………………. Date:…………………………………..*(supervisor/line-manager of the Lead Applicant)* |
| I can confirm that I have read this application and that, if funded, the work will be accommodated in this department/institution and that the applicants for whom we are responsible may undertake and support this work.Name:……………………………………………………………………………………….Signed:…………………………………………. Date: …………………………………..*(Representative of the institution hosting the research e.g. clinical general manager, unit/department head)* |

**Once you have completed this application, please return it as a word document to** **hrc-children@nihr.ac.uk** **by 30th September 2025, 4 p.m.**

**Monitoring questions**

The following questions will not be used to assess your application. They will only be used for research inclusion monitoring purposes. Monitoring enables us to see what is happening in practice, to develop action for enhancing research inclusion and measure progress.

**Ethnic Group:**

Asian or Asian British ☐

Black, African, Caribbean or Black British ☐

Mixed or multiple ethnic groups ☐

White ☐

Other ethnic group ☐

Prefer not to say ☐

**Gender:**

Woman ☐

Man ☐

Transgender ☐

Non-binary or non-conforming ☐

Prefer not to say ☐

**Disability:** Do you consider yourself to have a disability?

Yes ☐

No ☐

Prefer not to say ☐