



## **ACTION ARTHRITIS TRUST**

**Norwich Hip Trust – A Registered Charity No: 803514**

### **GRANT APPLICATION FORM**

Grants are awarded to Doctors, Nurses and other health care professionals who work in Norfolk.

The objects of the Trust are:

1. The furtherance of general medical education and research within the Norwich Health District (now interpreted as the County of Norfolk) with a particular emphasis on diseases of bones and joints.
2. Educational programmes
3. Travelling fellowships
4. Research projects
5. Purchasing of hardware for research
6. Paying for secretarial assistance and funding research fellows

Applications will be considered by the Trust at any of its meetings during the year.



## GRANT APPLICATION FORM (CONTINUED)

PLEASE TYPE IF POSSIBLE, OTHERWISE BLACK INK

1. ***Name of Applicant:***

Prof. Dr. Mr. Mrs. Miss. Ms. Other.

2. ***Professional Qualifications:***

3. ***Address to which communications are to be sent:***

4. ***Present Appointment***

5. ***Title of Project***

6. ***Brief summary of proposed project:***



## GRANT APPLICATION FORM (CONTINUED)

**7. Full details of proposed project:**

New Project	Yes/No
Continuation of former Project	Yes/No
Research Protocol attached	Yes/No
Literature review attached	Yes/No
Course Programme attached	Yes/No

**8. Relevant past experience or particular expertise in area covered by the project:**

**9. Has application been made elsewhere for support of this particular project?**

If YES give details Yes/No

Level of any funding agreed £\_\_\_\_\_

**10. Have you previously applied for funds from the Action Arthritis Trust**

Yes/No

If YES please give date(s) and grant(s) received.



## GRANT APPLICATION FORM (CONTINUED)

11. **Facilities required (if any):**

12. **Has consent for the use of the facilities been obtained (if appropriate)?**

Yes/No

13. **Has the consent from the Research Ethics Committee been obtained (if appropriate)?**

Yes/No

Name of REC

REC reference number

Approval date:

14. **Staff required (if any) and the estimated annual cost:**

15. **Equipment and materials required (state if VAT inclusive):**

a) Initially

b) Annually

16. **List in detail the estimated cost of project:**

17. **Amount of funding requested from the Trust.**



## GRANT APPLICATION FORM (CONTINUED)

**18. Personal application:**

Name and address of person or organisation for cheque to be payable:

**19. Arrangements for grant administration (unless personal**

**application):** Name and address of organisation holding grant:

Contact details of grant administrator:

Name:

email:

Phone number:

**20. Has the project/course been approved by a University or other establishment of further education?**

Yes/No

If Yes

Name of University/Further Education Establishment

Name of Supervisor

Please attach CV

**21. Date of commencement and estimated duration of project:**

From

To



## GRANT APPLICATION FORM (CONTINUED)

22. *Name and position of Referee:*

23. *Any further details:*

Please continue on a separate sheet if necessary in making this application.

I understand that a report on completion of the project or if the project is for more than one year an annual progress report will be sent to the Secretary of the Action Arthritis Trust. The Trustees may request a verbal report at one of its meetings.

I understand that a report summarising any course, fellowship or educational programme funded by the Trust must be sent to the Trustees on completion of the activity.

All projects funded by Action Arthritis will appear in the annual report and in other communications as prepared by the Trust including its website.

Signature

Date

**PLEASE SEND YOUR COMPLETED APPLICATION AND CURRENT SIGNED AND DATED CV TO:**

Adrian Chojnowski,  
427 Unthank Road,  
Norwich,  
NR4 7QB