



Registered charity 1153851

Retina UK

PROJECT GRANT: PRELIMINARY APPLICATION FORM

We recommend that this form is completed after reading the relevant sections of the Retina UK website www.RetinaUK.org.uk

1. APPLICANT (Principal Investigator)

Please note that CVs will be requested if a full application is invited

Title:

Surname:

Forename(s):

Post(s) currently held:

Institution / Address:

Telephone:

Mobile:

Email:

2. CO-INVESTIGATOR (if applicable - will hold equal accountability for the delivery of the proposed research objectives)

Title:

Surname:

Forename(s):

Post(s) currently held:

Institution / Address:

Telephone:

Mobile:

Email:

3. COLLABORATORS (if applicable – will provide a focused contribution for a specific task(s), will serve under the direction of the Lead Applicant)

Title:

Surname:

Forename(s):

Post(s) currently held / Institution:

Title:

Surname:

Forename(s):

Post(s) currently held / Institution:

4. TITLE OF PROJECT

5. PROPOSED DURATION

6. LAY SUMMARY (100 words)

7. DESCRIPTION OF PROJECT (this page maximum, 12 font)

Briefly describe the project, expected outcomes and translational potential. Please note that this summary will be the basis of the Medical Advisory Board's decision on whether to invite a full application.

8. BUDGET (this page maximum)

Outline the approximate costs under anticipated budget headings each year. These should account for salaries, on-costs, animals, consumables, equipment and inflation. Other costs may be listed but note that institutional overheads will not be paid.

It is highly unlikely that a subsequent full application would be approved if it includes significant costs not outlined here.

9. PREVIOUS RETINA UK FUNDING

Have you been funded by Retina UK Previously? (previously known as RP Fighting Blindness)
YES/NO

If Yes what peer reviewed publications resulted from this funding?