

ROBERT GADDIE MEMORIAL FUND APPLICATION FORM

DETAILS OF APPLICANT

Please provide a preferred mailing address for correspondence if different from the departmental address. Applicants must immediately notify the RGMF of any changes to their contact details.

Title	Name	Qualifications
Department		
Address for correspondence		
Applicant status/Position held		
List of previous appointments (<i>Do not send a separate CV</i>)		

PROJECT TYPE

Research Development
Research Travel
Academic Conference Organisation
Other (<i>specify</i>)

FUNDING REQUESTED AND PROPOSED USE

Total cost of project		
Total funding requested		
Consumables		
Item		Cost
Travel		
Destination	Mode of transport	Fare
Accommodation		
Name/type of accommodation		Cost
Other expenses		
Description		Cost

DETAILS OF PROJECT

Title

This research project is in proposed*. (**delete as applicable*)

Details of project

- *Please provide a project summary stating the project's aims, design, methods, time scale, clinical relevance (immediate or long-term), and whether your request is for full or part funding*
- *Continue on next page if required, but your project details must not exceed 500 words excluding references.*
- *Do not attach a separate protocol or other documents (additional papers will be removed)*

DETAILS OF MEETING

Title

Details of Meeting

- *Please provide information on relevance of meeting to personal development, departmental benefits, and work to be presented.*
- *For conference organisers, please give a brief resume of the invited speaker and the topic of their presentation*

FACILITIES AND SUPPORT FOR THE PROJECT

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Details of collaborators

A signed letter of agreement from each collaborator must be enclosed with the application

PART-FUNDING OF PROJECTS

External funding sought			
Sponsor	Date of application	Status	Value

Signature of Applicant:-

Date of Application:-