**HRCI HRB Joint Funding Scheme 2023/2024**

**Irish Thoracic Society Expression of Interest (EOI) Application Form**

**Project Title** *(maximum 20 words)****:***

|  |
| --- |
|  |

1. **APPLICANT DETAILS**
   1. **LEAD INVESTIGATOR**

|  |  |
| --- | --- |
| Name: |  |
| Title/position: |  |
| Name of Institution: |  |
| Email address: |  |

**1.2 CO-APPLICANTS**

For additional co-applicants please copy and paste table as necessary

|  |  |
| --- | --- |
| **Co-Applicant 1** | |
| Name: |  |
| Title/position: |  |
| Name of Institution: |  |

* 1. **CV**

Please include an up-to-date CV for the lead applicant and any co-applicants when submitting this application form.

* 1. **COLLABORATORS**

Only include collaborators who have agreed to take part in the research project should a full application be requested. Please copy and paste table as necessary for multiple collaborators.

|  |  |
| --- | --- |
| Name: |  |
| Title/position |  |
| Name of Institution: |  |

1. **HOST INSTITUTION**

|  |
| --- |
|  |

1. **LAY SUMMARY**

Please provide a plain English description of the proposed project *(maximum 300 words)*

|  |
| --- |
|  |

1. **RELEVANCE TO the ITS Research Mission** *(maximum 100 words)*

|  |
| --- |
|  |

##### **CURRENT KNOWLEDGE & RESEARCH GAP**

Please outline existing evidence and knowledge gaps that exist in the area of the proposed research *(maximum 300 words)*

|  |
| --- |
|  |

1. **OVERALL AIM** *(maximum 100 words)*

|  |
| --- |
|  |

1. **RESEARCH DESIGN AND METHODOLOGICAL APPROACH** *(maximum 300 words)*

|  |
| --- |
|  |

1. **PUBLIC PATIENT INVOLVEMENT IN PROPOSED PROJECT**

Outline the implementation of Public and Patient Involvement throughout the stages of the proposed project (e.g. the research question, research design, conduct, analysis and dissemination Refer to Section 2.5.6 and Appendices II & III in the [HRCI HRB Guidance Notes for Applicants 2024](https://irishthoracicsociety.com/wp-content/uploads/2023/09/HRCI-HRB-JFS-2024-Guidance-Notes-for-Applicants-final.pdf) for further details and to the [ITS Public Patient Involvement Overview.](https://irishthoracicsociety.com/wp-content/uploads/2023/09/ITS-Public-Patient-Involvement-in-Research-Overview.pdf) (*maximum 250 words)*

|  |
| --- |
|  |

1. **REFERENCES**

##### List up to five of the key peer-reviewed publications relevant to this research

|  |
| --- |
|  |

1. **PROJECT DURATION AND BUDGET**

Please note the maximum total budget is €100,000 over 2 years (€50,000 p.a.)

|  |  |
| --- | --- |
| **Duration:** |  |
| **Budget Total:** |  |

**BUDGET BREAKDOWN**

|  |  |  |
| --- | --- | --- |
| **Cost Item** | **Year 1** | **Year 2** |
| **Personnel Costs**  (inc salary, Employer’s PRSI, Pension contributions; or student stipend/ fees) |  |  |
| **2. Running Costs** |  |  |
| **3. Data Management** |  |  |
| **4. Equipment** |  |  |
| **5. PPI** |  |  |
| **3. Dissemination Costs** |  |  |
| **TOTAL COST** |  |  |

1. **OTHER FUNDING SOURCES**

Please give details of any other financial support available for this or any related project

|  |
| --- |
|  |

1. **Keywords**

Please list up to five keywords that specifically describe your area of research.

|  |
| --- |
|  |

1. **SIGNATURE**

|  |
| --- |
| **Principal Investigator**  I agree to submit this proposal to the Irish Thoracic Society assessment process. I understand that shortlisted applicants will be requested to submit a full application using the HRCI/HRB Joint Funding Scheme application process and I agree that if shortlisted, I will submit a full application. As the Principal Investigator I confirm, to the best of my knowledge, that the information provided is correct.  Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |