

# Grant Application

## Research Proposal for LUPUS UK



(Send one copy of your application to LUPUS UK at the address below and email a PDF/Word copy to [headoffice@lupusuk.org.uk](mailto:headoffice@lupusuk.org.uk))

Name and email address of Applicant(s)

(Up to a maximum of 4)

- 
- 
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Institution Address

Title of Proposal

Plain Language Title of Proposal

Type of Proposal

Clinical/Basic/Translational/Equipment

Amount of Funding Required

£

Term

*Towards the total project cost, if applicable, of:*

£

*Source of other funding and amount if applicable:*

**We confirm that this application complies with the LUPUS UK Conditions of Grant:**

Applicant's Signature

Name

Date

Applicant's Signature

Name

Date

Applicant's Signature

Name

Date

Applicant's Signature

Name

Date

**LUPUS UK, St James House, Eastern Road, Romford, Essex, RM1 3NH, United Kingdom  
Registered Charity Nos. 1051610, SC039682**

# **Background to Proposal:**

**(Maximum of 3 pages not including references, Font 10)**





# References:

(Maximum of 1 page, Font 10)

# **Aim(s)**

**Maximum of 1 page, Font 10**

# Methods

Maximum of 2 pages, Font 10 (including statistics and Ethical Permission, if applicable)





# Plain Language Summary

Maximum of 1 page, Font 10

# **Applicant CVs**

**Please provide brief CVs for each applicant; 1 page each, Font 10**