**Grant Application**



**Research Proposal for LUPUS UK**

(Email a PDF/Word copy to headoffice@lupusuk.org.uk)

Name and email address of Applicant(s)

(Add more lines as required)

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**