



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