

Grant Application

Research Proposal for Lupus UK

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

Name and email address of Applicant(s)

(Add more lines as required)

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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