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| Form No. 2: APPLICATION FOR RESEARCH FUNDING |

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| 1. **Person submitting this application** | |
| Name |  |
| Position |  |
| Qualifications |  |
| Address |  |
| Phone/s |  |
| email |  |

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| 1. **Title of Research Proposal** |
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| 1. **Principal Investigator (PI) if different to above** | |
| Name |  |
| Position |  |
| Qualifications |  |
| Address |  |
| Phone/s |  |
| email |  |

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| 1. **Is Application for Research Approval Attached** Yes  No | |
| If approval has been obtained from the OLH&CS Education and Research Committee date of approval. |  |

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| 1. **Budget summary** *(attach a detailed breakdown)* | | | |
| Item | Amount of funding being sought from OLH&CS | Amount of funding (€) being sought from other sources | Total *(Column 2 plus Column 3)* |
| Staff |  |  |  |
| Equipment |  |  |  |
| Materials |  |  |  |
| Other |  |  |  |
|  |  |  |  |
| **Total** |  |  |  |

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| 1. **Relevance of proposal to OLH&CS** *(max 300 words)* |
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I confirm that the information provided here is true and accurate to the best of my knowledge.

I confirm that I have read and agree to adhere to the policy in relation to Approval of Research in Our Lady’s Hospice & Care Services (Ref OLH-GN 076 up-dated 12 Oct 2017).

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| Applicant Signature | Date |
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