Cecil King Memorial Award 2024 – Application Form

# Project Summary

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| Title of Project:  |

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| Abstract of Research (not exceeding 250 words) |

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| --- | --- |
| Name of Principal Applicant:(The Principal Applicant must be the lead researcher of the project and have overall responsibility for it)Date of Birth, or dates of tenure, of Principal Applicant:(This award is to support researchers under the age of 35, or within the first five consecutive years of either your first permanent independent academic research post or a named limited-tenured/fixed-term academic research post) | Title of position: |
| Address where research will be conducted: | Telephone Number:Email Address: |
| Co-applicants name:(Where a PhD Student is applying as a Principal Applicant, a senior researcher such as their supervisor must be a co-applicant) | Title of position: |

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| Amount of grant:**£.................................. (no greater than £10,000)** |

**Proposed Project**

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| Please give a **lay summary** of the research (in 250 -350 words): |

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| Please set out the proposed project under the five headings listed below, using only the continuation sheets provided:1. **Title**
2. **Purpose**
3. **Background**
4. **Plan of investigation** – please include your patient and public involvement (PPI) plans
5. **Methodology**
6. **Clinical Relevance**
7. **Breakdown of financial costs** –please include expected publication costs. The Psoriasis Association strongly supports publishing in open access journals.
8. **References**
 |

**Continuation sheet 2**

**Continuation sheet 3**

**Continuation sheet 4**

**Continuation sheet 5**

**Curriculum Vitae**

**Biographical Details** - Please complete a sheet for each professional person involved in the project, beginning with the lead researcher.

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| --- | --- | --- |
| Name: | Title: | Birth date: |
| Place of birth (country): | Present nationality: |  |

**Education**

|  |  |  |
| --- | --- | --- |
| Institution and location: | Degree: | Dates: |
| Posts held (with dates): |
| Relevant published papers: |

**Affiliations**

|  |
| --- |
| Please list all relevant professional affiliations: |

**Curriculum Vitae**

**Biographical Details** - Please complete a sheet for each professional person involved in the project, beginning with the lead researcher.

|  |  |  |
| --- | --- | --- |
| Name: | Title: | Birth date: |
| Place of birth (country): | Present nationality: |  |

**Education**

|  |  |  |
| --- | --- | --- |
| Institution and location: | Degree: | Dates: |
| Posts held (with dates): |
| Relevant published papers: |

**Affiliations**

|  |
| --- |
| Please list all relevant professional affiliations: |

**Other research support**

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| --- |
| Is your related research currently being supported by any outside body? Yes / NoIf yes, which organisation?What support is being provided? (please include date and duration of support) |
| Are you applying elsewhere for support for work relating to the present proposal? Yes / NoIf yes, to which organisation? |
| Is this application being submitted elsewhere? Yes /No If yes, to which organisation and by what date is a decision expected? |
| Has this application been submitted elsewhere over the last year? Yes / NoIf yes, to which organisation and what was the result? |
| If you have been a participant in a grant from the Psoriasis Association with the last 5 years please complete the following:* Title of work:
* Total sum awarded
* Start date • Close date
* Publications arising from the work:
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**Research using humans or animals**

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| --- | --- |
| Does your project include any procedure which involves patients or normal human subjects?If Yes, has Ethical Committee approval been obtained? (If yes, please enclose the necessary paperwork if available at time of submission) | Yes / NoYes / No |
| Does your project involve any procedure which requires the use of experimental animals? If yes, have the relevant animal licences been obtained? If yes, do the licences cover the full term of the grant? If yes, has the work been approved by the Ethical Review process? (If yes, please enclose the necessary paperwork). | Yes / NoYes / NoYes / NoYes / No |

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| *Note:****Humans****The Psoriasis Association will consider applications before the consent of relevant ethics committee is obtained but no award will be made until the Association is satisfied about the ethical aspects of the proposals.* |
| ***Animals****The Psoriasis Association will consider proposals for which Home Office Authorisation has yet to be obtained, but no award will be made and no animal experiments may commence until confirmation is received that the appropriate licences have been granted.* |
| The Psoriasis Association will not support animal experiments unless there is no alternative. If you propose experiments on animals please justify why this is necessary and estimate the number of animals needed in your experimental design. |

**Signatures**

**Please sign original copy in ink or with electronic signatures**

|  |  |
| --- | --- |
| Applicant: | Date: |
| Full Name: |  |
| Head of Faculty: | Date: |
| Full Name: |  |
| Official Authorised to sign for Institution | Date: |
| Full Name: |  |

# E-mailing your Small Grants Application

Please e-mail the completed form by 23.59 on the deadline date of **9th December 2024**. If an application is not received by this deadline it will not be processed and there will be no exceptions to this rule.

When emailing your application, **please also attach proof of postage** for the hard copies. Please ensure that this shows the date that the copies were sent and the delivery address.

# Posting your application

You must **also send** usthe **original application form** (completed in minimum font size 11pts) **containing all relevant signatures**, together with **5 copies** to:

Research Manager

The Psoriasis Association

Dick Coles House

2 Queensbridge

Northampton

NN4 7BF

To be postmarked on or before **9th December 2024**. If sent on the deadline date postage must be first class or a courier used. All attachments should also be copied and securely stapled to the back of each copy of the application form.

The Psoriasis Association will acknowledge receipt of each application once the paper copy has been arrived. No further correspondence will be entered into until we inform you of the result of your application, unless further clarification is requested by the Research Committee. The Research Committee will make their recommendations to the trustees of the Psoriasis Association who will award the grants in April 2024.