**APPLICATION FORM**

Before completing this form, please read all guidance information to applicants (including the assessment criteria). Please strictly adhere to the maximum word limits where stipulated.

Once you have completed this form and have the necessary approvals and signatures, please submit by the **closing date of 5pm, Friday 24th September 2021** to [info@inhed.ie](mailto:info@inmed.ie).

## SECTION A: APPLICANT DETAILS

## Principal Investigator

|  |
| --- |
| **Name** |
| **Job Position/Title** |
| **Institution** |
| **Address** |
| **Telephone** |
| **Email** |

(Please note that there may be no more than five co-investigators)

## Co-Investigator 1

|  |
| --- |
| **Name** |
| **Job Position/Title** |
| **Institution** |
| **Address** |
| **Telephone** |
| **Email** |

## Co-Investigator 2

|  |
| --- |
| **Name** |
| **Job Position/Title** |
| **Institution** |
| **Address** |
| **Telephone** |
| **Email** |

## Co-Investigator 3

|  |
| --- |
| **Name** |
| **Job Position/Title** |
| **Institution** |
| **Address** |
| **Telephone** |
| **Email** |

## Co-Investigator 4

|  |
| --- |
| **Name** |
| **Job Position/Title** |
| **Institution** |
| **Address** |
| **Telephone** |
| **Email** |

## Co-Investigator 5

|  |
| --- |
| **Name** |
| **Job Position/Title** |
| **Institution** |
| **Address** |
| **Telephone** |
| **Email** |

## SECTION B: PROJECT DETAILS

## Title of Research Project

## Start Date and the Expected Length of the Proposed Project in Months

## Project Research Question (Max 150 words)

## Project Background & Rationale (max 800 words, supporting references not included in word count)

## Project Aim & Objectives (max 150 words)

## Project design and methodology (max 1,000 words, with no more than 2 tables or graphs)

**Has this application, or part of this application, previously been submitted to this or another organisation? If so who? Please indicate why it was unsuccessful (max 100 words).**

## If selected as an award recipient, would you be willing to serve on an INHED research mentorship panel to support future RIME award applicants during the application process? \*

**Yes** **No**

\* Your response here is not one of the awarding criteria for this grant

## SECTION C: RESEARCH MANAGEMENT ARRANGEMENTS

## Please provide a detailed budget/breakdown of costs associated with undertaking the research as described in the proposal (max 200 words)

## Please note the following:

* Payments will be made to the contracted organisation only and the contracted organisation will be responsible for passing on any money due to their partner organisation(s).
* Appropriate sub-contracts and/or collaboration agreements must be put in place for any element of the research which is to be paid to another organisation.
* The fund will not support conference attendance.
* Any equipment costs must exclude VAT.
* A representative of the sponsoring body must sign off the application.

## SECTION D APPROVALS & SIGNATURES

## The Officer Responsible For Administering Any Grant Awarded Must Complete and Sign Below

|  |
| --- |
| **Name of Officer** |
| **Position held** |
| **Address** |
| **Telephone** |
| **Email** |
| **Signature** |
| **Date** |

## Principal Investigator

|  |
| --- |
| **Signature** |
| **Date** |