**BHP Clinical Academic Research Partnership 2025**

**Application Form**

(Information tables will expand when text is entered)

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| **Applicant (Principal Investigator)** |
| Name |  |
| Email address |  |
| Employer |  |
| Applicant’s current post & duration of employment  |  |
| Project title (This should reflect the aim of the proposal) |  |
| Start date of project (month and year) |  |
| Duration of project (1-2 years) |  |
| Proposed dedicated time (1-2PA) |  |

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| **University of Birmingham (UoB) or University of Aston Research Partner (Co-Investigator)** |
| Name |  |
| Email address |  |
| University Employer |  |
| Post & duration of employment  |  |
| School/Dept. |  |
| Research programme for applicant to be embedded with (funder, amount & duration of award, academic partner’s role, e.g. PI) |  |

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| 1. **Research Partnership** (max 500 words):Please describe the added value of your proposed collaboration to both parties and explain the applicant’s role. This should also include how this award will support your career aspirations and how you intend to continue engagement with research beyond this award.
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| 1. **Project Plan** (max 1000 words) Please list the main objectives of your research proposal and provide sufficient methodological detail to support the delivery of the objectives.
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| 1. **Plain English summary** (max 250 words) Please explain the aims of the project and highlight any innovative approaches, techniques or technologies that are likely to bring particular benefits.
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| 1. **Technical summary** (max 250 words) Please highlight any innovative approaches, techniques or technologies that are likely to bring particular benefits.
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| 1. **Consumables Resource summary**
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| 1. **Other Support** Applicants should declare any relevant financial support which has been applied for or awarded for any aspect of the project (this includes applications by either the applicant or research partner).
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| 1. **Backfill for your current role** Please explain your employer’s plans to backfill your current role and provide the name and email address of your lead (i.e. clinical divisional lead) that has the authority and has approvedthese plans.
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| 1. Please indicate your plans for delivering this award within your weekly job plan, including any increase to your weekly PAs
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