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 Application for Grant Funding

*This form can be used either to respond to specific offers of grants put out by the Trust, or for general applications in accordance with the policy.*

Name of applicant:

Address:

Contact Number:

E-mail address:

University/Educational Establishment or workplace:

Title of Research Project or purpose of request:

Supervisor (if applicable):

E-mail address:

Is the supervisor aware of this application & have they consented to it?

Amount requested: £

Please outline the nature and scope of the research that the grant will support, or the purpose of the request (max 500 words). If the request is related to an advert put out by the Trust, please tell us where you saw it.

What prior knowledge or experience do you have of mycology and/or aspergillosis? This can include experience as a patient or carer.

What is your knowledge or experience of respiratory health generally? This can include experience as a patient or carer.

Please explain how the funds will be used:

Please outline how you will measure the success of the research generally and demonstrate effective use of the funds to the Trust (research-based grants only):

What health outcomes for aspergillosis patients do you anticipate that the funding will help to achieve?

For grants linked to research, please can you confirm that the results will be made publicly available, free of charge?

For non-research grants, can you confirm that you will provide a report to the Trust on how the money will be used and any learning outcomes? Please state how you will do this.

Declaration

I agree that I will comply with the requirements of the policies of Aspergillosis Trust in how any allocated funds are used, report to the trustees periodically on progress, and ensure that all useful results are made publicly available free of charge.

I understand that the Trust reserves the right to undertake background checks to ensure that I am a fit person to undertake the work proposed.

If work involves contact in person, by telephone or electronically with patients or their family or carers, I understand that the Trust may require a DBS check to be undertaken before agreeing payment of funds.

I confirm that all details given on the application are, to the best of my knowledge, accurate, honest and fully detailed.

Signed\*:

Date:

\*An electronic scan of your signature can be accepted.

Once completed, please e-mail the form to secretary@aspergillosistrust.org. The trustees will aim to respond to within one calendar month.

Please note that trustees are located in various parts of the country and only meet on-line.