

**Application Form PDF**

**Patient Care Pioneer Award 2024**

|                         |                              |
|-------------------------|------------------------------|
| <b>Grant Type</b>       | Patient Care Pioneer Award   |
| <b>Applicant</b>        | Dr Tom Simpson               |
| <b>Grant Title</b>      | Sample PCPA application form |
| <b>Total Requested</b>  | .00                          |
| <b>Grant Start Date</b> |                              |
| <b>Grant Duration</b>   | 12                           |
| <b>Reference number</b> | 6668                         |

Pre-submission

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Pre-submission

## 1. Project Summary

|                                                               |                              |
|---------------------------------------------------------------|------------------------------|
| <b>Host Institution</b><br>Where will the project take place? |                              |
| <b>Proposed start date</b>                                    |                              |
| <b>Proposed duration of project (6-18 months)</b>             | 12                           |
| <b>Project title</b>                                          | Sample PCPA application form |
| <b>Abstract</b>                                               |                              |
| Max 150 words                                                 |                              |

## 2. Project Details

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Details of proposal</b><br>Please attach your project proposal as a single file. The proposal must be no more than 2 pages long in font size no smaller than 11, excluding figures, appendices and references. Please detail:<br>a) The aims and objectives of the research project in relation to a clearly-defined patient need and any existing similar work by yourself or others<br>b) Relevant background information and methodologies, including brief details of any preliminary data, and any statistical considerations, if relevant<br>c) Expected outcomes of the research and/or next steps |
| No Research Area(s) have been added                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
| <b>If you have additional Research Area(s) not listed above then please provide these Research Area(s) below</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
| Optional; max 100 words                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
| <b>Patient Involvement</b><br>Please explain how patients have been involved in the development of your proposal.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
| Max 250 words                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| <b>Impact Statement</b><br>Please explain the pathway to impact or other potential benefits of the proposed project, i.e., who will benefit and how.                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
| Max 500 words                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| <b>Dissemination</b><br>Please describe how you intend to promote and disseminate the results of your project.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
| Max 250 words                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |

### 3. Lead Applicant

**Title** Dr **Address Line 1** 52PP  
**Forename(s)** Tom **Address Line 2**  
**Surname** Simpson **Address Line 3**  
**County**  
**Postcode**

#### Education

| From    | To      | Qualification | Subject | Country | Institution          | Department / School / Division |
|---------|---------|---------------|---------|---------|----------------------|--------------------------------|
| 09/1998 | 09/2001 | PhD           | Cog Sci |         | Sheffield            |                                |
| 09/1997 | 10/1998 | MSc           | KBS     |         | University of Sussex |                                |

#### Employment

| From    | To      | Position           | Department | Organisation            |
|---------|---------|--------------------|------------|-------------------------|
| 03/2023 | -       | Research Manager   |            | York University         |
| 10/2017 | 10/2019 | Research Assistant |            | University of Cambridge |

#### Grants

| Start (mm/yyyy) | Duration | Currency | Total Award Amount | Funder         | Reference | Type       | Title                  | Role of Applicant |
|-----------------|----------|----------|--------------------|----------------|-----------|------------|------------------------|-------------------|
| 01/03/2017      | 75       | GBP      | 150,000.00         | Wellcome Trust | 34345     | Fellowship | My Personal Fellowship | PI                |
| 01/10/2004      | 12       | GBP      | 100,000.00         | CRUK           | CR2345    | Fellowship | My first project       | PI                |

#### Publications

Publications

#### Experience

Please detail your experience and training that you believe to be relevant to the proposed project, including any research methods training, if applicable.

Max 300 words

**Aims**

Please detail how you believe the proposed project will support or advance your professional and/or academic development.

Max 300 words

Pre-submission

**4. Co-Applicant**

**5. Named Researchers**

**6. Collaborators**

**7. Head of Department**

**8. Finance Officer**

**9. Financial Information**

Please provide a breakdown of the direct project costs requested from Leukaemia UK.

Consumables

Other costs

Salaries

| <b>Total Budget</b> |                   |                  |
|---------------------|-------------------|------------------|
|                     | <b>Year 1 (£)</b> | <b>Total (£)</b> |
| Salaries            | 0.00              | 0.00             |
| Consumables         | 0.00              | 0.00             |
| Other               | 0.00              | 0.00             |
| <b>Total</b>        | <b>0.00</b>       | <b>0.00</b>      |

**Total cost of project**

What is the total cost (i.e., Full Economic Cost) of the proposed project?

**How will the difference between the total cost of the project and the contribution sought from Leukaemia UK be met?**

Max 250 words

**Has your Host Institution agreed, in principle, to Leukaemia UK's Terms and Conditions of Grant Funding?**

Please be aware that whilst such agreement is not a prerequisite for your application, lengthy post-award delays could result in the withdrawal of a funding offer.

(Select)

**Other support**

**Is support for this research project being provided or sought from any other body?**

Yes

**Please explain**

Max 250 words

**Previous grants**

**Have you previously applied for funding from Leukaemia UK (or Leuka)?**

Yes

**Have you previously been awarded funding from Leukaemia UK (or Leuka)?**

Yes

**PREVIOUS GRANT 1**

Grant Reference

Grant Reference

**Outputs and publications**

Max 1000 words

**10. Licenses and Approvals**

**Ethics approval**

**Does the proposed research require ethical approval?**

Yes

**Have you applied to the Ethics Committee? Please give details of when, where and the outcome of any application, including application number where available.**

Please note that preference may be given to projects for which appropriate ethical approval will be in place by the proposed start date for the project.

Max 250 words

**Commercial exploitation**

**Is the proposed research likely to lead to any patentable or commercially exploitable results?**

Yes

**Please provide brief details**

Max 500 words

**Will the proposed research involve any agreements or other involvement with commercial organisations?**

Yes

**Please provide brief details**

Max 500 words

## 11. Reviewers

### Recommended Reviewers

The application process will include assessment of your proposal by external peer-review. Please provide the names and contact details of three suitable reviewers, ensuring that there is no conflict of interest. You can also list anyone that you do not wish us to contact.

### Excluded Reviewers

Pre-submission