**Support Cost Application Form**

**Primary Care, Emergency Care,**

**Public Health and Social Care in Wales**

This form is for applications for Support Costs (SCs) for

**Primary Care, Emergency Care, Public Health and Social Care studies in Wales only**

|  |  |
| --- | --- |
| Study acronym |  |
| Funding Amount requested | £ |
| Contact name |  |
| Contact email |  |
| Contact Tel |  |

Please send a scanned signed copy to:

[research-fundingsupport@wales.nhs.uk](mailto:research-fundingsupport@wales.nhs.uk)

Or complete and forward to:

Research Funding Team

Health and Care Research Wales

Castlebridge 4

Cardiff

CF11 9BB

**Study Information**

|  |
| --- |
| **Full study name** |
|  |
| **Sponsor** |
|  |
| **UKCRN portfolio number or IRAS reference number** |
|  |
| **Grant award date** |
|  |
| **Grant amount** |
| £ |
| **Please detail what payments will be made to study sites directly from the research grant:** |
|  |

**Study Team Information**

|  |  |  |
| --- | --- | --- |
| **Chief Investigator** | | |
| Title: |  | Address: |
| Name: |  |  |
| Employing Organisation: |  |
| Post: |  |
| E-mail: |  |
| Telephone: |  |

|  |  |  |
| --- | --- | --- |
| **Principal Investigator/ lead Principal Investigator in Wales (if not a CI based in Wales)** | | |
| Title: |  | Address: |
| Name: |  |  |
| Employing Organisation: |  |
| Post: |  |
| E-mail: |  |
| Telephone: |  |

|  |  |  |
| --- | --- | --- |
| **Nominated study contact for any queries regarding the application** | | |
| Title: |  | Address: |
| Name: |  |  |
| Employing Organisation: |  |
| Post: |  |
| E-mail: |  |
| Telephone: |  |

|  |  |
| --- | --- |
| **Wales R&D Office Contact** | |
| Name |  |
| E-mail: |  |
| Telephone: |  |

**Study Details**

|  |  |
| --- | --- |
| Start date of whole study | Overall end date of study |
|  |  |
| Proposed recruitment start date in Wales | Proposed recruitment end date in Wales |
|  |  |

|  |
| --- |
| How many participants are you anticipating to recruit in Wales? |
|  |

|  |
| --- |
| Which Health Board areas or Trusts will be involved in the study in Wales? |
|  |

|  |
| --- |
| Which primary care and/or social care organisations have been identified to support the study in Wales? |
|  |

**Details of Costs Requested**

Please use the table below to provide a detailed description of the items or resources you need to purchase and any associated costs you are requesting funding for.

Detail included here is what is used to assess the viability of your request. It is important that you add as much detail here as possible to speed up the request process by reducing querying any unsubstantiated cost requests.

Please ensure your request is in-line with the Acord guidance and that the relevant Research and Development Department have been consulted.

|  |  |  |  |
| --- | --- | --- | --- |
| **Support Costs requested for this research.** | | | |
| **Item or activity:**  **Detailed description** | **No of Practices/ recruitment sites** | **Estimated cost (include breakdown)** | **Total funds requested** |
|  | | | |
| ***E.g.*** *Reimbursement of GP time outside routine practice* |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
| **Total** | | | **£** |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Please specify the total amount of Support Costs Funding requested for this research. If the application extends beyond the current financial year, please provide a breakdown of costs across financial years.** | | | | | |
| **Total 2020/21** | **Total 2021/22** | **Total 2022/23** | **Total 2023/24** | **Total 2024/25** | **Total 2025/26** |
|  |  |  |  |  |  |

**Declaration and signature**

I declare that the information given on the form is complete and correct.

I agree to update figures, and update the Support and Delivery Centre if any details are modified (e.g. no. of sites or anticipated recruitment increases)

**Lead Investigator**

Signature: Date:

Name:

Please send the following documents electronically to [research-fundingsupport@wales.nhs.uk](mailto:research-fundingsupport@wales.nhs.uk)

1. Completed and signed application form

2. Completed costing template where possible

3. Most recent approved study protocol

4. Patient Information Sheet if available

* If you are applying for SCs and ETCs for the same study, a separate form will be required for each element
* To determine whether your study requires support costs, you should refer to the AcoRD Guidance for Wales: <https://www.healthandcareresearch.gov.wales/research-route-map/finances-and-funding/identify-study-costs/>
* For ETCs within Primary, Secondary and Social Care, please see the guidance and application form on the following web page: https://www.healthandcareresearch.gov.wales/research-route-map/finances-and-funding/make-arrangements-for-nhs-support-costs-and-nhs-excess-treatment-costs/
* Health and Care Research Wales will support eligible applications within the budget available