**Excess Treatment Cost Application Form**

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

This form is for applications for Excess Treatment Costs (ETCs) 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** |
|  |
| **CPMS portfolio number or IRAS reference number** |
|  |
| **Grant award date** |
|  |
| **Grant amount** |
| £ |
| **Please detail what payments will be made to the 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 date from which ETC’s will be incurred** | **Proposed end date when ETC’s will cease** |
|  |  |

|  |
| --- |
| **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 for Wales and that the relevant Research and Development Department have been consulted.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Item or activity:**  **Detailed description** |  | **Total 2020/21** | **Total 2021/22** | **Total 2022/23** | **Total funds requested** |
|  | **No.** |  |  |  |  |
| **£** |  |  |  |  |
|  | **No.** |  |  |  |  |
| **£** |  |  |  |  |
|  | **No.** |  |  |  |  |
| **£** |  |  |  |  |
|  | **No.** |  |  |  |  |
| **£** |  |  |  |  |
|  | **No.** |  |  |  |  |
| **£** |  |  |  |  |
|  | **No.** |  |  |  |  |
| **£** |  |  |  |  |
|  | **No.** |  |  |  |  |
| **£** |  |  |  |  |
|  | **No.** |  |  |  |  |
| **£** |  |  |  |  |
|  | **No.** |  |  |  |  |
| **£** |  |  |  |  |
|  | **No.** |  |  |  |  |
| **£** |  |  |  |  |
| **Total** |  |  |  |  |  |

**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 ETC application form

2. Completed costing template

3. Most recent approved study protocol

4. Patient Information Sheet if available

* If you are applying for SSCs and ETCs for the same study, a separate form will be required for each element
* To determine whether your study requires excess treatment costs, you should refer to the *AcoRD Guidance for Wales*: https://www.healthandcareresearch.gov.wales/research-route-map/finances-and-funding/identify-study-costs/#acord
* ETC applications can be accompanied by a completed *ETC Costing Template*, which can be found at 4.2 of 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/
* If you have used any other form of costing template, please attach this to your application
* For ETCs within **Secondary Care**, please see guidance and application form at Section 3 of 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