**GNCT Research grant application form – 2025**

*We welcome proposals that explore the unique contribution made by nursing to enhancing innovation in healthcare and an exploration of how the professional identity of nursing has been enhanced through engagement with innovations in healthcare. Nursing must have played a central role (although multi-professional team working may also have been employed). Other opportunities include how nursing's profile has been enhanced by shaping technological innovations, including digital solutions, to better meet the needs of patients.*

*Any methodological approach to the project is welcome (including pilot or feasibility studies) but the role of nursing must be a central theme in all proposals. The call excludes systematic reviews. We particularly welcome proposals led by early career researchers that demonstrate clinical and academic collaborations.*

Completed applications with all authorisations should be emailed to [secretary@gnctrust.org.uk](mailto:secretary@gnctrust.org.uk) before **1pm on Friday 27th June 2025.** Late applications will not be accepted.

The lead applicant must be a registered nurse working in England or Wales and the proposed research study must be undertaken in England and/or Wales.

Applications are invited for grants of **up to £40,000**.

For any queries, or a copy of this application form in an alternative format, please contact [secretary@gnctrust.org.uk](mailto:secretary@gnctrust.org.uk)

**SECTION 1: Applicants**

**Lead applicant**

|  |  |
| --- | --- |
| **Name** |  |
| **Position** |  |
| **Correspondence Address** |  |
| **Email** |  |
| **Telephone** |  |

**Co-applicants:**

*(Copy the table for additional co-applicants)*

|  |  |
| --- | --- |
| **Name** |  |
| **Position** |  |
| **Correspondence Address** |  |
| **Email** |  |
| **Telephone** |  |

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| --- | --- |
| **Name** |  |
| **Position** |  |
| **Correspondence Address** |  |
| **Email** |  |
| **Telephone** |  |

|  |  |
| --- | --- |
| **Name** |  |
| **Position** |  |
| **Correspondence Address** |  |
| **Email** |  |
| **Telephone** |  |

**Host organisation**

|  |  |
| --- | --- |
| **Organisation** |  |
| **Correspondence Address** |  |

**Host organisation contact details:**

|  |  |  |
| --- | --- | --- |
|  | **Research Office contact** | **Finance contact** |
| **Name** |  |  |
| **Position** |  |  |
| **Email** |  |  |
| **Telephone** |  |  |

**SECTION 2: Research Proposal**

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| **Title of the proposed research**  *The title should summarise the content of the research proposal and reflect the specific question(s) to be addressed by the research* |
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| **Summary of the project**  *A clear lay summary stating the reasons for undertaking the research, its scope, aims and expected impact on the profession (500 words max)* |
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**Proposal details**

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| 1. **Aim of the study**   *This should include hypotheses to be tested, research questions, specific objectives, as appropriate. The section should also include the significance of the knowledge that will be obtained (250 words max)* | |
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| 1. **Review of relevant literature**   *Include a summary of the current state of knowledge, with reference to published work in the field of study and the context and size of the problem being researched (1000 words maximum)* | |
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| 1. **Design of the study**   *This should contain sufficient detail of the research methodology to allow critical assessment by expert reviewers and to justify the staff and resources for which the application is being made (1000 words max)* | |
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| 1. **Analysis of the data**   *Provide details of how the data will be analysed, including statistical methods or approach to qualitative analysis, where appropriate (500 words max)* | |
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| 1. **Contribution to the evidence base for patient care**   *Provide a clear overview of how the study will inform the evidence base for patient care (500 words max)* | |
|  | |
| 1. **Generalisability of the study**   *Describe the generalisability / transferability of anticipated outcomes (500 words max)* | |
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| 1. **Costings**   *Provide a full estimated financial statement, including staff costs (eg grade, FTE, on-costs); patient and public involvement; consumables, travel etc. This can be attached as a separate document.*  *Include detailed costing for each year of the project, and a cumulative total.*  *Please note, the Trust does* ***not*** *fund equipment (eg computers); basic facilities such as accommodation, overheads or administration; dissemination costs (eg conference fees, open access publishing fees)* | |
|  | |
| **TOTAL funds requested**  **(max £40,000)** | £ |
| 1. **Justification of costs**   *(300 words max)* | |
|  | |
| 1. **Timeline**   *Provide a timeline for the project indicating key milestones* | |
|  | |
| 1. **Expertise of the Research team**   *Indicate the contribution of each team member to the proposed research. The Trust is keen to support early career researchers but expects to see evidence that the team includes the right skills and / or support, both academic and clinical, to ensure successful delivery of project milestones. (500 words max)*  **Please attach a 1-page CV of the lead applicant** | |
|  | |
| 1. **Ethical and research governance, and any legal requirements**   *Provide details of ethical issues associated with the project and how ethical approval will be obtained eg NHS or University Ethics committee. Where a project will be undertaken in the NHS in England or Wales, provide details of how research governance approval will be obtained (300 words max)* | |
|  | |
| 1. **Dissemination strategy**   *Describe how outcomes will be disseminated including intended outputs of the research and potential impacts. (300 words max)* | |
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**SECTION 3: Authorisations**

Terms and conditions of GNCT funding can be found at: [www.gnctrust.org.uk](https://cranfield-my.sharepoint.com/personal/melanie_nakisa_cranfield_ac_uk/Documents/My%20Docs/GNCT/www.gnctrust.org.uk)

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| **Lead applicant** | |
| I confirm that all statements in this application are correct. I have read the terms and conditions and agree to abide by them if this application is funded.  In accordance with UK Data protection legislation, I consent to GNCT maintaining my contact details for the duration of the review process and if funded, for 3 years beyond the end of the funded project. | |
| **Signature of applicant** | **Date** |
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| **Head of Department / Senior Manager** | |
| I confirm that I have read and support this application. I agree to the proposed research being carried out in my department and all necessary licences and approvals have been obtained, or are being sought. | |
| **Signature** | **Date** |
|  |  |
| **Print name** | **Position** |
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| **Authorisation on behalf of the host institution** | |
| I confirm that this application has been submitted with the agreement of the host organisation which will administer the grant if awarded; that funding will only be used to support the project for which it is awarded; and that the financial information provided by the applicant relating to staff costs is accurate.  On behalf of the host organisation, I confirm that I have read and accept the award terms and conditions. | |
| **Signature** | **Date** |
|  |  |
| **Print name** | **Position** |
|  |  |