**Action on Hearing Loss Flexi Grant 2020**

**Application Form**

**Fair Processing Notice and Data Protection**

During the application stage of the Flexi Grant, we will process your personal data for the purpose of assessing and selecting the best projects to fund. **By sending your application to us, you are giving your consent for us to process your personal data for this purpose, as outlined below.**

As part of this, we may:

* Share your completed application form with selected external reviewers. These reviewers are selected on the basis of their expertise to assess your application. **In order to secure the best reviews for your application, we may send your application form to reviewers outside the EU, including to countries where local data protection law may not be as stringent as within the EU.** All reviewers are bound by our [Code of Conduct](https://www.actiononhearingloss.org.uk/-/media/ahl/documents/biomed/conflict-of-interest-policy.pdf). We also put in place an agreement with all external reviewers before they review an application, that they will keep all personal data and application forms secure and in the strictest confidence, that they will not share them with any other third party, and that they will only keep them for as long as they are needed to provide a review of the application.
* Keep a copy of your personal data for no more than 5 years after the date on which applicants are informed of the outcomes of this funding round. This allows us to monitor re-submissions appropriately, and to assess the current research landscape. After 5 years (if not before), we will delete all personal data associated with your application. If you are successful in being funded, we will provide further information to you at the time we inform you that you have been awarded funding about further use of your personal data.

You can find out more about how we use and protect your personal information, and about your rights, in our [privacy policy](https://www.actiononhearingloss.org.uk/help/privacy).

You can change your mind about how we use your personal data at any time by calling **020 3227 6159**, or emailing us at [research@hearingloss.org.uk](mailto:research@hearingloss.org.uk).

**Action on Hearing Loss Flexi Grant 2020**

**Application Form**

Please email the completed application form as a **Word Document** to [flexi@hearingloss.org.uk](mailto:flexi@hearingloss.org.uk) by Wednesday, 15th January 2020. Please note that applications sent as PDF documents will **NOT** be processed.

# General details

## Applicants (Do not list more applicants than fields available)

|  |  |  |  |
| --- | --- | --- | --- |
| Title | First name | Surname | Email |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

## Contact details Applicant 1

|  |  |  |  |
| --- | --- | --- | --- |
| Postal Address |  | | |
| Telephone |  |  |  |

## Project administration

|  |  |
| --- | --- |
| Institute/Authority/SME administrating the grant if approved: |  |
| Department accommodating the project: |  |
| Proposed start date (dd/mm/yyyy): |  |
| Proposed duration: |  |

# Project details

## Title of activity

|  |
| --- |
|  |

## Animal work

|  |  |  |
| --- | --- | --- |
| All Action on Hearing Loss project proposals must comply with the guidance [Responsibility in the Use of Animals in Bioscience Research](http://www.nc3rs.org.uk/sites/default/files/documents/Guidelines/Responsibility%20in%20the%20use%20of%20animals%20in%20bioscience%20research-%20expectations%20of%20the%20major%20research%20councils%20and%20charitable%20funding%20bodies.pdf) and with [UK legislation (the Animals (Scientific Procedures) Act 1986 (ASPA), amended 2012).](https://www.gov.uk/research-and-testing-using-animals)  Research conducted outside the UK must be carried out to a standard that is equivalent to that set out in UK legislation as well as being compliant with all local legislation and ethical review procedures.  *If you propose to use rodents in your research and are based outside the UK, you must complete a short annex of tick-box questions in addition to this form. Please contact us at* [*flexi@hearingloss.org.uk*](mailto:flexi@hearingloss.org.uk) *before submitting your application and we will supply you with the additional questions.*  *If your application proposes the use of non-human primates, cats, dogs or equines and you are based in any country (including the UK), you must complete a short annex of additional questions alongside your proposal. Please let us know at* [*flexi@hearingloss.org.uk*](mailto:flexi@hearingloss.org.uk) *before submitting your application, and we will supply you with the extra questions.* | | |
| Does your research involve work with animals? (If yes, please answer the following questions. If no, please proceed to section 6) | Yes | No |
| What will be the severity of the procedures? (Please tick all that apply – see guidance document for severity definitions)  Non-recovery  Mild  Moderate  Severe | | |
| Please provide details of any moderate or severe procedures. | | |
| Does your research involve work with genetically modified animals? | Yes | No |
| Has the proposal been approved by an Animal Welfare Ethical Review Body? | Yes | No |
| Please give brief details below (max 250 words) on:   1. Species of animals to be used, justifying why this species is best for this project 2. Total number of animals to be used, justifying this number 3. Why non-animal alternatives are not possible in this project 4. Methods of anaesthesia and euthanasia to be used | | |
| For proposals involving the use of animals **within the UK**, have Home Office approvals for personal, project and establishment licences been obtained? | Yes | No |
| For proposals involving the use of animals **outside the UK**, does the proposed research comply with the guidance “[Responsibility in the Use of Animals in Bioscience Research](http://www.nc3rs.org.uk/sites/default/files/documents/Guidelines/Responsibility%20in%20the%20use%20of%20animals%20in%20bioscience%20research-%20expectations%20of%20the%20major%20research%20councils%20and%20charitable%20funding%20bodies.pdf)”? | Yes | No |

## Human participants

|  |  |  |
| --- | --- | --- |
| Does your research involve work with human participants? (If yes, please answer the following questions. If no, please proceed to section 7) | Yes | No |
| Are the appropriate ethics approvals in place from the relevant authority in your country? | Yes | No |
| If no, please give brief details below (max 200 words) on:  a. Your plan for obtaining necessary approval in order to conduct the study  b. How you will ensure that the time needed to obtain this will fit in with the project timeframe | | |

## Summary of financial support requested

|  |  |
| --- | --- |
| Please note that we will not accept applications over £10,000. **As a charity, it is our policy not to fund overheads or salaries of permanent employees.** | |
| **Description** | **Estimated cost** |
|  | £ |
|  | £ |
|  | £ |
|  | £ |
|  | £ |
| **Grant total:** | **£** |

## Other support

|  |  |
| --- | --- |
| * 1. Is the total cost of the activity more than you are asking us for? If so, please indicate: | |
| * + 1. Total cost:: | £ |
| * + 1. Amount already raised: | £ |
| * + 1. Source of funding: |  |
| * 1. If you are currently applying elsewhere for support for this work, please indicate: | |
| * + 1. To which organisation: |  |
| * + 1. Amount requested: | £ |
| * + 1. Date of decision: |  |
| * 1. Is the proposed project dependent on any other grants that you may hold? If so, please provide details below: | |
| Details: |  |

## Please confirm that:

|  |  |
| --- | --- |
| The application is complete, accurate and has been completed accordance to the guidance document supplied with the application form. |  |
| You (the main applicant) has read the Flexi Grant Call and Guidelines and, if successful, agrees to work closely with Action on Hearing Loss staff as appropriate. The main applicant shall be actively engaged in day-to-day control of the project. |  |
| The Head of Department has read this application and confirms that, if granted, the work will be accommodated and administered in the Department. |  |
| All necessary licences and approvals have been or are being sought. |  |
| The officer who will be responsible for administering any grant that may be awarded confirms that the Institution will administer the grant according to Action on Hearing Loss’ terms and conditions, and that the staff gradings and salaries are correct and in accordance with the normal practice of this Institution. |  |
| You (the main applicant) have read the Fair Processing Notice on page 1 of this application form about how Action on Hearing Loss will use your personal data, and that you give consent for your personal data to be used in this way, including for it to be shared with reviewers based outside the EU if necessary. |  |
| You confirm that all named co-applicants have read the completed application form, and have given their consent to be included in the application. |  |
| You confirm that all named co-applicants have read the Fair Processing Notice on page 1 of this application form about how Action on Hearing Loss will use their personal data, and have indicated to you that they give consent for their personal data to be used in this way, including for their data to be shared with reviewers based outside the EU if necessary. |  |

# Applicant CV

Please copy and paste the form below and complete for **each** applicant. **Do not exceed one page** per applicant.

|  |  |  |
| --- | --- | --- |
| **Name** | **Current position and name of employer** | **Start date** |
|  |  |  |

|  |
| --- |
| **Source of personal salary support** |
|  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Academic qualifications** | | | | |
| **Date** | **Award** | **Subject** | **Class** | **Awarding body** |
|  |  |  |  |  |
|  |  |  |  |  |

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| --- | --- |
| **Previous appointments** Including honorary and advisory roles | |
| **Dates** | **Appointment** |
|  |  |
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| **Summary of research in recent years** |

Provide a brief summary of your areas of research interest and grants held in the last 5 years.

# Description of activity (Maximum 1,000 words, excluding references)

Please explain:

1. How the grant will be used
2. Why this is important and timely
3. What the outcome/impact of this grant will be
4. How people with hearing loss and/or tinnitus will benefit