

## RESEARCH & INNOVATION GRANT APPLICATION FORM

<b>1. Applicant's Name</b>			
<b>2. BMUS Membership No :</b>			
<b>3. Are you a BMUS Member for more than one year</b>	Yes / No <i>Please indicate</i>		
<b>4. Present Post</b>			
<b>5. Job Title</b>			
<b>6. Department</b>			
<b>7. Institution</b>			
<b>8. Address</b>			
<b>9. Post Code</b>			
<b>10. Telephone</b>			
<b>11. E-mail address</b>			
<b>12. Professional Qualifications, degree, diploma etc (in chronological order) of main applicant</b>			
Qualification	Subject	Institution	Dates (dd/mm/yyyy)

<b>13. Co-Applicants :</b>  <i>Please annotate BMUS membership numbers if applicable</i>	<b>1.</b>  <b>2.</b>  <b>3.</b>
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I can confirm that the information on this form is accurate.

Signed : ..... Date : .....  
*(Main Applicant )*

Signed : ..... Date : .....  
*(Co-Applicant 2)*

Signed : ..... Date : .....  
*(Co-Applicant 3)*

Signed : ..... Date : .....  
*(Co-Applicant 4)*

14. Application to include :
<ul style="list-style-type: none"> <li>• Title of research/innovation project</li> <li>• Abstract of the proposal (max 100 words)</li> <li>• Aims of proposal</li> <li>• How the proposal will benefit BMUS members, the wider ultrasound community, or patients, bearing in mind the Society’s aims and objectives</li> <li>• Background to the proposal</li> <li>• Methods to be used in the proposal, including timescales</li> <li>• Data collection and statistical analysis (if appropriate)</li> <li>• Conclusion and Future Work</li> <li>• References</li> <li>• Costings</li> <li>• Please also indicate if the proposal raises ethical issues and if so, if ethical approval has been acquired</li> <li>• Please also attach a supporting letter from the Head of Department</li> </ul>