**Breakthrough Cancer Research Health Economics and Policy Call 2024**

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**Application form**

**INSTRUCTION TO APPLICANTS:**

Please note, it is your responsibility, as the applicant, to ensure that all proof of support documents are completed by the relevant people (co-applicants, collaborators and your host institution) before the closing date of **23rd September 2024 14:00 (Irish Time).** Submit your application by email at [research@breakthroughcancerresearch.ie](mailto:research@breakthroughcancerresearch.ie).

**Complete the six sections of the application:**

Section 1: Summary details of Lead Applicant, Co-Applicant(s), Collaborator(s) and Host Institution

Section 2: Research proposal details

Section 3: Project budget

Section 4: Ethical approval

Section 5: Lead Applicant, Co-Applicant(s), Collaborator(s) and Host Institution profiles

Provide the Signature Forms (Applicant(s) and Host Institution), attach the project Gantt Chart and relevant documents to support your application.

**Please use font Calibri, size 11**

**NOTE: INCOMPLETE APPLICATIONS WILL NOT BE ASSESSED.**

**SECTION 1: SUMMARY DETAILS OF LEAD APPLICANT, CO-APPLICANT(S), COLLABORATOR(S) AND HOST INSTITUTION**

* 1. **Lead Applicant details**

|  |  |
| --- | --- |
| Name: |  |
| Title/position: |  |
| Department or equivalent: |  |
| Name of Institution: |  |
| Address: |  |
|  |
|  |
| Tel number: |  |
| Mobile number: |  |
| Email address: |  |

**1.2 Co-Applicant details**

Details of all Co-Applicants associated with this research proposal should be listed.

**Note:** For additional co-applicants please copy and paste table as necessary **(up to a maximum of 3 Co-Applicants can be listed).**

|  |  |
| --- | --- |
| **Co-Applicant 1** | |
| Name: |  |
| Title/position: |  |
| Department or equivalent: |  |
| Name of Institution: |  |
| Address: |  |
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|  |
| Tel number: |  |
| Email address: |  |

**1.3 Collaborator details**

Details of all Collaborators associated with this research proposal should be listed.

**Note:** For additional Collaborators please copy and paste table as necessary **(up to a maximum of 5 Collaborators can be listed).**

|  |  |
| --- | --- |
| **Collaborator 1** | |
| Name: |  |
| Title/position: |  |
| Department or equivalent: |  |
| Name of Institution: |  |
| Address: |  |
|  |
|  |
| Tel number: |  |
| Email address: |  |

**1.4 Host Institution**

*Please note this call is open to take place at any University in the Republic of Ireland currently engaged in health economic evaluations.*

|  |  |
| --- | --- |
| Name of Host Institution: |  |
| Address: |  |
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|  |
| Contact person (Dean of Research/ Equivalent authorised personnel of institution): |  |
| Title/position: |  |
| Tel number: |  |
| Email address: |  |

**SECTION 2: RESEARCH PROPOSAL DETAILS**

**2.1 Project title** (maximum **20 words**)

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**2.2 Keywords**

*Please list up to* ***five keywords*** *that specifically describe your research proposal.*

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**2.3 Project duration (in months)**

*Applications should be for a duration of 12 months maximum.*

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**2.4 Scientific Abstract** (maximum **300 words**)

*Please give a succinct and accurate summary of the proposed work.*

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**2.5 Lay Summary** (maximum **300 words**)

*Please provide a summary of your proposal that is clear and easy to understand for a* ***lay audience.***

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**2.6 Alignment with Breakthrough's research priorities and strategies** (maximum **300 words**)

*Please describe the relevance of your proposed research with Breakthrough's research priorities and strategy.*

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##### 2.7 Research Description

*Please provide detailed description for each of the following sections.*

**2.7.1 Research Question** (maximum **50 words**).

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|  |

**2.7.2 Current Background, Relevance and Knowledge Gap** (maximum **1000 words**).

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**2.7.3 Overall Aim and Objectives (maximum 200 words).**

*Objectives should be SMART (specific, measurable, achievable, realistic and time-bound).*

**Overall aim**

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| --- |
|  |

**Objective 1 and associated deliverables**

*For additional objectives please copy and paste table as necessary*

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***Note:*** *You must provide a* ***Gantt chart*** *which lists the above objectives and deliverables against the estimated timelines for completion, together with any additional milestones/key dates and roles and responsibilities of the team etc. The Gantt chart should be provided as a separate file.*

**2.7.4 Methodological Approach (maximum 2000 words)**

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**2.7.5 Project Management (maximum 600 words).**

*Please describe how the proposed project will be managed and the role of each team member. Describe any oversight, advisory or government structures that are crucial to deliver the project if applicable. Also describe the contingency plans, including how you intend to manage any risks to the delivery of the project.*

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**2.7.6 Public Patient Involvement and Engagement in the Research Project (maximum 400 words).**

*Important: Describe Public Patient Involvement and Engagement (PPIE) in your proposal. What PPIE involvement if any have you incorporated into your application. This section should be in plain English for a lay audience.*

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**2.7.7 Impact Statement (maximum 600 words).**

*Please describe the potential of the proposed project to impact cancer patient outcomes beyond current knowledge or practices. It should be written in plain English for a lay audience.*

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**2.7.8 Dissemination and Knowledge Translation Plan (maximum 500 words).**

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**2.7.9 References (maximum 30 citations)**

##### Provide a list of publications/references cited in the project description above. Please add rows for additional references as necessary.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | **Date of Publication** | **Authors** | **Title** | **DOI** |
| **1.** |  |  |  |  |
| **2.** |  |  |  |  |
| **3.** |  |  |  |  |
| **4.** |  |  |  |  |
| **5.** |  |  |  |  |

**SECTION 3: PROJECT BUDGET**

**3.1 Project total budget**

The maximum total value of an award is **€50,000** for the maximum **duration of 12 months.**

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| **Total Budget:** |

**3.2 Project Budget**

**Table 1: Total direct costs related to the proposal**

Please provide details of the **total amount of funding** requested for the research proposal (Direct Costs only).

|  |  |
| --- | --- |
| **Cost Item** | **Total** |
| **1. Personnel Costs** |  |
| **a) Gross Salary (inclusive of employees’ pension contribution)** |  |
| **b) Employer’s PRSI** |  |
| **c) Employer Pension Contribution** |  |
| **2. Running Costs** |  |
| **3. PPI Costs** |  |
| **4.** **Equipment** |  |
| **5. Dissemination Costs** |  |
| **6. Data Management Costs** |  |
| **Total Costs** |  |

**Table 2: Justification of costs.**

Under each of the headings please **itemise each cost** and provide a brief but explicit **justification of the costs** claimed.

|  |  |
| --- | --- |
| **Line Item** | **Justification** |
| **1**. **Personnel Costs**  **a) Gross Salary**  **b) PRSI**  **c) Pension**  **(max 200 words)** |  |
| **2. Running Costs**  **(max 400 words)** |  |
| **3. PPI Costs**  **(max 200 words)** |  |
| **4.** **Equipment**  **(max 200 words)** |  |
| **5. Dissemination Costs**  **(max 200 words)** |  |
| **6. Data Management Costs**  **(max 200 words)** |  |

**3.3 Other Funding (maximum 150 words).**

**Have you previously submitted this or similar proposal to another funding body?**

Yes

No

(If yes) Please give details of the funding body, project title, result of submission/when outcome is expected, and award amount. **(maximum 150 words)**

**SECTION 4: ETHICAL APPROVAL**

Please provide details of the Ethical Committee(s) from which you will seek approval to conduct this research.

**SECTION 5: LEAD APPLICANT, CO-APPLICANT(S), COLLABORATOR(S) AND HOST INSTITUTION PROFILES**

**5.1.1 Lead Applicant Profile**

|  |  |
| --- | --- |
| **Name:** |  |
| **Title/position:** |  |
| **Institution:** |  |
| **ORCID Number:** |  |

**5.1.2 Employment**

*Please detail current and previous positions held including start and end date, job title and university/ hospital/ business/ institution where you were employed*

|  |  |  |
| --- | --- | --- |
| **Years (From-To)** | **Position** | **Institution** |
|  |  |  |
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**5.1.3 Current Position**

**Please select your Current position at the Host Institution.**

Permanent Position

Contract Position

**(If Contract)** Please provide an **Institution Letter of Support** from your Host Institution up to a maximum of 2 A4 pages.

**5.1.4 Academic Qualifications**

*Please detail academic and professional qualifications including start and end dates for each qualification.*

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| --- | --- | --- | --- |
| **Years (From-To)** | **Qualification** | **Course** | **Institution** |
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**5.1.5 Research Grants**

*Please provide details of the 3 most recent research grants you have been awarded. Please start with the most recent.*

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Grant Title** | **Funding Body** | **Award Date** | **Grant Value** | **Your Role** |
|  |  |  | € |  |
|  |  |  | € |  |
|  |  |  | € |  |
| **Total Grant Funding to Date:** | | **€** | | |

**5.1.6 Publications**

*Please detail your 5 most relevant, senior author (first, joint-first, or last author), peer-reviewed publications. Please start with the most recent publication and underline your name.*

|  |  |  |  |
| --- | --- | --- | --- |
| **Date of Publication** | **Authors** | **Title** | **DOI** |
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**5.1.7 Supervisor/Mentorship Activities**

*Please provide a count of all supervising and mentoring positions to date.*

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| **Current** | | | **Previous** | | |
| MSc | PhD | Post-doctoral | MSc | PhD | Post-doctoral |
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**5.1.8 Lead Applicant Role** (maximum **150 words**)

*Outline the role of the PI in the project*

***Note:*** *A signed* ***Lead Applicant Signature Form*** *must be provided.*

**CO-APPLICANT(S)**

**5.2 Co-Applicant Profile**

Please fill in the following table for each co-applicant. **Up to 3 Co-Applicants** may be included on this application. If more tables are required, please copy and paste as necessary. (max. **3 pages per Co-Applicant**).

**Co-Applicant 1**

**5.2.1 Required Details**

|  |  |
| --- | --- |
| **Name:** |  |
| **Title/position:** |  |
| **Institution:** |  |
| **Co- Applicant contributes in which perspective? Please select the dominant role**  **Researcher Co-Applicant**  **Knowledge User Co-Applicant**  **PPIE Contributor Co-Applicant** | |

**5.2.2 Researcher Co-Applicant**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **IF RESEARCHER CO-APPLICANT; complete the following** | | | | | | | | | | | | | |
| **ORCID (if known)** | | | | | | | | | | | | | |
| ORCID iD number: | | | | | | | | | | | | | |
| **Publications (5 most relevant)** | | | | | | | | | | | | | |
| *Please list the 5 recent publications that are most relevant to this application.* | | | | | | | | | | | | | |
| ***Date of Publication*** | | ***Authors*** | | | | ***Title*** | | | | | | ***DOI*** | |
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| **Details of research funding most relevant to this application as Principal Investigator/Co-Applicant (up to 3).** | | | | | | | | | | | | | |
| *Please note that this section should only include funding obtained as Principal or Co-Investigator.* | | | | | | | | | | | | | |
| **Grant Title** | | | **Funding Body** | | **Award Date** | | | | **Grant Value** | | **Your Role** | | |
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| **Total Grant Funding to Date:** | | | | | | | **€** | | | | | | |
| **Supervisory experience** | | | | | | | | | | | | | |
| **Current** | | | | | | | | **Previous** | | | | | |
| MSc | PhD | | | Post-doctoral | | | | MSc | | PhD | | | Post-doctoral |
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| **Co-Applicant Role** (maximum **150 words**). | | | | | | | | | | | | | |
| *Outline the role of the Co-applicant in the project. Describe the specific contribution and responsibilities of the Co-Applicant.*  ***Note:*** *For each co-applicant a signed* ***Co-applicant Signature Form*** *must be provided.* | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | |

**5.2.2 Knowledge User Co-Applicant**

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| --- |
| **IF KNOWLEDGE USER CO-APPLICANT; complete the following** |
| **Evidence of expertise and experience in influencing decision making within knowledge user organisation(s)** (Maximum **150 words)**  A **knowledge user** is defined as one in a position of authority to influence and/or make data decisions about health policy or the delivery of services and that can act to ensure that the findings of the research will be translated to influence decision making and change within their (or other) organisations. |
|  |
| **Co-Applicant Role** (maximum **150 words**).  *Outline the role of the Co-applicant in the project. Describe the specific contribution and responsibilities of the Co-Applicant.*  ***Note:*** *For each co-applicant a signed* ***Co-applicant Signature Form*** *must be provided.* |
|  |

**5.2.3 PPIE Contributor Co-Applicant**

|  |
| --- |
| **IF PPIE CONTRIBUTOR CO-APPLICANT complete the following** |
| **PPIE Co-Applicant experience and expertise relevant to this application** (Maximum **150 words)** |
|  |
| **Co-Applicant Role** (maximum **150 words**).  *Outline the role of the Co-applicant in the project. Describe the specific contribution and responsibilities of the Co-Applicant.*  ***Note:*** *For each co-applicant a signed* ***Co-applicant Signature Form*** *must be provided.* |
|  |

**COLLABORATOR(S)**

**5.3 Collaborator Profile**

Please fill in the following table for each collaborator associated with the project. If more tables are required, please copy and paste as necessary. **Up to 5 collaborators** can be added to this application.

**5.3.1 Collaborator 1**

***Note: All sections will be relevant to all Collaborators.***

|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Name and contact details** | | | | | | | | | | | |
| **Name:** | |  | | | | | | | | | |
| **Title/position:** | |  | | | | | | | | | |
| **Institution:** | |  | | | | | | | | | |
| **ORCID (if known)** | | | | | | | | | | | |
| ORCID iD number: | | | | | | | | | | | |
| **Publications (5 most relevant)** | | | | | | | | | | | |
| *Please list the 5 recent publications that are most relevant to this application.* | | | | | | | | | | | |
| ***Date of Publication*** | | ***Authors*** | | | ***Title*** | | | | | ***DOI*** | |
|  | |  | | |  | | | | |  | |
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| **Details of research funding most relevant to this application as Principal Investigator/Co-Applicant (up to 3).** | | | | | | | | | | | |
| *Please note that this section should only include funding obtained as Principal or Co-Investigator.* | | | | | | | | | | | |
| **Grant Title** | | **Funding Body** | | **Award Date** | | | **Grant Value** | | **Your Role** | | |
|  | |  | |  | | |  | |  | | |
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| **Total Grant Funding to Date:** | | **€** | | | | | | | | | |
| **Supervisory experience** | | | | | | | | | | | |
| **Current** | | | | | | **Previous** | | | | | |
| MSc | PhD | | Post-doctoral | | | MSc | | PhD | | | Post-doctoral |
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| **Collaborator’s Role** (maximum **150 words**) | | | | | | | | | | | |
| *Please outline collaborator role in the project.*  ***Note:*** *For each collaborator a signed* ***Collaboration Signature Form*** *must be provided.* | | | | | | | | | | | |
|  | | | | | | | | | | | |

**HOST INSTITUTION**

**5.4 Host Institution approval**

For the purposes of contracting, payment, and management of the award, Breakthrough funds can only be awarded to applications approved by the Host Institutions.

*Please make sure to provide a signed* ***Host Institution Signature Form****.*

**Checklist for submission**

**For all applications**

|  |  |
| --- | --- |
| Document Name | Included? |
| Application Form |  |
| Gantt chart (Upload attachment) |  |
| Lead Applicant/Co-Applicant(s)/Collaborator(s) Signature Form |  |
| Host Institution Signature Form |  |

**Where applicable**

|  |  |
| --- | --- |
| Document Name | Included? |
| Letters of support |  |