###### Research

###### Workshop & Conference Support

*Application Form for Support for Research Workshop/Conferences*

February 2020



*The application form should be saved as a .pdf file and submitted by e-mail to* *eimear.cowan@hscni.net*

*The signatories who have e-signed the application declaration page (section 7) must be cc’d into the submission email.*

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|  | **PLEASE COMPLETE IN TYPESCRIPT** |  |
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| **1.** | **APPLICANT’S DETAILS** |
|  | Name |  |  |
|  |
|  | Employing organisation |  |  |
|  |
|  | Address |  |  |
|  |  |
|  |  |
| Postcode |  |
|  |
|  | Telephone |  | Ext |  |  |
|  |
| E-mail  |  |  |
|  |

|  |  |
| --- | --- |
| **2a.** | SYNOPSIS OF PROPOSED RESEARCH WORKSHOP/CONFERENCE |
|  | Title of event |  |
|  |  |  |
|  |
|  | Date(s) of event (dd/mm/yy) |  | Duration of event |  |  |
|  |
|  | Proposed Venue |  |  |
|  |
|  | Justification of Venue (if applicable) |
|  |  |  |
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|  |  |
| --- | --- |
| **2b.** | SYNOPSIS OF PROPOSED RESEARCH WORKSHOP/CONFERENCE (cont.) |
|  | Audience details (include information on different sectors, professions and anticipated numbers). |
|  |  |
|  |
|  | Description of event including detail of the research context. |
|  |  |
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| --- | --- |
| **2c.** | SYNOPSIS OF PROPOSED RESEARCH WORKSHOP/CONFERENCE (cont.) |
|  | Description of the proposed **benefit** that this Research event will have for the HSC. |  |
|  |  |  |
|  |  |
|  | Detail **individuals/organisations in the HSC** who have been/will be involved in the event and their role (e.g. in the planning, as participants or attendees, endorsing). In particular, comment on any engagement with Dept. of Health, HSC Commissioning bodies or Public Health Agency relating to the event. |
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| **2d.** | SYNOPSIS OF PROPOSED RESEARCH WORKSHOP/CONFERENCE (cont.) |
|  | Detail **Personal and Public Involvement** in the event planning, efforts to circulate details of the event to suitable individuals and organisations. |
|  |  |  |
|  |
|  | Have you identified one or more service user(s) to attend the event free of charge? If not, and you would like assistance identifying appropriate service users/members of the public to attend, please state below. |  |
|  |  |  |
|  |

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| --- | --- | --- |
| 3a. | FINANCE |  |
|  | Total cost of event  | £  |  |
|  |  |
|  | Support being requested from HSC R&D Division | £  |  |
|  |  |
|  | Name of Institution who will be Administering the Award |  |  |
|  |  |
|  | Support secured from other organisation(s) |
|  |  |
|  | Level of funding secured | £  |  |
|  |  |
|  | Name(s) of supporting organisation(s) |  |  |
|  |  |
|  | Details of any non-monetary support |  |  |
|  |  |
| **3b.** | JUSTIFICATION FOR SUPPORT |
|  | Please provide detail and justification for the financial support requested.  |  |
|  |  |
|  |

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| **4.** | DECLARATIONS |
|  | Applicant | *I confirm that the conference/workshop is non-profiting making and that I have read the ‘Guidance for Research Workshop/Conference Support Scheme’ and agree to abide by the conditions under which a grant is awarded.* |  |
|  |
|  | Signature(e-signature acceptable) |  | Date |  |  |
|  |
|  |
|  |  **Authorised signatory for institution administering the Award** |  *I confirm that the below named organisation has a record of this application for an HSC R&D Workshops and Conferences Award and that the below named organisation will administer the Award.* |  |
|  |
|  | Name |  |  |
| Position |  |
| Organisation |  |
|  | Address |  |  |
|  | Email |  |  |
|  | Telephone |  | Ext |  |  |
|  |  |
|  | Signature(e-signature acceptable) |  | Date |  |  |
|  |  |  |

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| --- | --- | --- |
|  | The application form should be saved as a .pdf file.Please submit completed application forms by e-mail to: eimear.cowan@hscni.netThe signatories who have e-signed the application declarations must be cc’d into the submission email. |  |
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