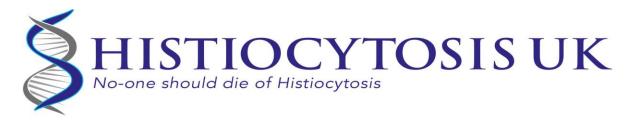


•	Please note that only one application is allowed per research team each grant round.	The principal applicant
	e-mail address will be used for all communication	

1. Details of principal applicant	I. D	Details	of p	rinci	ipal	app	licant
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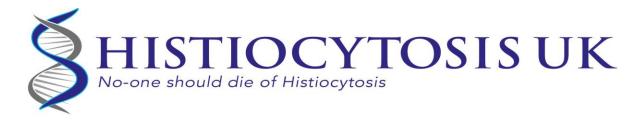
Details of UK-based co-applicants.



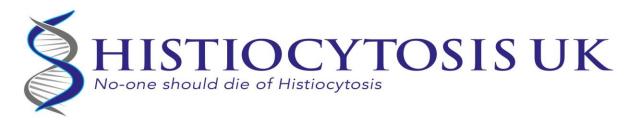
3. Estimated costs (please note that the charity does not cover overheads)

Salary	Consumables	Equipment	Total
-	• •		al terminology (maximum 200
ords). Please no	ote that this section may be se	en by non-scientists.	
	ibe the relevance of this p	•	fits with Histio UK research
r plan to involve noice of researc arrying out resea	patients or members of the p	oublic in the research pro esign or in carrying out t ing findings. It involves w	he research. This is different to

7. Outline your proposed research plan (maximum 1200 words). You should describe the hypothesis to be tested and the methods of research to be used. The study design should be described in sufficient detail for our advisors to understand what is proposed.



8. Outline your plans to develop this work into a nationally competitive funding bid including target funder and likely timeline (200 words)
9. Please list up to 5 recent publications for the principal applicant
10. Have you applied to the charity with this application before? If so, please give the reference number and brief reasons for the resubmission.
II. Do you or your co-applicants have any grants from Histiocytosis UK that are currently active? If so, please give the reference number(s)
I I a) If yes to the above, are you up to date with submitting the interim/final reports requested by the charity?
I2. Do you or your co-applicants have any grants from OTHER funders that are currently active? If so, please give the name of funder value and reference number(s)



12 a. Have you or your co-applicants applied for grants from OTHER funders for this proposal. If so, please give the name of funder, value, reference number(s) and status of the application.				
13. Terms and Conditions Acceptance				
Institution/ Host Confirmation and Acceptance of the administration and financial management of this award IF granted. (Note: Applications WILL NOT be accepted without this confirmation).				
Host Institution representative Signature & Designation, Institutional Host Stamp and Date of Approval				
☐ By checking this box: -				
 We agree that we have read and understood the Terms and Conditions applicable to any successful application. 				
We agree that, we as the Host and Institution will carry out all administration and financial management (including any transfer of funds) for all funds received by us to enable this project and will do what needs to be done to ensure the project can be conducted and concluded in the time period.				
3. We understand and agree that all funds made available under this application will be made and received by us GBP £ sterling and no other currency, in addition all currency charges involved in the transfer will be paid by us the Host Institution.				
4. We agree that we will sign on presentation the TERMS & CONDITIONS as presented to us by Histiocytosis UK.				
Signed on behalf of the Institution/Host				
Signature:				
Designation:				
Date dd/mm/yy				
Official Institution / Host Stamp				

Please name the file with the principal applicant's surname (for example smithoutline.doc) and return this form with other documentation as required in the guidelines by e-mail to: Histio@histiouk.org

Please note that if you do not receive an acknowledgement within 7 days of submitting your outline proposal form it may mean that your e mail has not been received so please contact +44 (0) 7850 740241.

Should any award be offered, the host body/organisation MUST accept, process and complete the Histio UK documentation within six months of the date of any award offer letter.