**CR@B COVID-19 mitigation award**

|  |  |
| --- | --- |
| **Name of Principal Applicant** |  |
| **Department/Institution** |  |
| **Status (postdoc, PhD, *etc*.)** |  |
| **Contact details (email, telephone)** |  |
| **Name of Co-Applicant (where relevant)** |  |
| **Department/Institution** |  |
| **Status (academic, clinician research officer, postdoc, PhD, etc. but not direct supervisor)** |  |
| **Contact details (e-mail, telephone)** |  |
| **Amount of funding requested (max £2,000)** | *Please provide a breakdown of costs - see guidance notes* |
| **Date funding required** |  |
| **Duration of proposed activity and outline how timescale fits with remaining contract**  |  |
| **Title of activity** |  |
| **Research activity affected by COVID-19** | *Max 250 words. See guidance notes for assessment criteria* |
| **Description of activity to be funded**  |  *Max 250 words. See guidance notes for assessment criteria.* |
| **Expected benefits and relevance to cancer** | *Max 250 words.* |
| **EIRA1 form required** |  Yes/No – if Yes, please attached completed and signed form to this application. |

I am applying for the funding outlined above and agree to the Conditions of the Award. If successful I will report on the results/outcomes within 12 months of the activity.

Principal Applicant Name (please print):

Signature: Date:

Co-applicant (where relevant) or Name (please print): PI/supervisor if the applicant(s) is/are
a PostDoc or PhD student (in support of the application)

Signature: Date:

***Please return this form to Ben Hutchinson bjh55@bath.ac.uk. Deadline is by midday Monday 31st Oct. 2021***