



The Association
of UK Dietitians

General and Education Trust (GET)

(OFFICE USE) GRANT APPLICATION NUMBER:

GRANT APPLICATION FORM

NAME:	TELEPHONE:
ADDRESS:	FAX:
	EMAIL:
QUALIFICATIONS AND PROFESSIONAL MEMBERSHIP:	

TITLE OF GRANT REQUEST:

SUMMARY OF WHAT THE GRANT IS FOR:

PROPOSED DURATION:	TOTAL AMOUNT REQUESTED:
START DATE:	£

1 AIMS AND OBJECTIVES OF THE PROJECT:

(a) PLEASE STATE THE AIMS AND OBJECTIVES OF WHAT YOU HOPE TO ACHIEVE WITH THE GRANT:

(b) PLEASE SPECIFY HOW THE AIMS AND OBJECTIVES OF THE PROJECT WILL BENEFIT (ACTUALLY OR POTENTIALLY) "THE SCIENCE AND PRACTICE OF DIETETICS":

(c) HAS THE PEN WEB TOOL BEEN INTERROGATED TO ASSESS WHETHER EVIDENCE IS AVAILABLE TO SUPPORT THE PROJECT? HOW WILL THE OUTCOMES OF THIS GRANT FUNDED WORK SUPPORT PEN AS PART OF THE DIETETIC KNOWLEDGE BASE? WWW.PENNUTRITION.COM

2 FULL DESCRIPTION OF HOW YOU WILL USE THE GRANT, PLEASE PROVIDE SOME BACKGROUND INFORMATION, A FLOW CHART OF THE SEQUENCE OF EVENTS AND THE TIME FRAME YOU WILL BE WORKING IN:

3 HAVE YOU MADE AN APPLICATION TO ANY OTHER ORGANISATION FOR FUNDING OF THIS PROJECT? PLEASE PROVIDE DETAILS

4 MONITORING ARRANGEMENTS

PLEASE EXPLAIN HOW YOU PROPOSE TO MONITOR AND EVALUATE THE PROJECT, SETTING OUT THE CRITERIA YOU PROPOSE TO USE FOR ASSESSING ITS EFFECTIVENESS IN MEETING ITS AIMS AND OBJECTIVES.

(please continue on a separate sheet if necessary)

5 ETHICAL APPROVAL

IS ETHICAL COMMITTEE APPROVAL NEEDED FOR THE PROJECT?

YES

NO

IF 'YES' PLEASE INCLUDE A COPY OF THE APPROVAL.

PLEASE TICK ONE BOX

OFFICE USE

YES

NO

APPROVAL RECEIVED

IF UNSURE INFORMATION IS AVAILABLE ON THE NHS HEALTH RESEARCH AUTHORITY WEBSITE, [HTTPS://WWW.HRA.NHS.UK/ABOUT-US/COMMITTEES-AND-SERVICES/RES-AND-RECS/](https://www.hra.nhs.uk/about-us/committees-and-services/res-and-recs/)

6 PLANS FOR DISSEMINATION

Please explain how you intend to feed project outputs back into dietetics. The Trustees will require outcomes to be disseminated in a way which benefits the practice of dietetics as widely as possible. This may be through direct distribution to the profession or to be submitted to a peer reviewed journal such as the Journal of Human Nutrition and Dietetics. Other publications will be considered if submission to a peer reviewed journal is not appropriate. It should also feed into profession wide tools such as PEN.

ACCEPTANCE OF CONDITIONS

I have read the terms and conditions (available on the BDA website) and if my application is successful I agree to abide by them. I shall be actively engaged in, or responsible for the project.

If at any time the project does not look as if it will be achieving the completion date, I understand that it is my responsibility to inform the British Dietetic Association and advise of the new completion date.

I understand that if the funding from the trustees is not used within an agreed timeframe then it may be withdrawn. I undertake to submit regular progress reports and inform the trustees of delays which may affect the funding stream.

Signed: _____

Date: _____

Return application forms to:

The Secretary to the Trustees
British Dietetic Association General and Education Trust Fund
3rd Floor, Interchange Place
151-165 Edmund Street
Birmingham
B3 2TA
get@bda.uk.com

SCHEDULE A: DETAILS OF GRANTS REQUESTED

FIXED	YEAR 1 £	YEAR 2 £	YEAR 3 £
OFFICE EQUIPMENT (PLEASE EXPLAIN WHY THIS IS NOT ALREADY AVAILABLE)			
COMPUTER HARDWARE			
COMPUTER SOFTWARE			
OTHER (E.G. RECRUITMENT, TRAINING, PLEASE SPECIFY)			
SUB TOTAL			

OTHER EXPENSES	YEAR 1 £	YEAR 2 £	YEAR 3 £
COST OF MEETINGS, TRAVEL AND SUBSISTENCE			
POSTAGE, PHOTOCOPYING			
TELEPHONES			
SUB TOTAL			

SALARIES (IF APPLICABLE)	YEAR 1 £	YEAR 2 £	YEAR 3 £
SALARY (A) INCLUDING ALL EMPLOYERS COSTS			
SALARY (B) INCLUDING ALL EMPLOYERS COSTS			
(CONTINUE WHERE NECESSARY)			
SUB TOTAL			

TOTAL			
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If the project is to run for more than 1 year you will need to specify the cost assumptions you are making (e.g. 'at 2019 prices' or 'assuming 5% inflation per annum', etc) Applications for salaries must include a copy of a job description and person specification for each post.

SCHEDULE B: CV OF APPLICANTS OR A DESCRIPTION OF THE SPONSORING ORGANISATION

DESCRIPTION OF SPONSORING ORGANISATION

SIGNATURE ON BEHALF OF THE ORGANISATION

*FINANCE DIRECTOR/ADMINISTRATOR/BURSAR/HEAD OF DEPARTMENT
(*Delete as applicable)

NAME:	JOB TITLE:
ADDRESS:	TELEPHONE NUMBER:
	EMAIL:

OFFICER RESPONSIBLE FOR ADMINISTRATION OF GRANT IF APPROVED:

NAME:	JOB TITLE:
ADDRESS:	TELEPHONE NUMBER*:
	EMAIL* :

(*If different from above)