**Organ-On-A-Chip Technologies Network
Sabbatical Pump-priming Project Application Form**

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| **Principal Investigator** |
| Title: |  | First name: |  | Surname: |  |
| Email: |  |
| Division / Department: |  |
| Organisation  |  |
| Will the named researcher be based here:  | YES / NO (delete as appropriate) |

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| **Co- Investigator** (All applications must have at least one Co-I) |
| Title: |  | First name: |  | Surname: |  |
| Email: |  |
| Division / Department: |  |
| Organisation  |  |
| Will the named researcher be based here:  | YES / NO (delete as appropriate) |

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| **Co- Investigator** (Additional Co-I if any) |
| Title: |  | First name: |  | Surname: |  |
| Email: |  |
| Division / Department: |  |
| Organisation  |  |
| Will the named researcher be based here:  | YES / NO (delete as appropriate) |

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| **Researcher Co- Investigator** (If any) |
| Title: |  | First name: |  | Surname: |  |
| Email: |  |
| Division / Department: |  |
| Organisation  |  |

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| **Named Researcher** (the main person who will conduct the majority of work) |
| Title: |  | First name: |  | Surname: |  |
| Email: |  |
| Division / Department: |  |
| Organisation  |  |

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| **Project Title** |
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| **Project Aims** (Maximum 500 characters with spaces) |
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| **Lay Summary** (Maximum 2000 characters with spaces) |
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| **Suitability of the Team** (Maximum 500 characters with spaces) |
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| **Funding Information** |
|  | **Cost** (100% fEC) |
| Researcher Salary Costs:  |  |
| Researcher Salary Overheads (only associated with researcher salary): |  |
| Consumables Costs: |  |
| Travel & Subsistence Costs: |  |
| **Total (100%fEC):** |  |

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|  | **Cost** (80%fEC) |
| **Funding requested (80% fEC)** |  |

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| Start Date: |  | End Date: |  | Duration (months): |  |
| Have these costings been approved by the PIs Institution? | YES / NO |
| Is this a new collaboration between the PI and the Co-I? | YES / NO |
| If this project generates any IP will it be held by the PI’s institution (standard default agreement)? If not, will alternative IP agreements be in place for the start date. | YES / NOYES / NO |
| Please indicate any potential conflicts of interest with the network leadership team. https://organonachip.org.uk/people/ |  |

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| **Justification of Resources** (Maximum 1000 characters with spaces) |
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| **Case for Support – Background, Objectives, Project Plan, Vision & Benefit to the Network**(Arial font 11, One page maximum, including any figures and references) |
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