



(insert programme theme) **Funding Call Out**

Applicant Details

Name

Email

Telephone

Profession

Professional Address

Role within the Programme

Programme Outline

Name of program

Proposed geographical location

Description of program: include evidence base. (Attach Business Plan as a Separate Document)

Is this a new Programme? Y/N

If no, please state outcomes of current programme

List of intended beneficiaries

What are the inclusion and exclusion criteria?

Please state how you will notify potential beneficiaries of this program.

Funding (€)	
State total funding requested	
If this program is funded by multiple sources, please include the name of the funding body and percentage contribution.	
Responsibility	
Has a data protection impact assessment been completed to ensure the patient's (data subject/person) personal data is protected at all times?	Yes No N/A
Where appropriate, has this programme been approved by the local Research Ethics committee?	Yes No N/A
Do patients sign a consent form to get involved in the programme (if so, please attach)?	Yes No N/A
Please state any potential conflict of interest in the personal involved in this program or the institutions/Industries involved in this program.	
Signature of Beneficiary	
Date	