**NIHR Research Capability Funding 2020/21**

**Application Form**

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| 1. **Details of the Post**
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| Post holder’s name: |  |
| Job Title: |  |
| Department/Division: |  |
| Work Address: |  |
| Email: |  |
| Telephone: |  |
| Qualifications held: |  |

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| **2. Which RCF Category you are applying for?** |
| [ ]  Bridging funding[ ]  Maternity Cover/ Sickness / Backfill[ ]  Extension to existing RCF award |

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| **3. please explain the situation for which you are asking for RCF** * if bridging funding, please state the future award details including the funder, planned start date and if the future funding is secure
* if Maternity/Sickness please state the job role and duration
* if an extension, please explain why an extension is needed, what work has been completed so far, and what activities will be completed with this extra RCF.
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| **4. Financial information** |
| **Grade** |  |
| **Salary point** |  |
| **%FTE** |  |
| **Duration** |  |
| **Full cost requested** |  |

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| **6. Manager Approval** *(confirmation by email is acceptable)* |
| In my capacity as the line manager of the Post, I confirm that I support and approve of this application, and agree that we can make backfill arrangements where applicable.  |
| **Line Manager’s Name:** |  |
| **Job Title:** |  |
| **Work Address**  |  |
| **Email:** |  |
| **Telephone:**  |  |
| **Signature:** |  |
| **Date:** |  |