

## **Cobalt Health ("Cobalt") – Research Project Application Form**

To apply for support or funding for a research project – please download a copy of this form, complete the right-hand side, press the save button, then submit it as an email attachment to [research@cobalthealth.co.uk](mailto:research@cobalthealth.co.uk)

Please note:

- Applicants are requested to please complete every question, unless it explicitly says "optional". Accurate answers of "None" or "TBC" are preferred to a blank/missing response.
- Please ensure that each of your answers does not exceed 200 words.
- **Applications for research project funding exceeding £2,000 must be submitted during our winter (15th Nov - 31st Dec) or summer (1st May - 15th June) grant application windows.**
- Before completing this form, applicants are advised to refer to Cobalt Health's charitable objects, which can be found on the website of the Charity Commission for England and Wales: <https://register-of-charities.charitycommission.gov.uk/en/charity-search/-/charity-details/3976190/governing-document>
- For more information or to contact our research team visit [www.cobalthealth.co.uk/research/](http://www.cobalthealth.co.uk/research/)

Date of application (dd.mm.yyyy)	
Project name/title	

### Applicant details

The following questions relate to the person completing this form

Your full name (please include your title)	
Preferred name / known as	
Email address	
Phone number	
Current/latest job title	
Current/latest department	
Current/latest employer	
Main organisations for which you performed paid work within the past 24 months (optional)	

By submitting this form, you (the applicant) agree to Cobalt and its research team:

- retaining the information provided within this form for record-keeping purposes, and
- using the information provided within this form for review and monitoring purposes, and
- using your personal data provided within this form to contact you about your application.

Do you consent to Cobalt's research team retaining and using the above information to contact you about other matters? e.g. regarding potential/future opportunities for researchers Please note: answering "no" to this question does not automatically preclude approval	Yes  No
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## Co-applicants and collaborators

Co-applicants (if any) Please include name, job title and current/latest employer	
Collaborators (if any) Please include name, job title and current/latest employer	

## Context and potential conflicts of interest

Please note: questions in this section are for transparency - answers will not automatically preclude approval

**\*\*Please answer the following questions on behalf of the applicant, co-applicants and collaborators**

Have you** worked before on a project/team that was awarded funding from Cobalt?	Yes No
If yes Please elaborate on the team/project, what was funded, and roughly when it occurred	
Are you** affiliated or familiar with any current or former Cobalt team member(s)?	Yes No
If yes Please provide name(s) and clarify the nature of the relationship(s) e.g. colleagues, former colleagues, friends, family members, spouse etc.	
Is there any potential conflict of interest between you** and Cobalt? Conflicts of interest may arise where an individual's personal/family interests conflict with those of Cobalt. Interests may include but are not limited to paid appointments, voluntary appointments, investments, commercial interests, payments or gifts.	Yes/maybe No
If yes/ maybe Please elaborate on the potential conflicts of interest	

## Project and impact

### Introduction and background

**Please ensure your answer does not exceed  
200 words**

### Overarching aim of the project / intended outcome

**Please ensure your answer does not exceed  
200 words**

Project and impact (continued)

<p>Specific objectives and/or milestones</p> <p><b>Please ensure your answer does not exceed 200 words</b></p>	
<p>Applicable areas of medicine or healthcare</p> <p>e.g. dementia, prostate cancer, musculoskeletal, etc.</p>	
<p>Modalities of medical imaging that the project will use or have relevance to, and how?</p> <p>e.g. PET-CT, CT, MRI, X-ray, ultrasound</p>	
<p>Scientific and clinical rationale: How is it anticipated to benefit patients?</p> <p>Include potential for altering future clinical practice and/or patient experience</p> <p><b>Please ensure your answer does not exceed 200 words</b></p>	
<p>Which patients are expected to benefit?</p> <p>e.g. those with what specific population attributes, symptoms or medical characteristics</p>	
<p>Other Cobalt projects/activity that this project complements or competes with (if known)</p>	

**Methods**

Is this a clinical trial?	Yes No
How will data be collected and/or collated?	
What will be measured?	
How will data be analysed? If quantitative, please specify the statistical method	

Methods (continued)

Do you consent to Cobalt-derived datasets created as part of this project being used for other Cobalt-supported research?	Yes No N/A as no datasets will be created using Cobalt-derived data
Will the project recruit any patients? e.g. to act as subjects/controls	Yes No
If yes How many patients?  How will patients be recruited and excluded?	
What will be required of the recruited patients? e.g. a questionnaire, interviews, specific procedures or imaging etc.	
Will the project recruit any healthy volunteers?	Yes No
If yes How many volunteers?  How will volunteers be recruited and excluded?	
What will be required of the healthy volunteers? e.g. a questionnaire, interviews, specific procedures or imaging etc.	
Will the project require any retrospective use of existing patient data?	Yes No
If yes How will this be accessed?  How will it be stored?	
Considerations around pseudonymisation and confidentiality of patient/participant data	
Considerations around patient/participant consent	
Considerations around diversity within patient/participant groups (if applicable) e.g. race, ethnic origin, nationality, gender, marital status, sexual orientation, mental or physical disability, religion, age, education and financial factors	

Methods (continued)

Has ethical approval been obtained?	Yes No Not yet, but it will be obtained
If yes When, from where, and what is the reference number?	
If not yet What ethical approval is being sought?	

Sites

Primary site and location of the project	
Additional sites/locations (if any)	

Timing

Proposed start date (dd.mm.yyyy)	
Proposed duration in months	
Proposed end date (dd.mm.yyyy)	

Resources

If applying for funding, please be sure to answer all questions in this section, even if the answer is "None"

Total cost of completing this project	£
Breakdown of the costs involved in completing this project  Please break down the total project cost into a budget, clarifying what any funding committed to this project will be used to purchase	

Resources (continued)

<p>Breakdown of the other resources required to complete this project Include any necessary support/input or access to facilities, equipment, patients, data etc.</p>	
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<p>To cover the above costs and other resource requirements of the project:</p>	
<p>(i) What funding and/or resources have already been secured? (if any)</p>	
<p>(ii) What funding and/or resources are being sought from Cobalt through this application?</p>	
<p>(iii) What funding and/or resources will be sought from elsewhere? (if any)</p>	

<p>Estimated project income (if any)</p>	
<p>Organisation administering the project expenditure This is the organisation proposed (if applicable) to receive funding from Cobalt on behalf of the individual applicant or project team</p>	

Other

<p>Any other information to support your application, e.g. bibliography (optional)</p> <p>If you wish to submit supporting documentation (e.g. a trial protocol, participant information sheets or consent forms) please specify this and attach it when submitting your application form</p>	
<p>Were any outputs from generative AI tools included in this application?</p> <p>Please note: this question is for transparency - your answer will not automatically preclude approval</p>	<p>Yes</p> <p>No</p>