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| **1.0 APPLICANT AND ORGANISATION DETAILS** | |
| **Applicant Name:** |  |
| **Applicant Contact Details:** |  |
| **Organisation Name:** |  |
| **Organisation Contact Details:** |  |

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| **2.0 PROJECT/PROGRAMME DETAILS** | |
| **Title:** |  |
| **Description:** |  |
| **Beneficiaries:** |  |
| **Does this programme involve personnel/patient participation?** |  |
| **Inclusion Criteria for Participation:** |  |
| **Exclusion Criteria for Participation:** |  |

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| **3.0 EXPLICIT CONSENT AND DATA PROTECTION COMPLIANCE** | |
| **Is *explicit consent* required from participants?** |  |
| **Has this programme/project been approved by an Ethics Committee (EC)?** |  |
| **Has a Data Protection Impact Assessment been conducted?** |  |

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| **4.0 FINANCIAL DETAILS** | |
| **Amount of Funding Requested:** |  |
| **Financial Breakdown of Funding Requested:** |  |
| **Is this Programme funded from other sources? If yes, please provide funding details** |  |

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| **5.0 DECLARATION** | |
| I declare that the information provided herein to the ***Beacon Foundation*** is accurate to the best of my knowledge | |
| I declare that ***I do not know*** of any potential or existing ***Conflict of Interest*** in the personnel/institution/industry involved in the Beacon Foundation | |
| **Applicant Name:** |  |
| **Signature:** |  |
| **Date:** |  |

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| **6 .0 APPLICATION OUTCOME** | | |
| **Is the funding request:** | **Yes** | **No** |
| **Rejected** |  |  |
| **Conditionally Approved** |  |  |
| **Fully Approved** |  |  |

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| **7.0 SIGNATURE APPROVALS** | |
| **Name of Beacon Foundation Approver 1:** |  |
| **Signature of Beacon Foundation Approver 1:** |  |
| **Name of Beacon Foundation Approver 2:** |  |
| **Signature of Beacon Foundation Approver 2:** |  |
| **Date:** |  |