



IIH UK Research Grant application form

Please ensure that you have read any relevant invitations for research from IIH UK and the terms and conditions below. Please email your completed application to amandadenton@iih.org.uk

Lead applicant:

Department and Institution:

Lead applicant address:

Lead applicant email:

Lead applicant Tel no:

Project title:

Research proposal: Include background information, proposed methodology, how people with IIH (pwIIH) will be involved in the proposed research, proposed outputs and dissemination methods that incorporate both published materials and layman summaries for pwIIH. Maximum two sides of A4.

Lay Summary: Maximum 250 word lay summary of the proposed research

Experience: Maximum 200 words on the experience of the researcher and team in relation to Idiopathic Intracranial Hypertension and/ or research area. Researcher CV (two pages max) should be submitted as appendices to the application.

Duration of the project: One year

Start date and finish date: Anticipated December 2024 – December 2025

Proposed Timeline (pictorial visualisation of planned stages such as a gant chart):

Funds requested from IIH UK (Maximum £10,000):

Detailed justification of costs: (attach additional file if needed or include a table which itemises the costings)

Terms and conditions

I agree to notify IIH UK of any significant changes in the particulars of the grant, occurring either before or during the period of the award period. I warrant that no obligations to other bodies have been entered into, which are inconsistent with the terms of this agreement. I will not at any time in the future enter into any such

obligations without the previous written consent of IIH UK. Where research is carried out on IIH UK's members and/or other patients I agree that appropriate ethics applications will be made. I further agree that pwlIH and other conditions will be treated with courtesy and consideration at all times. I shall be actively engaged in the day-to-day control of the project.

Signature of lead applicant:

Name of lead applicant:

Date:

I have read and accept the conditions under which grants are awarded. I have read and support this application. I confirm that I agree to this research being carried out in my department, and that all necessary licences and approvals have been obtained or are being sought.

Signature of Head of Department:

Name of Head of Department:

Date:

Address for correspondence:

Phone (direct line):

E-mail:

If a grant is made, I will ensure that the funds provided are used for the purpose for which they have been given. I confirm that I have read and accept the conditions under which grants are awarded and that it is our intention to maintain our support for this department during the period for which this grant is requested. I warrant that no obligations to other bodies have been entered into, which are inconsistent with the terms of this agreement. I will not at any time in the future enter into any such obligations without the previous written consent of IIH UK. I confirm that this institution will meet any costs arising from maternity/paternity or sick leave and redundancy.

Signature of Administrative Authority/Finance Officer:

Name of Administrative Authority:

Address for correspondence:

Phone (direct line):

E-mail:

