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| EU RESEARCH APPLICATION FORM | HSENational Research and Development OfficeLevel 2 Block D, Parkgate Business Ctr, Parkgate St,  Dublin 8 D08YFF1 E: [**NationalR&DOffice@hse.ie**](mailto:NationalR&DOffice@hse.ie) T: **(01) 635 2892** |

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**This form must be completed before making an EU research application to register the project and for approval purposes.**

**PLEASE ANSWER ALL OF THE QUESTIONS IN THIS FORM**

**1. HSE Project Lead / HSE Principal Investigator**

|  |  |
| --- | --- |
| **Title:** | Choose an item. |
| **Full Name:** |  |
| **Contact Phone Number:** |  |
| **Work Email:** |  |
| **Work Position / Role:** |  |
| **HSE Division / Area / Department:** |  |
| **Work Address:** |  |

**2. HSE Project Contact Person**

|  |  |
| --- | --- |
| **Title:** | Choose an item. |
| **Full Name:** |  |
| **Contact Phone Number:** |  |
| **Work Email:** |  |
| **Work Position / Role:** |  |
| **HSE Division / Area / Department:** |  |
| **Work Address:** |  |

**3. EU Project Details**

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| --- | --- |
| **Research Type:** | Choose an item. |
| - Other (please specify) |  |
| **EU Project Title:** |  |
| **Name of the Call:** |  |
| **Reference No. / ID of the Call:** |  |
| **Deadline of the Call:** | Click here to enter a date. |
| **What stage of the call you are at?** | Choose an item. |
| **Title of your work package / Contribution to the project:** |  |
| **Summary of HSE Proposed Activity:** (maximum 100 words) |  |
| **Project Start / Finish Dates (estimated):** | Start date. Finish date. |
| **Name of the EU Project Primary Coordinator (institution):** |  |
| **Number of EU Project partners:** |  |

**4. EU Project Budget Breakdown (Estimated)**

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| --- | --- | --- | --- | --- | --- |
| **Will the HSE receive project funding?** | Choose an item. | | | | |
| - If yes, please complete a budget breakdown amount (€) below: |  | | | | |
| **Direct Cost**: | Year 1 | Year 2 | Year 3 | Year 4 | **Total** |
| - Personnel |  |  |  |  |  |
| - Travel |  |  |  |  |  |
| - Equipment |  |  |  |  |  |
| - Consumables |  |  |  |  |  |
| - Audit (if applicable) |  |  |  |  |  |
| - Other (please specify) |  |  |  |  |  |
| - Subcontracting cost |  |  |  |  |  |
| **Indirect Cost** (25% of direct cost) |  |  |  |  |  |
| **Total Cost**: |  |  |  |  |  |

**Note:** *If you need support with calculation of your budget please contact R&D Office.*

**5. Budget Justification**

*Please explain how the funding will be used (max.200 words)*

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**6. Contact Details of Financial Officer**

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| **Title:** | Choose an item. |
| **Full Name:** |  |
| **Contact Phone Number:** |  |
| **Work Email:** |  |
| **Work Position / Role:** |  |
| **HSE Division / Area / Department:** |  |
| **Work Address:** |  |

**7. Additional Information**

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| **Is Ethics approval required?** | Choose an item. |
| **-** If yes, which REC will review your application? |  |
| **Is Health Products Regulatory Authority (HPRA) approval required:** | Choose an item. |
| **Is State Claims Agency approval required?** | Choose an item. |
| **How will GDPR and the Health Research Regulation be complied with?**(maximum 100 words) |  |

**Note:** *If you need support to answer any of these queries please contact R&D Office.*

**8. Line Manager / Head of Service / Division**

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| --- | --- |
| **Title:** | Choose an item. |
| **Full Name:** |  |
| **Contact Phone Number:** |  |
| **Work Email:** |  |
| **Work Position / Role:** |  |
| **HSE Division / Area / Department:** |  |
| **Work Address:** |  |
| **Has local approval been received?** | Choose an item. |

**9. Local Approval by Line Manager / Head of Service / Division**

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| **Date:** | Click here to enter a date. |
| **Signature:**  **Print name:** |  |

**10. HSE Project Lead / Principal Investigator Declaration**

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| ***I confirm that the information provided herein is accurate, discloses the requirements and provisions of the proposed research activity, and that all relevant parties have been notified.*** |  |
| **Date:** |  |
| **Signature:**  **Print name:** |  |

For office use only

|  |  |
| --- | --- |
| **Date of Approval by the HSE LEAR:** |  |
| **Signature:**  **Print name:** |  |
| **PIC Number:** |  |
| **Reference Number:** |  |