New Business Proposal Form

1. Name of Chief Investigator (CI):

2. Department:

3. Organisation:

4. Work telephone number of CI:

5. Work email address of CI:

6. Have you spoken to any staff at BCTU No  Yes

CRCTU No  Yes

**If yes, please provide their name(s):**

|  |
| --- |
| **7. Working title and/or acronym:** |

|  |
| --- |
| **8. Disease area (max. 100 characters):** |

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| --- |
| **9. Concept/research question to be addressed (max. 150 words):** |

|  |
| --- |
| **10. Brief background/justification (max. 300 words):** |

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| **11. Planned intervention or treatment arms:** |

12. Are you working to a specific deadline: No  Yes

If yes, please state; Date:

Name of funder:

Commissioned call ref (if applicable):

**13. Is this a Fellowship application:** No  Yes

**14. Will this proposal include clinical sites outside of the UK?** No  Yes

If yes, please state countries/continents;

**15. Has the proposal been discussed by a national or regional independent group?**

No  Yes

If yes, please tick the appropriate group and attach proof of approval where applicable:

Birmingham NIHR BRC  MW-ATTC

Cancer NIHR Clinical Study Group (CSG)  TAP

IMPACT

Other:

**16. Please attach any other appropriate supporting documentation.**