|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Principal Investigator** | Position | Department | Division | Are you an Emerging Translational Innovator? \*  | Please confirm that your senior PI or line manager has granted you permission to undertake this work subject to award recommendation by the panel \*\* |
| Name:Email address: |  |  |  | [ ]  YES[ ]  NO |  |

***\**** Oxford employed-, early career researchers which includes post-doctoral researcher, clinical researchers, or junior group leaders within the first few years of independence and/or on their first permanent, open-ended or long-term rolling contract

\*\* A signed letter of confirmation from the PI/line manager will need to be appended to the case for support application.

**To be completed ONLY if you have selected the ETI option above**

|  |  |  |
| --- | --- | --- |
| Please can you state the details of the mentor who will support you during your proposal\*\*\* | Please briefly state the expected skills set that you are looking to gain/develop during the course of the application with support from the identified mentor [max. 200 words] | How will this application support your future aspirations? [max. 150 words] |
| Name:Email address: |  |  |

**\*\*\* The mentor can either by your senior PI or line manager. Alternatively, if you are unable to seek support from your line manager or do not match the skillset that you require we strongly suggest that you take a look at our** [**EiR network**](https://www.medsci.ox.ac.uk/for-staff/resources/translational-research-office/experts-in-residence) **and identify an Expert that you would require support from.**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Co-Investigator(s)** | Position | Department | Division | Research Group |
| Name:Email address: |  |  |  |  |

*A maximum of 3 applications can be accepted per research group with the applicant appearing as Co-I or PI. We strongly recommend an internal triage process within your research group to shortlist the two best applications to be submitted to this scheme. Please discuss applications with your group prior to submission*.

**Project Title**

|  |
| --- |
|  |

**Research Area (please tick all that apply)**

|  |
| --- |
| Bioscience for health |[ ]
| Clinical/human translation (aligned with NIHR Biomedical Research Centre activity) |[ ]
| Infection/Immunity/Inflammation/AMR |[ ]
| Vaccine Science |[ ]
| Rare diseases |[ ]

|  |
| --- |
| Neuroscience  |[ ]
| Diabetes |[ ]
| Oncology |[ ]
| Cell and Gene Therapies |[ ]
| Mental Health |[ ]

|  |
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| Endocrinology |[ ]
| AI/Data Science for health |[ ]
| Physical sciences linked to medical research |[ ]
| Related to COVID-19 |[ ]
| Other (please describe) |[ ]

|  |  |
| --- | --- |
| Name, position and contact details of administrative contact *(Departmental research facilitator, manager, administrator or finance officer who can facilitate award set up through IRAMS and X5).* |  |

**Administrative Contact for Award**

***In order to complete this form, please use font ‘Arial’ with minimum font size of 11 without adjusting the margin of the text box.***

***Applicants are strongly advised to use the ‘Guidance for Applicants’ document on ‘What are the panel looking for?’ hints under each section of the case for support form when completing your application.***

**Confidential lay summary** (max. 250 words)

**Non-confidential lay summary** (max. 250 words)

This information could be shared with external agencies eg. funders and potential industry partners if deemed within the best interest of the PI. Please Include a description of your innovation and its impact, who the potential partners and/or end user could be, the competitive advantage, how the funding will be used to reach a critical milestone.

I am happy for this summary to be shared with selected potential industry collaborators and/or funders [ ] N. [ ] Y.

**Funding History (please tick all that apply):**

Please indicate if the project has received any funding from the following sources to-date.

|  |
| --- |
| Previous MLSTF applicant |[ ]
| Medical Research Council (MRC) |[ ]
| Biotechnology and Biological Sciences Research Council (BBSRC) |[ ]
| National Institute for Health & Care Research (NIHR) |[ ]
| Cancer Research UK (CRUK) |[ ]
| Wellcome |[ ]
| Other (Please specify) |

**Intellectual Property**

|  |
| --- |
| **Brief outline of existing and expected intellectual property (IP) from this proposal**. It is highly recommended that you consult with Oxford University Innovation (OUI) −contact details at end of document − to discuss all (IP) matters (max 200 words). |
| Do you have any patents/IP in place or submitted that covers this work? | [ ] N. [ ] Y. Please give brief details:      |
| Do you anticipate that work proposed here will give rise to any new IP? | [ ] N. [ ] Y. Please give brief details:      |
| Do any organisations other than Oxford University, have any rights to the work being proposed here *(e.g. through commercial sponsorship, or grant funding)? How will IP be managed in respect to these collaborators?*  | [ ] N. [ ] Y. Please give brief details:      |
| Do you need to access background IP/patents, materials, data or other resources held by anyone else for this work (*e.g. using a technique/ discoveries patented by another group, or materials, data or equipment provided under an agreement)?* | [ ]  N. [ ]  Y. Please give brief details:       |
| Have OUI been engaged in discussions around the proposed research?  | [ ]  N. [ ]  Y. Please give brief details of Licensing and Ventures Manager engaged with project:       |

**Ethics**

|  |  |
| --- | --- |
| [ ]  Not required  | Please give reason *(e.g. does not involve human material):*      |
| [ ]  Application in progress  | Please state status:      |
| [ ]  Ethics obtained | Please give relevant ethics committee project title and reference number:      |

**Case for support form**

**SECTION 1.1: Scientific Justification and Project Developmental Plans** (max 500 words)

Which follow-on funding streams would be most appropriate for your project?
[ ]  MRC DPFS [ ]  NIHR i4i [ ]  BHF TA [ ] CRUK MPA [ ]  Other

**SECTION 1.2: Please list the key risks to delivering the project** (max 500 words)

**SECTION 2: Competitiveness of the approach** (max 400 words)

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| --- |
|  |

Have you considered, or do you have the need, to receive support for market research and identify commercial opportunities? [ ] Y [ ] N. If you have ticked yes, please note that MLSTF can fund market research or business development support as part of the proposal.

**SECTION 3: Industry engagement** (max 200 words)

**SECTION 4: Regulatory management** (max 300 words)

**SECTION 5: Data Management Plan** (max 100 words)

Does your project include utilisation of clinical data from the NHS or other sources as training model for your proposed technology? [ ] Yes [ ] No

**SECTION 6: Justification for support** (max 200 words)

**SECTION 7: Sources of matched funding** (max 100 words)

|  |
| --- |
| **Once completed please append the following documents to this case for support form and merge into a single PDF to be uploaded onto IRAMS by 10:00 on 5th February 2024:**[ ]  **One page CV for each named applicant** [ ]  **One page of the X5 costing** [ ]  **One page MAX of a comprehensive Gantt chart for the proposed project (Please see this exemplar Gantt chart ‘Setting Realistic Timelines’ to help prepare your application** [**https://www.medsci.ox.ac.uk/for-staff/resources/translational-research-office/news-training-events/tips-for-mlstf-applicants**](https://www.medsci.ox.ac.uk/for-staff/resources/translational-research-office/news-training-events/tips-for-mlstf-applicants)[ ]  **One page MAX of your supporting data/table/figures for SECTION 1.1**[ ]  **A signed letter by senior PI or line manager confirming permission for ETI to undertake the proposed activity in application** |