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):**  |

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

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

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

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

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.**