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**Imperial - Nanyang Technological University   
Collaboration Fund**

APPLICATION FORM

* ***This form must be completed using 10pt Arial font. Margins must not be adjusted. Where the form has been adjusted or incorrect font used, the proposal will be returned to the applicant without further assessment.***
* ***Please send the completed application form to globalseedfunds@imperial.ac.uk AND RISE (NTU submission).***

***Deadline: 5 January 2024 (Friday).***

1. **Imperial Applicant details** (please attach CV as supporting document)

|  |  |
| --- | --- |
| **Name of Principal Investigator** | **Department** |
| **Current position**  *(Note that applicants must be permanent members of academic staff)* | **If you are a member of an Imperial Centre or Network, please provide Centre/Network name here** |

|  |  |
| --- | --- |
| **Name of Co-investigator (if relevant)** | **Department** |
| **Current position** | **Institution** |
| *(duplicate co-investigator section as necessary)* | |

1. **NTU Applicant details** (please attach CV as supporting document)

|  |  |
| --- | --- |
| **Name of Principal Investigator** | **Department/School/College** |
| **Current position** *(Note that applicants must be permanent members of academic staff)* |  |

|  |  |
| --- | --- |
| **Name of Co-investigator (if relevant)** | **Department/School/College** |
| **Current position** | **Institution** |
| *(duplicate co-investigator section as necessary)* | |

1. Case for support (Section 3 must be 2 pages maximum)

|  |  |  |  |
| --- | --- | --- | --- |
| **Title** |  | | |
| **Duration (max 1 year)** |  | **Start date** |  |
| **Is the collaboration existing, new or a renewal of a previous partnership?**  existing / new / previous *(please select one)* | | | |
| **A description of the relevant research/training conducted by the Imperial/NTU individuals or groups in recent years** | | | |
| **A description of the activities and collaboration proposed** | | | |
| **Explanation of how the activities proposed will generate demonstrable added value to the PI / Research Group / Department / Faculty / College / University** | | | |
| **For Research Proposals: A description of the opportunities available for leveraging funding. Where possible, state specific funding opportunity/opportunities for subsequent onward support.** | | | |

1. Funding requested

|  |  |  |
| --- | --- | --- |
| Item  (please elaborate with examples) | **Funding requested from Imperial (£)** | **Funding requested from NTU (SGD$)** |
| Research consumables/datasets |  |  |
| **Travel** |  |  |
| **Subsistence** |  |  |
| **Facilitation fees for online workshops** |  |  |
| **Payment for student assistance** |  |  |
| **Other Expenses** (Please elaborate) |  |  |
| **Total** |  |  |
| Please provide a justification of activities detailed above:  *Applicants are strongly encouraged to provide a thorough justification of the requested budget, including a detailed breakdown of costs (e.g. airfares, number of nights of accommodation and rate per night), to aid the Group when considering this request.* | | |

1. **Declaration** (Applicable to NTU Applicant only)

I hereby certify the information given in this application are, to the best of our knowledge, true, complete, and correct. We have read and fully understand the 'Call Document and Guidance'. We understand that the personal data provided in this form will be used by the relevant committees and authorised personnel responsible for handling applications for the award.

**NTU Principal Investigator**

Name & Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date:\_\_\_\_\_\_\_\_\_\_\_\_

**NTU Co-Investigator** *(duplicate co-investigator section where necessary)*

Name & Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date:\_\_\_\_\_\_\_\_\_\_\_\_

**To be completed by Head of Department** *(To be completed by Dean if applicant is HoD)*

Application Supported: Yes / No

Remarks:

[Please indicate your remarks here.]

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_   
Name & Signature of HoD/School Associate Chair (Research) or Equivalent

Date:\_\_\_\_\_\_\_\_\_\_\_\_