

EPSRC

Engineering and Physical Sciences  
Research Council  
Polaris House, North Star Avenue  
Swindon SN2 1ET

# RESEARCH PROPOSAL

EPS(RP)

You should read the separate notes for guidance and the 'Guide to Research Grants' before completing any research proposal. The form EPS(RP) must be accompanied by a case for support. The EPSRC will reject research proposals which are not complete

## 1 DETAILS OF PROPOSAL

### Organization where grant would be held

Organization  
Division or Department  
Address

### Investigators

Total number of investigators 1 Please give details of each investigator below. Continue on a separate sheet if necessary.

Details	Principal Investigator				Co-investigator 1				Co-investigator 2			
Title/Initials												
Surname												
Post held												
Organization												
Division or Department												
Telephone												
Fax												
E-mail												
Hours per week on project												
First EPSRC proposal?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Change in organization?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>

### Co-authors

Give the name and organization of the individuals on this project who are co-authors of the proposed research.

### Scheme

Indicate if the proposal is

Fast Stream  Link  Overseas Travel

### Related proposals

- If this proposal is a resubmission, please give the previous grant proposal Ref no. GR/
- If there is more than one organization submitting and EPS(RP) for this project, please give details of the investigator(s) and project title(s).
- If this proposal has been submitted in response to a specific call for proposals please give title of call.

Title of Research project (*Please do not exceed 108 characters including spaces*)

**Summary of EPSRC Resources Required for Project**

a. Financial resources required

	Total £
Staff	
Travel and subsistence	
Consumables	
Exceptional items	
Equipment	
Large Capital	
PCTF	
<b>Sub-total</b>	
Indirect costs	
<b>Total</b>	

b. Summary of Staff effort requested

	Months
Post Graduate	
Post Doctoral	
project Students	
Technician	
Other	
Visiting Fellows	
<b>Total</b>	

c. Facilities total

£

**Start data and Duration**

a. Proposed start date

b. Duration of grant (months)

**Joint Research Councils / Ministry of Defence Grants**

If MoD/DERA have indicated that they are prepared to provide support for this proposal if successful, please indicate the percentage level of this support and MoD/DERA contact name.

Percentage of support

b. Name of MoD/DERA contact

**Public Communication Training Funds (PCTF)**

Do you wish to apply for Public Communication Training Funds? Yes  No

**Objectives**

List main objectives of the proposed research in order of priority. These objectives should be those which you would wish the EPSRC to use in the evaluation of your work.

**Summary**

Describe the proposed research in about 200 words.

**Beneficiaries**

Describe who will benefit from the research.

BENEFICIARIES HERE

**Staff**

Name and grade	Starting point on spine	Increment date	Appoint-ment date	Duration of ap-point-ment	% of Full time	Basic starting salary £	London al-lowance Y/N	Gross annual salary £	Total cost on grant £
<b>RESEARCH STAFF</b>									
i) Post Graduate RAs					% % %				
ii) Post Doctoral RAs					% % % % % % % %				
iii) Project Students									
<b>TECHNICAL STAFF</b>					% % % %				
<b>OTHER STAFF</b>					% % %				
<b>VISITING FEL-LOWS</b>					% % %				
								<b>Total £</b>	

## Visiting Fellows

details	Nominated Fellow
Title / Initials	
Surname	
Post Held	
Home Organization	
Division or Department	
Country	
Telephone	
Fax	
E-mail	

### Financial Details of Nominated Fellow

a. Will the Fellow be supporting dependants? Yes  No

b. What annual salary would host organization pay staff of the Fellow's status?

c. if salary contribution required from EP-SRC, state

(i) percentage of normal salary being received from any other source  %

(ii) normal salary if less than above

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Title / Initials	
Surname	
Post Held	
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(ii) normal salary if less than above

**Travel and Subsistence**

Destination and purpose	Total £
<b>Total £</b>	

**Consumables**

Specify	Total £
<b>Total £</b>	

**Exceptional Items**

Specify	Total £
<b>Total £</b>	

**Equipment (single items under £100,000)**

Description of items and country of manufacture	Basic price £	Import duty £	VAT £	Total £
			<b>Total £</b>	

**Large Capital (single items £100,000 and over)**

Description of items and country of manufacture	Basic price £	Import duty £	VAT £	Total £
			<b>Total £</b>	

**Facilities and Services**

Give details of any proposed usage of EPSRC-supported facilities and of any services required together with the cost that will be incurred. Please complete a separate facilities form if necessary.

a. Facilities

Facility	Instrument(s)	2000/01	2001/01	2002/03	2003/04	2004/05	Total units	Cost £
							<b>Total £</b>	

a. Services

Service	Instrument(s)	Total units	Cost £
		<b>Total £</b>	

Other Support Give details of any support received from any source for this or related research in the past three years (minimum £10,000).

Source	Brief title of research proposal(s)	Amount sought	Amount awarded £

### Collaboration

Please give details of collaborators and their contributions to the research. These contributions should be in addition to resources identified in pages 3 to 5. If there are more than two collaborating bodies please continue on a separate sheet.

Details	Collaborator 1		Collaborator 2	
Name of contact				
Name of collaborating body				
Address of collaborating body				
Telephone				
Fax				
Type of organization				
Number of employees				
Main Business and SIC code if applicable				
Direct contribution to project	Description	Value £	Description	Value £
a. cash				
b. equipment / materials				
c. secondment of staff				
d. other				
<b>Sub-Total</b>				
Indirect contribution to project				
a. use of facilities/equipment				
b. staff time				
c other				
<b>Sub-Total</b>				
<b>Total Contribution</b>				
			<b>Total Contribution (all collaborators)</b>	

### Declaration

In completing this research proposal, we confirm that

- we have read the 'Guide to EPSRC Research Grants',
- if a grant is offered we will accept the EPSRC Terms and Conditions,
- we have not entered into any obligations which could conflict with these.

**Signatures**    **Name in BLOCK CAPITALS**      **Date**

Principal Investigator

Co-investigator(s)

Administrative Authority(s)  
(Position held)

### COMPLIANCE WITH THE DATA PROTECTION ACT 1998

In accordance with the Data Protection Act 1998, the personal data provided on this form will be processed by the EPSRC, and may be held on computerised databases and/or manual files. Further details may be found in the guidance notes.

## 2 OTHER INFORMATION

This information will NOT be circulated to referees or panels.

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### Referees

Please give details of three expert referees whom the EPSRC may approach for assessment of this research proposal.

#### Referee 1

Name  
Position held  
Organization  
Address  
E-Mail

#### Referee 2

Name  
Position held  
Organization  
Address  
E-Mail

#### Referee 3

Name  
Position held  
Organization  
Address  
E-Mail

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### Personal Information

The EPSRC aims to encourage equal opportunities. If you are willing to do so, please provide the information on your own and you colleagues' age, sex and ethnic origin. We will NOT use this information in the assessment of this research proposal, but only for internal and statistical purposes.

Please give details for each investigator below. Continue on a separate sheet if necessary.

	Principal Investigator	Co-Investigator 1	Co-Investigator 2
Date of birth			
Sex			
Ethnic origin (see below)			

### Ethnic origins

White  
Pakistani

Black-African  
Bangladeshi

Black-Caribbean  
Chinese

Black-Other  
Other

Indian