

Supplementary Questionnaire for Applicants

It is MANDATORY to complete this form and upload as part of the supplementary documents for your application

Applicant name:

Project title:

1. Project timelines

Please outline your timeline for executing the project with key milestones e.g. hiring of staff, data analysis, ethics approval requirements, publication dates etc.

(Maximum 1000 words including references)

2. Please describe (if applicable) which metrics are being collected (such as patient-reported outcomes, time and resource costs) to allow upscaling of the project into routine healthcare. Please highlight any data being collected to measure the cost effectiveness of the project implementation.

We recommend the use of bullet points for this section. For data collection please itemise all fields that will be collected. This will help the panel judging immensely.

(Maximum 1000 words including references)

3. Is this an ongoing project?

Yes No

If yes, please explain if the additional support from Gilead Sciences Ltd is for a new phase or ongoing phase of the project

(approximately 100 words)

4. Does this application relate to a currently or previously funded Gilead UK and Ireland Fellowship Programme project?

Yes No

Acknowledgement

All boxes must be ticked to meet the Fellowship Programme criteria.

- I acknowledge that the local Clinical Commissioning Group (CCG)/Health Board/Health Office is aware of and supportive of the project and its potential impact
- I agree that the project will be completed by the end of February 2021.
- If my application is successful, I (or a nominee) agree to engage with members of the Gilead Medical Affairs department and complete standardised status reports at 6 and 12 months and a final report no later than 24 months.
- I agree to engage in further discussion with Gilead if my application is considered more suitable for a joint working agreement instead of a grant.
- I have examined the project and confirm this is not a study based on the EUDRACT definition of an interventional or non-interventional study.

Name:

Date:

Please submit any letter of approval you have received from your local CCG, Health Board or Health Office. This letter must be submitted as soon as you receive it, via email to gileadfellowship@ch-science.co.uk, quoting the full name of the applicant, email address (used for registration) and project title.

Thank you for completing this supplementary questionnaire form.