**NUTRICIA MEDICAL AFFAIRS  
ADULT RESEARCH AWARD APPLICATION FORM**

Thank you for applying for the Nutricia Research Award. Please make sure you have read the supporting information available [**here**](https://www.nutricia.ie/hcp/news/nutricia-adult-research-award.html) before submitting your application.

Please complete the application form in full, providing as much detail as possible where requested. Once completed, please send the application form, along with a copy of your research project proposal or protocol to [UKclinicalresearch@nutricia.com](mailto:UKclinicalresearch@nutricia.com) by 5pm on Monday 14th July 2025.

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| --- | --- |
| **ABOUT YOU** | |
| Name |  |
| Job title |  |
| Contact email |  |
| Contact telephone number |  |
| Role in this research project |  |
| Name of organisation |  |
| How did you hear about this award? |  |

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| --- | --- |
| **ABOUT THE RESEARCH PROJECT** | |
| Research project title | |
|  | |
| Research project aim | |
|  | |
| Research project intervention (if applicable, provide details of any interventions to be included in the project) | | |
|  | | |
| Research outcome measures (what do you want to measure?) | | |
|  | | |
| Expected timelines for research project | | |
| Project start date |  | |
| Project completion date |  | |

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| **What is the expected research project sample size?** | |
| No. of participants (total) |  |
| No. of participants in each study group (if applicable) |  |

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| **TELL US WHAT SUPPORT YOU NEED** (requests may be made for study product or other types of support in addition to the Research Award funding) | |
| Total amount of financial support requested | € |
| Time period over which the financial support  will be required (approximate dates) |  |
| |  |  |  | | --- | --- | --- | | **Research project costs** (give details of all research project costs for which funding is required, e.g. funding for investigator post, printing, photocopying, car mileage, and any other costs arising from the research project | **COST (€)** | **SUBTOTAL (€)** | |  |  |  | | **TOTAL** |  |  | | |

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| **As part of your project, would you also like to apply for the provision of free of charge product?**  **Yes / No** (please delete as appropriate) | |
| If yes, please give details of your product requirements   |  |  |  |  | | --- | --- | --- | --- | | **Product (specify flavours if relevant)** | **Quantity per patient** | **No. of participants requiring product** | **Total product**  **quantity required** | |  |  |  |  | |  |  |  |  | |  |  |  |  | | |
| Duration of intervention with Nutricia product (days/weeks) |  |

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| **any other details relating to your request for support with the project** |
|  |
| **Please attach a copy of your research protocol to this application form and send to** [**UKclinicalresearch@nutricia.com**](mailto:UKclinicalresearch@nutricia.com) **.**  You should receive acknowledgement of the receipt of your application within five working days. The deadline for applications is 5pm on Monday 14th July 2025. Applicants will be notified of the outcome of their application by 5pm on Monday 6th October 2025. If you have any questions, please contact [UKclinicalresearch@nutricia.com](mailto:UKclinicalresearch@nutricia.com)  Thank you for your application. |