SHAW CENTRE
FOR PAEDIATRIC EXCELLENCE

Type of Application (select one only even if proposal overlaps 2 categories):

☐ Research   ☐ Research Implementation   ☐ Social Action

Principal Applicant Information:

Name: _____

Telephone Number: _____

Email address: _____

Position/Primary Job Title: _____

Primary Division/Program: _____

Please indicate the number of hours per week the principal applicant will be dedicating to the work outlined in the application.: _____

If this is a research proposal, does the Principal Applicant agree to comply with The UWI Policy and Procedures on Research Ethics

Select one only   ☐ YES   ☐ NO

If 'NO', this application will not be considered

Application Title:

_____

Amount Requested (BBD):_____

Co-Applicant(s) Information:

Name: _____   Title: _____

Email: _____

Name: _____   Title: _____

Email: _____

Name: _____   Title: _____

Email: _____

Name: _____ Title: _____

Email: _____

Declaration of Conflict of Interest:

- Please indicate whether the Principal Applicant, and/or any of the co-applicants on the grant have any perceived, potential, or real conflicts of interest to declare. These conflicts of interest could include financial interests (including funding or other financial relationships), personal relationships, professional affiliations, or other interests that could potentially compromise the objectivity of grant activities and/or reporting on outcomes related to the grant.

☐ **Yes**

☐ **No**

If 'Yes', please describe: _____

_____

Checklist:
☐ Application Form

☐ Project Plan (Maximum 5 pages + 1 page for references only, 11-point Arial font, at least 2.5 cm margins on all sides). Appendices are not allowed.

_____ _____
Principal Applicant's Signature Date

I have read, understood and pledge to adhere to the 2025 SCPE Paediatric Catalyst Grant Competition Terms of Reference associated with submitting this application. Furthermore, I declare that this project/idea for which I am submitting this application is in no way, shape or form, already being funded or has any overlap with other grants.

_____ _____
Co-Applicant's Signature Date

_____ _____
Co-Applicant's Signature Date

_____ _____
Co-Applicant's Signature Date

_____ _____
Co-Applicant's Signature Date

_____   _____
Co-Applicant's Signature   Date

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