

THE RAYNAUD'S & SCLERODERMA ASSOCIATION

SUMMARY OF INSTRUCTIONS FOR SUBMITTING APPLICATIONS

1. Applications containing information set out as detailed below, must be submitted with four typescript, single spaced copies. It is compulsory that an electronic version is sent via email to: anne@raynauds.org.uk
2. Completed applications should be sent to:
Mrs Anne H Mawdsley MBE, Chief Executive, Raynaud's & Scleroderma Association, 112 Crewe Road, Alsager, Cheshire ST7 2JA to arrive before either 31st March, 30th June or 31st October for consideration by the Trustees.
3. In addition to the completed cover sheet, each application submitted is not normally to exceed six pages of A4 typescript and should consist of a detailed submission under each of the following headings:
 - A. Introduction, 200 - 300 words detailing the background that led to the formulation of the project
 - B. Objectives
 - C. Procedures - An adequate description of details of the experimental design required
 - D. Ethical Committee Approval - if appropriate
 - E. Facilities available
 - F. Facilities required
 - G. Other support
 - i) List all current grants held by the applicant
 - ii) State whether the present application has been submitted elsewhere
 - H. Significance of this project and relevance to the Association's aims of fostering research into Raynaud's and/or scleroderma
 - I. Scientific references to the text

ADDITIONAL REQUIREMENTS

- 1) Curriculum vitae of applicant(s) including list of relevant publications and a statement of how many hours per week the applicant(s) will spend on this work.
- 2) Four copies each of accompanying tables, figures, photographs or reprints of papers etc. Only relevant publication references within the last five years are required.
- 3) Four copies of a separate A4 page describing the project in layman's terms is an essential requirement.

**ALL APPLICANTS SHOULD READ THE RSA
'GUIDELINES FOR APPLICANTS'
BEFORE SUBMITTING AN APPLICATION.**

The Raynaud's & Scleroderma Association
112 Crewe Road, Alsager, Cheshire ST7 2JA
Telephone: 01270 872776 Fax: 01270 883556

COVER SHEET

(to be completed, signed and returned with your application)

Summary of Application for: _____

Applicant's name: _____

Appointment: _____

Institution and address: _____

Applicant's Email Address: _____

Brief title of application: _____

Nature of support requested: _____

Cost breakdown _____

Proposed starting date: _____

1) Head of Department Name: _____

Signature: _____

2) Administrative Authority Name: _____

(Appointment and postal address
if different from the applicants) _____

Signature: _____

FOR OFFICE USE ONLY
Copy No:
RSA Serial No:
Date received:
Date ack: