

RCS International Project Grant

This application form is to be completed in FULL and submitted to **internationalteam@rcseng.ac.uk** by **Friday 1**st **June 2018, 5pm**.

Organisation Type: Institution Name: Address: Country: Country: Contact name: Position: Email address: Part (B) - International Project Lead(s) Contact name: Position: Email address: Phone: Please list any other leads involved in the delivery of this project: Contact name: Position: Email address: Contact name: Position: Email address: Contact name: Position: Email address:	Part (A) - Institu	itional Details		
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Organisation Type.				
Institution Name:				
Address:				
			Country:	
Contact name:				
Position:				
Email address:			Phone:	
Please list any other p proposed project:	roject partners	or stakeholders tl	nat will play a role in the	delivery of your

Part (D) - Project Proposal
Title:
Please write a detailed proposal of the project, including: 1. The objective and timeline of you project 2. The benefits of the project to your current practice in your home country 3. The impact that this project will be likely to have to the international partner and LMIC

Part (E) - Project Justification
Please describe the need that has been identified
Based on the above, please explain how your project is relevant and appropriate within the local context:
Please identify changes that you expect to be seen by the middle of the project:
Please identify changes that you expect to be seen by the end of the project:

Part (F) - Project Managemen	t and Support	
Describe the systems that are current	ly in place that will support your impleme	entation and delivery of your project:
What do you anticipate will be the bigg	gest challenge you and your partners wil	I face in managing this project, and
how do you intend to address this?	gest challerige you and your partiters will	riace in managing this project, and
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project and how they will benefit.	ning the role each partner organisation w	viii play during the delivery of this
Partner	Role	Benefit

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Grants will be awarded up to a maximum value of £5,000 as a contribution towards the cost implementing and delivering a programme aimed at delivering surgical care in resource-poor countries. Payment will be made into the institutions account by bank transfer.

Please describe how these monies are to be spent with the amount in local currency.

All sections must be completed and a clear justification for the funds requested must be given.

Description	Amount
TOTAL:	
GBP equivalent:	

Disclaimer and Signature				
I certify that my answers are true and complete to the best of my knowledge. If this institution is awarded a project grant, I understand that it will be bound by the conditions of that award.				
Full name:				
Position:				
Signature:		Date:		