



BRITISH CATTLE VETERINARY ASSOCIATION APPLICATION FOR RESEARCH GRANT

APPLICANT

Name: _____

Address: _____

Tel No: _____ Fax No: _____ E-MAIL: _____

ACADEMIC / RESEARCH COLLABORATOR

Name: _____

Address: _____

Tel No: _____ Fax No: _____ E-Mail: _____

Project Title: _____

Please enclose a description of the project (maximum 1000 words). Consult the attached - "Guidelines on Application for a BCVA Clinical Research Grant".

Amount Of Money Applied For: _____

IT IS CONSIDERED DESIRABLE, ALTHOUGH NOT ESSENTIAL, THAT RESEARCH PROJECTS BE UNDERTAKEN IN COLLABORATION WITH AN ACADEMIC COLLEAGUE. BOTH PARTIES SHOULD AGREE TO THE PRESENTATION OF THE WORK AT A BCVA MEETING WITHIN 6 MONTHS OF COMPLETION OF THE PROJECT, AND THE PRODUCTION OF A PAPER FOR PUBLICATION IN *CATTLE PRACTICE*.

Name of Applicant: _____

(Block letters please)

Signature: _____ **Date:** _____

Name of Collaborator: _____

(Block letters please)

Signature: _____ **Date:** _____

COMPLETED FORMS AND PROJECT DESCRIPTIONS SHOULD BE RETURNED TO ADDRESS BELOW:-

**Clinical Research Officer
BCVA Office, The Green
Frampton-on-Severn
Glos. GL2 7EP**

Tel: 01452 740816 Fax: 01452 741117 E-mail: office@cattlevelvet.co.uk Web: www.bcva.org.uk