|  |  |
| --- | --- |
|  | Leicester Institute for Advanced Studies & the Centre for Black and Minority Ethnic Health |

## Call for Intensive Tiger Teams,

|  |
| --- |
| Tiger Team Information |
|

|  |  |  |  |
| --- | --- | --- | --- |
| Tiger team name: |  |  |  |
| Lead Applicant: |  |  |  |
|  | Name |  |  |
|  |  |  |  |
|  | Host Department/School |  |  |

|  |  |
| --- | --- |
| Team members |  |
|  |  |
|  |

|  |
| --- |
|  |
|  |
|  |
|  |

 |
|  | Please nominate a lead applicant for administrative purposes. Please list the name, Department/School or organization for the entire team, and add or remove lines as needed. |

 |
| Case for Support |
| **1. The research idea***Maximum 100 words***2. Background***Please outline the current research and/or external reference points and their limitations, maximum 300 words. Please state clearly how the research idea fits the goals of the Centre for BME Health.* **3. Novelty** *Please explain how the team offers a fresh, innovative approach to the theme, maximum 200 words.***4. Approach and workplan** *Please explain the interdisciplinary approach to be taken and how the team’s work will be organized over the funding period, maximum 500 words***5. Pathway to outputs and outcomes***Please outline the expected outputs and outcomes for the team, and a pathway to realising these goals, maximum 200 words)***6. Budget***Please outline the proposed budget for the team, considering the following headings: travel, subsistence, research expenses (including research assistance), events, other (please specify)***Confirmations**Please confirm that you have discussed this application with at least one Dept/School Research Director/Lead [ ] Please confirm you have attached a two page CV for your lead applicant and all core members [ ] Please confirm you have attached a completed budget template for the application [ ] **Signature for the lead applicant Head of Department/School**­­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*Signature Date* |
|  |