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

## Call for Intensive Tiger Teams,

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| 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* |
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