|  |  |  |
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|  | **Wolfson Research Institute for Health and Wellbeing (WRIHW)****Unbound Opportunities Funding Application Form**  | **WRIHW USE ONLY:** Ref: Outcome: |

**APPLICATION CRITERIA:**

* **Applicants must be members of the Wolfson ECR Network.**
* **The total available fund is £2,000, and our aim is to encourage a diverse range of connections. We prefer to distribute this fund among several groups rather than awarding the entire amount to a single proposal. As a result, modest plans with lower costs are more likely to receive approval.**
* **The fund must be utilized by the end of July 2025 and cannot be used to pay individuals for their work. Instead, it may only be used to cover expenses related to facilitating interactions.**
* **The Manager of the Wolfson Institute will administer the fund and make purchases on behalf of the successful applicants. No money will be transferred directly to the applicants.**
* **As a condition of acceptance of an award, successful applicants agree that they will submit a report on the award and its outcomes. They will also be invited to present this report at the Wolfson ECR conference on Friday June 27, 2025 – if unable to attend, a recorded presentation would be acceptable.**
* **The decision of the Wolfson Directorate and Manager is final.**

**To be completed by applicants**

You may enlarge/reduce the boxes, if necessary, but please do not exceed the maximum words.

For enquiries about the fund application process please contact Wolfson Research Institute manager
 Suzi Boyd (suzanne.boyd@durham.ac.uk)

**Section 1: PROPOSAL SUMMARY**

|  |  |
| --- | --- |
| **Title:** |  |
| **Start Date:** |  | **End Date:** |  | **Planned Duration:**  |  |

**Section 2: APPLICANT DETAILS (minimum of 2 required)**

|  |
| --- |
| **Applicant 1** |
| **Name:** |  |
| **Post held:** |  |
| **Department:** |  |
| **Email:** |  |
| **Phone:** |  |

|  |
| --- |
| **Applicant 2** |
| **Name:** |  |
| **Post held:** |  |
| **Department:** |  |
| **Email:** |  |
| **Phone:** |  |

|  |
| --- |
| **Applicant 3** |
| **Name:** |  |
| **Post held:** |  |
| **Department:** |  |
| **Email:** |  |
| **Phone:** |  |

(If there are more than three applicants, please create additional boxes to add their details)

**Section 3: PROPOSAL DETAILS**

|  |
| --- |
| **DETAILS OF THE ACTIVITY** |
| Clearly explain the network-building activity (maximum 250 words): |

|  |
| --- |
| **DESIRED OUTCOMES OF ACTIVITY**  |
| Provide an explanation of the SIGNIFICANCE of the activity (how will it make a difference to academic understanding or the activities of an external group (maximum 250 words):  |

|  |
| --- |
| **ADDITIONAL INFORMATION:**  |
| Please provide any additional information which may assist the Panel in evaluating the application (maximum 250 words): |

**Section 4: DETAILS OF THE PROJECT/ACTIVITY BUDGET (indicative maximum £2,000)**

|  |  |
| --- | --- |
| **RESOURCES REQUESTED –** **Please specify all applicable costings in full:** |  **£** |
| **Consumables (please specify):** |  |
| **Estimated dates/durations of visit/s and travel plan/s:** |  |
| **Accommodation costs (e.g. room rental):**  |  |
| **Other (please specify):** |  |
| **Other (please specify):** |  |
| **Other (please specify):** |  |
| **Total:** |  |

**Section 5: EXTERNAL COLLABORATOR**

This section is optional and can be completed if you have already identified your external collaborator.

|  |
| --- |
| **COLLABORATOR (EXTERNAL TO DURHAM)** |
| **Name:** |  |
| **Post held:** |  |
| **Organisation:** |  |
| **Email:** |  |
| **Phone:** |  |

**Section 6: SIGNATURES**

Add more rows if necessary. All applicants must complete this section.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | **Name:** | **Title:** | **E-mail:** | **Date:** |
| **Applicant 1** |  |  |  |  |
| **Applicant 2** |  |  |  |  |
| **Applicant 3** |  |  |  |  |