
 Dr Vineeth Rajkumar

 Rosetrees Trust

## Section 1 - Applicant Details

### PRIMARY APPLICANT DETAILS

Title	Dr
Name	Vineeth
Surname	Rajkumar
Organisation	Rosetrees Trust
Website (Work)	www.rosetreestrust.org.uk
Tel (Work)	0208 951 2582
Email (Work)	vrajkumar@rosetrees.org.uk
Address	Rosetrees Trust
	Russell House
	140 High Street
	Edgware
	HA8 7LW
	United Kingdom of Great Britain and Northern Ireland (the)

### GMS ORGANISATION

Type	Charity/ trusts
Name	Rosetrees Trust
Phone (Work)	02089512588
Email (Work)	info@rosetreestrust.co.uk
Address	Russell House
	140 High Street
	Edgware
	Middlesex
	HA8 7LW
	Great Britain

### Co-Principal Applicants CV Upload

Please upload CVs of both principal applicants (**no more than 2 pages**) including 5 most recent publications, 5 additional most relevant publications and current grants indicating your role as PI or Col.

No Response

### Institutional Letter of Support

Please attach a letter of support jointly signed by both faculty heads of the clinical and non-clinical areas, outlining how this application was selected by the university.

No Response

## Section 2 - Project Details

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### Project Title

*No Response*

### Scientific Abstract

Please provide a scientific abstract of your proposed project. The abstract should cover the areas below:

- Background.
- Unmet clinical need.
- Proposed solution-including interdisciplinary nature of the application and how the research is innovative and original.
- Primary aims and objectives.
- Brief description of the methodology including potential pitfalls and mitigation.
- Potential impact of the project.

*No Response*

### Supporting Data

Please upload an additional document with preliminary data that supports your application. **Maximum of 1 page of A4, font size 11.**

*No Response*

### Clinical Area of Research

Which of the following areas best describes your research?

Please select all that apply.

- ☐ Treatment
- ☐ Prevention
- ☐ Diagnosis
- ☐ Mechanisms of Disease
- ☐ Screening
- ☐ Quality of Life
- ☐ Monitoring of Disease
- ☐ Epidemiology
- ☐ Other Area of Research
- ☐ Rehabilitation

### Research Area

- ☐ Artificial Intelligence/Machine Learning
- ☐ Bioinformatics
- ☐ Cell Therapy
- ☐ Disease Biomarkers
- ☐ Drug Development
- ☐ Gene Therapy

- ☐ Genetics
- ☐ Imaging
- ☐ Lifestyle Intervention
- ☐ Medical Technology/Devices
- ☐ Surgery
- ☐ Tissue Engineering
- ☐ Vaccine Development
- ☐ Wet Laboratory Research
- ☐ Other

### Disease Categories

Which of the following categories best summarise the disease/s that your work will be focused on.

Please select all that apply.

- ☐ Antimicrobial Resistance
- ☐ Blood
- ☐ Cancer
- ☐ Cancer - Bladder
- ☐ Cancer - Blood
- ☐ Cancer - Bone
- ☐ Cancer - Bowel
- ☐ Cancer - Brain
- ☐ Cancer - Breast
- ☐ Cancer - Childhood
- ☐ Cancer - Head & Neck
- ☐ Cancer - Kidney
- ☐ Cancer - Liver
- ☐ Cancer - Lung
- ☐ Cancer - Oesophagus
- ☐ Cancer - Ovarian
- ☐ Cancer - Pancreatic
- ☐ Cancer - Prostate
- ☐ Cancer - Skin
- ☐ Cancer - Spine
- ☐ Cancer - Stomach
- ☐ Cardiovascular
- ☐ Congenital
- ☐ Dementia
- ☐ Gastrointestinal
- ☐ Immunity
- ☐ Infection
- ☐ Inflammatory
- ☐ Mental Health
- ☐ Metabolic
- ☐ Motor Neurone Disease
- ☐ Musculoskeletal
- ☐ Neurological

- ☐ Nutrition
- ☐ Ophthalmology
- ☐ Otology
- ☐ Parkinson's Disease
- ☐ Physiotherapy
- ☐ Renal and Urinary
- ☐ Reproductive Health
- ☐ Respiratory
- ☐ Skin
- ☐ Stem Cell Therapy
- ☐ Stroke
- ☐ Other Condition

Research Team and Track Record

Outline how the research team involved in the proposal has the appropriate track record, expertise and experience to carry out the research.

No Response

Lay Title

No Response

Lay Summary

Please describe your project in simple English so that it is accessible to a lay audience. This summary may be used on the Rosetrees website, and at trustees meetings, so please keep this description simple and jargon-free.

No Response

Section 4 - Reviewers

Please nominate three potential independent peer reviewers who must;

- not be affiliated to this project
- not work at your institution
- not be a current collaborator or co-author on a paper or grant published / awarded within the last 5 years
- be a specialist who can review this project.

These reviewers will only be contacted should you be invited to make a full application.

Please provide name, e-mail address and institution for each.

Name	E-Mail address	Institution
No Response	No Response	No Response
No Response	No Response	No Response
No Response	No Response	No Response

## Reviewers Not To Contact

In addition to contacting your nominated reviewers, we will also select experts in the field independently to review your proposal. If there are any people you would prefer us not to contact for this purpose then please let us know their name and institution below.

*No Response*

## Section 5 - Submission

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**In order for the lead applicant to submit the completed application, the invited co-principal applicant must log in and click the 'Finish Contribution' button. Please confirm that the co-principal applicant has finished their contribution.**

The submit button will only become visible once the status for all participants on the 'Participants' tab shows as 'Complete'. This happens when the co-principal applicant hits their 'Finish Contribution' button when checking your online submission.

☐ Yes