The Lullaby Trust

Application for Commissioned Research – Baby Check App

Supplementary questions

**Application deadline: 5pm on 24th January 2022**

**Important notes**

* This supplementary form includes a number of questions that will help us to review applications against the project brief, and will be used by both peer reviewers and our Lay Panel of bereaved family members.
* Please complete the application form in addition to this supplementary form

**1. Short and full title of the project (note that the commission brief describes this as Babycheck but a more specific title can be given)**

**2. Please provide a brief summary of how you intend to meet the project's objectives (max 300 words). Note this will be passed to our Lay Panel of bereaved family members**

**3. Please state why you are best placed to deliver this project (250 words max)**

**4. Please detail the project management of the work detailing who will oversee the project and the budget (250 words max)**

**5. Engagement with families is a necessary part of this project – please give a summary of existing set-ups for ensuring this is successfully conducted (250 words max)**

**6. Please detail how you will support promotion and use of the app regionally and nationally to ensure the success of the project (300 words max)**

**7. The project includes work with other organisations, including the Lullaby Trust and the app developers. How would you ensure good communication between partners and how might you overcome any issues surrounding this? (300 words max)**

**Signature of applicant(s):**

**Date:**

This application should be signed also by (i) the Head of Department and (ii) the officer who will be responsible for administering any grant that may be awarded (e.g. Finance Officer, Bursar, Registrar, and Secretary). Each should sign the following declaration.

*I confirm that I have read this application and that, if granted, the work will be accommodated and administered in the Department/Institution in the usual way.*

*The staff grading’s and salaries quoted are correct and in accordance with the normal practice of this Institution.*

**i) Signature of Head of Department:**

Title:

Name and initials:

Institution:

Address (if different from Q1):

Date:

**ii) Signature of Administrative Authority (Finance Officer/Bursar/Registrar/Secretary of Institution (delete as appropriate):**

Title:

Name and initials:

Address if different from above:

Date: