

Novo Nordisk UK Research Foundation

Clinical Projects Application Form 2026

Novo Nordisk Ltd is the sole donor to The Novo Nordisk UK Research Foundation (NNUKRF), however, NNUKRF decides and allocates funding independently to fulfil its own independent charitable objectives.

Charity registration number: 1056410.

If you have any queries regarding this application form, please contact NNUKRF on ukresearch-foundation@novonordisk.com or go to www.nnukrf.org.uk/how-to-apply for more details.

Important notes:

Use this form to apply for funding to support clinical projects related to the care and management of people with diabetes.

Applications will be triaged to ensure compliance with these guidelines.

Please read the information www.nnukrf.org.uk/how-to-apply before completing this form.

Applications cannot be accepted without the applicant's signature.

Please ensure you complete your application in full answering each question.

Do not send any attachments separately.

Incorrectly completed applications cannot be accepted

For successful applicants this document including the CV will be securely stored until we receive the final report. For unsuccessful applicants this form and CV will be securely stored for 12 months.

Applications including CVs are shared with the Nurse and Allied Healthcare Professional Selection Committee and may be shared with the Board of Trustees.

Summary information will be shared with the Association of Medical Research Charities (AMRC).

Due to the large number of applicants, there will be no formal feedback to applicants.

Payment details - please note we cannot pay to personal accounts we can only pay to your host institute.

Please include a maximum of 500 word summary of your CV in this application form.

The main applicant must be a healthcare professional practicing in the UK except medically qualified (GMC registered) professionals who cannot be accepted as the main applicant.

Clinical Projects must be based in the UK.

The maximum amount that can be applied for can be found on the website www.nnukrf.org.uk

Name of main applicant:

Job title:

Profession: (Nurse, Podiatrist, Pharmacist, Dietician, Other):

Registration number:

Place of work (full address):

Phone number:

Email address:

Address of host institute (if different from place of work).

Name of Co-Applicant (if applicable)

Email: of Co-Applicant

Co-applicant Profession:

Co-Applicant Address if different from applicant:

Title of Clinical Project:

Start date of project:

End Date of project:

Please itemise the requested funding:

Total amount of funding requested (please refer to www.nnukrf.org.uk for the maximum allowed):

Please summarise your project in maximum 1 page.

Please provide a summary in plain English for lay persons in maximum 200 words.

Does your project attract excess treatment costs ([Excess treatment costs | NIHR](#))?

Yes

No

Is Ethics Committee approval required?

Yes, approval obtained

No, not required

Yes, in progress

Please confirm all governance requirements will be complied with:

Yes

How might your project lead to benefit for people with diabetes (100 words maximum)?

Do you plan to publish or present the outcome from your project? Y/N

Yes

No

Have you successfully applied to NNUKRF before?

Yes

No

If Yes, did you submit a final report?

Yes

No

Summary of CV (maximum 500 words):

If your application is successful you give consent for the named applicants, photos, images and award information to be published on the NNUKRF website and any other materials (such as newsletter and emails), to be included in the NNUKRF Annual Report (which is published on the Charity Commission website) and to be shared with the Association of Medical Research Charities in their annual data collection required by all members.

I confirm that if funding is awarded it will be used only for the purposes described in this application or will be returned to NNUKRF.

Yes

I confirm that the host institute is willing to host this project.

Yes

I agree to submit to NNUKRF a final report within 3 months of completion of the project.

Yes

I confirm that I have approval from the Head of Department for this project.

Yes

Name of Head of Department

Email address of Head of Department

Signature of Applicant:

Date

Please refer to the website www.nnukrf.org.uk for the submission deadline and the timeline for review and communication to applicants.

Once completed please submit your application form to
ukresearchfoundation@novonordisk.com

Do not send any other documents or attachments