

Novo Nordisk UK Research Foundation

Grant Preliminary 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 fulfill 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.

Important notes:

Use this form to apply for funding for research related to diabetes.

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

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

Do not send any attachments separately

Incorrectly completed applications will be rejected

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 Research Selection Committee and may be shared with the Board of Trustees and external reviewers.

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 insert a maximum 1500 character summary of your CV in this application form.

Applicants must be working in the UK.

Research Projects must be based in the UK.

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.

This preliminary application will be reviewed by the independent Research Selection Committee, which may then invite you to submit a full application.

Name of main applicant:

Job title:

Profession or Role: (Nurse, Podiatrist, Pharmacist, Dietician, Scientist, Other):

Registration number if applicable:

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 Address if different from applicant:

Title of Research Project (maximum 20 words):

Start date of project:

End Date of project:

Please itemise the requested funding:

Total amount of funding requested (maximum £12,000):

Please summarise your project to include summary, aims, background, plan of investigation, statistics plan. (maximum 3,000 characters)

Key references Maximum 1 page (1500 characters).

Please provide a summary in plain English for lay persons

Other resources available to support this project

Is Ethics Committee approval required?

Yes, approval obtained

No, not required

Yes, in progress

How might your project lead to benefit for people with diabetes?

Do you plan to publish or present the outcome of this piece of research?

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 1 page, 1500 characters):

The Novo Nordisk UK Research Foundation is an NIHR RDN Non-commercial Partner. This means the studies that you fund may be eligible to access the support services provided by the NIHR Research Delivery Network (RDN).

The NIHR RDN supports researchers to plan, place, and deliver high-quality research to agreed timescales and study recruitment targets.

In partnership with your local R&D office, we encourage you to involve your regional RDN team in discussions as early as possible when planning your study. This will allow you to fully benefit from the support available through the NIHR RDN support services.

Have you contacted the NIHR Research Delivery Network to see how they can help to support the delivery of your study?

yes

no

If no, please contact your regional Research Delivery Network. 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.

Please send the completed form to ukresearchfoundation@novonordisk.com

Do not send any other documents