**Student-Staff Partnership Project Grants**

**2025-2026**

**Application Form**

Please complete this form and **upload it to** [**https://forms.office.com/e/6Xswk1pGTd.**](https://forms.office.com/e/6Xswk1pGTd.)

**Please note that the deadline may be extended due to unforeseen delays.**  
The new date is yet to be confirmed. We advise you to regularly check the official website or contact us at **studentpartnership@sgul.ac.uk** for the most up-to-date information and clarification.

**IMPORTANT**

• Please refer to the accompanying guidance notes when completing this application form.

• Please complete all sections of the form.

• All funds granted must be spent by 31 July 2026.

• The Project should be designed to conclude by 31 August 2026.

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| **Applicants** | | |
| **Lead applicants** | | |
| **Staff lead** | Name |  |
|  | Email |  |
| Department |  |
| **Student lead** | Name |  |
|  | Email |  |
| ID |  |
| Programme |  |
| Year |  |
| **Additional applicants** | | |
| Staff  For each, list name, Department, email |  | |
| Students  For each, list name, email, Programme, Year |  | |

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| --- | --- | --- |
| **Project proposal** | | |
| **Project title (max. 6 words)** | | |
|  | | |
| **Elevator pitch (max. 150 words)**  Why is the proposed project important, what difference will it make, what key steps will it involve, what will its outputs and legacy be? | | |
|  | | |
| **Inclusive Education (max 100 words)**  Please comment on how your project aligns with one or more objectives of the legacy St George’s [Inclusive Education Framework](https://www.sgul.ac.uk/about/our-education-centres/centre-for-innovation-and-development-in-education/inclusive-education/inclusive-education-framework) and/or one more theme in the [legacy City Inclusive Practice Framework](https://cityuni.sharepoint.com/sites/cs_CityLearningTeachngPortal/SitePages/Inclusive-Practice-Framework.aspx) | | |
|  | | |
| **Project description (max. 1000 words)**  Please ensure your description includes the following:   * What your project is about and what evidence there is that it is needed * What your intended outputs are and who will benefit from these * What steps you will take to achieve your outputs (your method) and the proposed timeline for these, including any key milestones * What each member of team will be responsible for and how you will work together * Any obstacles you anticipate in carrying out the steps and achieving your outputs | | |
|  | | |
| **Legacy and Sustainability of Project (max. 300 words)**  Please describe the difference that your project will make and show how you plan for it to be disseminated and embedded across the institution and (if relevant) more widely. Please also consider the sustainability of your project’s outputs. For example, will any additional human and financial resources be needed to ensure that they are kept updated or to adapt them to other settings after the end of your project? | | |
|  | | |
| **Ethical and data management considerations (max. 500 words)**  *If the project is awarded, the team will need to consider and address ethical implications and may need to undergo an ethical review process.* | | |
| Indicate whether you have read and understood the information about City St George’s Ethical Review Process available here <https://www.sgul.ac.uk/research/research-ethics/ethical-review-process>  Yes  No  ***For any questions about ethical implications or ethical review process, you can contact*** [***sgulREC@sgul.ac.uk***](mailto:sgulREC@sgul.ac.uk) | | |
| Please summarise any ethical and data management considerations you anticipate your project will involve. Consider aspects such as potential negative physical or psychological impact on project participants, data collection, management and storage, etc. For questions about potential ethical implications, please contact [sgulREC@sgul.ac.uk](mailto:sgulREC@sgul.ac.uk). | | |
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| **Budget** The maximum that can be requested is £1200. All funds must be spent by 31 July 2026. | | |
| Item | Justification | Amount |
|  |  |  |
|  |  |  |
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|  |  |  |
| Total amount requested for 2025-26: | | |

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| --- | --- | --- | --- |
| **Declaration**  *To be completed by staff and student project leads* | | | |
| Please read through your form and check that it meets the criteria and guidance on the website, then sign and date below.  **I have read and understood the *Student Staff Partnership Project Grant* guidance and declare that, to the best of my knowledge, the information I have supplied is correct. If successful, I will honor the stated conditions of the Award.** | | | |
| Student lead name |  | Staff lead name |  |
| Signature |  | Signature |  |
| Date |  | Date |  |