**Student-Staff Partnership Project Grants – Application Form**

Please complete this form and return to Alina Apostu, Student Experience Officer, at experience@sgul.ac.uk by Monday, 30November 2020.

**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 2021

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| **About the project team** |
| **Name of project leaders** |
| **Staff lead**Should be the budget-holder for the project **Telephone number****E-mail address** |  |
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| **Student lead**Include student ID number**Programme of study****Year of study****E-mail address** |  |
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| **Name of additional project team members** *(list all)*  |
| **Staff**  |  |
| **Students**Include student ID number Programme of studyYear of study |  |

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| **About the project** |
| **Project Title** |
| **Project Description**Summarise the nature of your project, outlining what (and who) it will involve, how the collaborative student-staff partnership will operate, and when you expect it to be complete.(250 words) |
| **Aim and Objectives**Explain the rationale for the project, the key areas being addressed, who will benefit, and how you expect it to result in institutional improvement aligned with the Strategic Plan for Education & Students.(250 words)  |
| **Project Plan & Milestones**Provide a summary of the project plan, with clear timeframes for completion of each stage, and identification of key milestones.(250 words) |
| **Evaluation & legacy**Describe (a) How you will evaluate the success of the project, and (b) How you plan to embed the project improvements and leave a lasting legacy.(250 words) |

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| **Budget** |
| **Total budget requested\*** Grants of up to £1200 will be awarded; if you consider your project will extend beyond this amount, please contact Alina Apostu, Student Experience Officer, experience@sgul.ac.uk  | £ |
| **Expenditure list**List each item for which funding is required and the sum requested for each. | £ |
| **Justification**For each item listed above, provide a justification for why it is needed and the sum requested. Items for which justification is not provided may not be funded. All funds must be spent by 31 July 2021. |

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| **Declaration**To be completed by staff and student project leadsPlease read through your form and check that it meets the criteria contained in the guidelines, then sign and date below. |
| **I have read and understood the *Student Staff Partnership Project Grant* guidelines and declare that, to the best of my knowledge, the information I have supplied is correct. If successful, I will honor the conditions of the Award as stated in the guidelines.** |

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| **Full name (Student lead)** |  |
| **Signature** |  |
| **Date** |  |
|  |  |
| **Full name (Staff lead)** |  |
| **Signature** |  |
| **Date** |  |