

# **2025-AIF\13**

## DETAILS

---

**Title** Professor  
**Name** Test Applicant  
**Surname** 1  
**Tel (Work)** 012345677890 (tel:012345677890)  
**Email (Work)** testapplicant1@sharklasers.com  
(mailto:testapplicant1@sharklasers.com)  
**Address** Test Street Address 2  
COLLEGE ROAD  
GWYNEDD  
Newcastle  
LL57 2DG  
United Kingdom of Great Britain and Northern  
Ireland (the)

# 2025-AIF\13

## Section 1 - Applicant details and eligibility

---

**Do you consider yourself an early career researcher?**

- Yes  
 No

**Institution / Organisation**

*No Response*

**Department**

*No Response*

**Current position / role**

*No Response*

**ORCID ID**

*No Response*

**Award guidelines and eligibility**

Unchecked

## Section 2 - Why you are applying to the Ignition Fund

---

**Please provide details of the proposed activity for which you are seeking an Ignition Fund award**

*No Response*

**If ethical approval is required, please provide evidence using the file upload button below.**

*No Response*

**If ethical approval is required but has not yet been obtained, please provide more details below.**

*No Response*

**How does your proposed work fit within the context of your wider work. Please also explain why this work is not covered by your current funding.**

*No Response*

**Please describe how you plan to assess/evaluate the outcome(s) of the proposed activity and it's success or otherwise and how it supports the aims of the Academy.**

*No Response*

**Where relevant, please explain how your proposed activity supports the Foundation's principles of:**

- **Equity, diversity and inclusion (EDI).**
- **Patient, carer and/or public involvement and engagement (PIE).**
- **Capacity building in ageing-related research.**

*No Response*

**If there is any supporting documentation that you wish to provide, please use the file upload function below**

*No Response*

## **Section 4 - Financial support requested**

---

**Please state the total amount of funding requested**

*No Response*

**Please provide a financial summary/breakdown which clearly shows the costs being requested**

*No Response*

**If you have secured any part or in-kind contributions from other sources, please detail these below**

*No Response*

## **Section 5 - Applicant declaration**

---

**I confirm that the information I have provided in this application form is accurate to the best of my knowledge**

Unchecked

**I agree that the personal data relating to me shown on this form, or otherwise made known to the Vivensa Foundation for the purposes of making and managing grants, may be recorded by the Foundation and used by it for the purposes of evaluating, monitoring and administering any such grant and for reference in connection with it and may be passed by it to individuals and/or organisations consulted by the Foundation when assessing applications and monitoring grants and to the Foundation's auditors**

Unchecked