Osteoarthritis Treatments Research Consortium 2026

Application guidance

Grant management system update

Please note that our new grant management system, the Arthritis UK Awards Portal, is now live. Application forms for this call are anticipated to be available on 1 July 2026. In the interim, applicants are encouraged to prepare submissions offline using the guidance provided here.

Please follow this guidance closely even if you have applied for funding from us before, as there will be some changes in the new system. Should you have any issues with the system please report these issues promptly so we can offer support.

Organisation, Department, Position, Profession: Please note that a user's Organisation, Department, Position and Profession for any participant in an application can only be edited by Arthritis UK staff at present, but this will be being amended. Organisation and Position are mandatory fields that must be completed for each participant to allow submission. **If these details need adding or amending for any of the participants**, please attempt to change this within the system, but if unable to do so, please email the Awards office at awards@arthritis-uk.org to request an update. Pop up boxes will provide guidance in the system.

For technical issues, or if you have any questions or feedback about the guidance, please email the Awards office at awards@arthritis-uk.org or call us on 0300 7900 403.

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1 Introduction

Consortium funding aims to bring different people and groups together to work with integrated thought and ambition, creating a community of shared expertise to deliver a cohesive series of research packages working towards unlocking a problem area at pace.

This second osteoarthritis research consortium investment is focussed on the development of disease and symptom modifying pharmacotherapeutic osteoarthritis treatments.

In summary this funding call will support:

- Development of a distributed portfolio of multiple already identified potential treatments with different targets and mechanisms of action, at different stages of development
- Building a strong UK osteoarthritis translational research community, able to deliver rapid pharmacotherapeutic research progress

Funding is available for up to 60 months duration and up to £3M in value. One award is available. **It is not expected to be renewed.**

2 Eligibility criteria

Arthritis UK research awards may only be held in universities, NHS Trusts or recognised academic research institutes in the UK. Any academic, clinician or allied health care professional at an eligible UK institution can apply. The lead applicant does not need to have a permanent position, but at least one applicant must have a substantive position at the host (lead) institution. Individuals who are employed by, or whose salary derives from, a commercial organisation are not eligible to apply for an Arthritis UK award but may be included as a co-applicant.

Applications can be from lead applicants and/or co-applicants that have expertise relevant to the area but do not have a track record of musculoskeletal research.

Applications are welcome that include an NHS service manager (or a manager with responsibility for delivering NHS services) or individuals with lived experience as a co-applicant. International partners may also be included as co-applicants.

Employees of Arthritis UK are not permitted to be named as co-applicants, but in some cases can be included as a collaborator. Please email the Awards office at awards@arthritis-uk.org before starting a letter of support.

Multiple and previous applications

We will not accept overlapping applications of the same research proposal to more than one Arthritis UK funding scheme. We will accept an application that has been submitted to another funding body, however, please check the eligibility criteria of the other funding body before making an application.

If the application is a resubmission, a cover letter should be attached detailing how the application has been altered in response to the feedback received from the original submission.

3 How to apply

All applications for Arthritis UK funding must be received through the Arthritis UK Awards Portal.

Further details on how to apply can be found on our website.

The deadline for submission of applications is 16:00 on the stated deadline in the call document. No application will be accepted after this deadline. We strongly recommend that applicants allow sufficient time for submission before the deadline to obtain the necessary approvals, such as from your research or finance office and head of department.

For further enquiries on any aspect of your application, please email the Awards office at awards@arthritis-uk.org or phone us on 0300 7900 403.

4 Note on language

We recognise that specialist language will be required to accurately convey the detail of your proposal and, as such, sections that require technical detail will be labelled accordingly.

In addition to scientific review, applications will also be reviewed by Arthritis UK Research Partners (volunteers with lived experience). They assess the quality of the patient involvement, the relevance to the charity and potential for patient benefit. The application summary and involvement sections should be written in non-technical language, these are important parts of the application and require careful consideration.

For more information on how to write a clear and informative lay summary please use the following resources:

- NIHR plain English summaries
- The Plain English Campaign

If you have further enquiries on the use of appropriate language, please email the Involvement Team at researchinvolvement@arthritis-uk.org.

5 Guidance for completion of the application form

Please ensure you reference each section below before completing the online form.

Help icon

Additional information and guidance are also provided within the form for specific questions, this can be accessed by hovering over or clicking on .

Arthritis UK Awards Portal profile

Before creating a new application, please ensure that your Qualifications, Employment, Funding and Publications are up to date in your Arthritis UK Awards Portal profile. Lead and co-applicants, will need to do this.

If you have an ORCiD ID, entering this on the Personal details section of the Awards Portal will enable you to update your Awards Portal profile with your ORCiD information. Please note that once you have linked your ORCiD ID to your account, elements such as education, employment and grants and publications synchronised can only be edited in your ORCiD profile. To update these details in the Awards Portal after making changes in ORCiD, use the **"Synchronise with ORCID"** function.

Navigating through the form

Whilst working on the form, we recommend using the menu to move between different pages. The Previous and Next buttons will only function when the page you are on is fully completed.

Read-only mode

When two users access a form at the same time, one user will see it in read-only mode.

Application summary

Application title: The title should be descriptive. If relevant, please use PICO (Population, Intervention, Comparison, Outcome) principals and include a project acronym.

Lead applicant: Details will be populated from the Personal details section in the Awards Portal profile of the person who has started the application.

Organisation: Insert the name of the lead applicant's host organisation.

Profession: This is an optional field.

Relevant professional body: If you are registered with a regulatory body or council of your profession. This can be edited in the Personal details: Additional fields section of your Awards Portal profile. You may add up to two professional bodies.

Proposed start date: This should be no earlier than June 2027. Sufficient time should be allowed to gain NHS approval, if relevant, and all other necessary regulatory requirements such as Health Research Authority, if applicable. Also factor in the time to recruit relevant research staff. Please account for any capacity limitations in the clinical research environment and academic research offices.

Proposed duration: The overall duration should include the start-up time described above and a realistic estimate of how long the research will take, where appropriate considering realistic and feasible recruitment estimates based upon any capacity limitations within the clinical research environment. It should also include sufficient time at the end of the study for full analysis and reporting of the data. The maximum duration is 5 years.

Key words: Please enter up to six key words that describe your application.

Previously submitted: Please indicate if this or a related application has been submitted elsewhere, including Arthritis UK. If a similar application has been submitted, please provide further details about the application, where it has been submitted and the outcome or date of expected outcome.

Artificial Intelligence (AI) declaration: Please indicate if you have used AI in any context when completing this application. If so, please provide details of how AI has been used and which AI software was used.

Abstract (written in non-technical language): Provide a brief account of the proposed activity in non-technical language, including the background to the problem; the aims and purposes of your proposal and why they are important; a brief experimental plan; and the relevance to Arthritis UK potential patient benefit. This information may be used in public summaries of our funded researched and must be accessible by a wide audience. This section has a limit of 500 words.

What outcomes, including new knowledge, do you anticipate from this research within three years of the close of the award, including how the research will push forward translation towards patient benefit? And why are these important? Using non-technical language, explain what you expect will change within three years of the end of the award if your research is successful in its aims. This should be guided by our seven impact areas:

- Policy and Practice – our research is influencing how arthritis is treated or managed.
- Intellectual property, products, and services – new innovations, treatments or tools which improve patients' lives.
- New knowledge – our research has changed what we know about arthritis.
- Patient and Public Involvement – the benefit that patients bring to the research itself.
- Partnerships – new networks, partners and collaborations which extend research.

- Capacity Building – our investments are increasing the human or technical capacity to conduct research.
- Leveraged funding – new funding that has been awarded to continue the research we funded.

Further information is available in the Research Professionals section of our website, which outlines how we track research impact. For example, what will the new knowledge generated by the research change in terms of our understanding of a condition, how will the award change our capacity to conduct research, and/or how will the research influence clinical practice. Briefly explain why these are important outcomes within the field.

Where it is stipulated in the call, include specific reference to the **translation** which will be achieved by the end of the funding and provide clarity on how this will be achieved, beyond the outputs of the research itself.

This section has a limit of 300 words.

What longer term benefit do you hope this research will ultimately bring to people with arthritis? And what role will this work play in driving this benefit? Explain how your outcomes above will be of benefit to people with arthritis in the longer term, using non-technical language. Who will be the likely beneficiaries and to what extent to do you think this research will contribute to these benefits?

Where research is likely to have direct benefit for people with arthritis, please outline what this impact will be, its likely reach and significance.

Where research is very early stage, please outline why the research is essential to driving benefit for people with arthritis in the future. This section has a limit of 300 words.

Involvement and engagement

What is research involvement/PPI?

Research involvement is where people living with arthritis, or their partners, family members or carers are partners in research activities. This means, working together with a diverse range of people with lived experience of arthritis, to better understand what research is needed for them to live the life they choose.

Patient and public involvement (PPI) is where research is carried out 'with' or 'by' members of the public – such as patients, carers, advocates, service users, or members of the community - rather than 'to', 'about' or 'for' them. These individuals work in partnership with researchers, shaping what research takes place, how it is carried out, and how the results are shared and applied in practice.

PPI is important and possible in all research - from laboratories to communities, and research into health and social care. It matters to us, other funders and to people such as Research Ethics Committees. Excellent involvement is inclusive, values all contributions, and ensures people have a meaningful influence. PPI is not the same as participation, where people take part in a study as participants, for example, completing a survey or being part of a clinical trial.

Why is research involvement/PPI important to us?

Research is improved if people with lived experience help to design and deliver it.

Involving people in this way means the research is more relevant to the challenges and experiences they live with. It is therefore more likely to encourage people to participate in the projects, and to make a difference to the lives of people living with arthritis in the future.

All this together can mean that the research will attract more recognition and funding. Not to mention it can be fun and motivating, as well as empowering for people living with arthritis who get involved - some people have described it as part of their self-management journey.

Our position on Patient and Public Involvement (PPI) in research

We are committed to making sure that people with lived experience are involved at all stages in the research we fund. We expect our researchers to meaningfully involve people at application and project development stages, and to continue their involvement throughout the project. We are person-focussed and inclusive in the research we support (you can read our research strategy here).

We support the UK Standards for Public involvement and the EULAR recommendations for involvement in rheumatology research, and expect that these will be adhered to throughout research projects. Working in partnership with people who have lived experience of arthritis we have developed our Arthritis UK Good Practice Guidelines for Involvement to share our expectations with our colleagues, health professionals and researchers. Take a look at our page that collates and summarises the standards, recommendations and guidelines here.

Arthritis UK do not view research involvement as a 'tick box' exercise. Involvement is a key element to any research project or department creating equitable and impactful changes to preventing, diagnosing, and treating arthritis. In partnership we strive to ensure that people living with arthritis can live the lives they choose.

This section will be reviewed by Arthritis UK Research Partners (volunteers with lived experience) and scientific experts. Please complete this section in non-technical language. Further guidance on writing for a lay audience is provided in the Note on language section.

Meaningful involvement of people with arthritis could include activities such as:

- identifying and prioritising the research question
- helping design study protocols and patient information
- inputting into the application and/or ethics approval
- helping carry out elements of the study, rather than simply participating
- participating in oversight structures and evaluating the research findings
- dissemination and implementation of outputs and outcomes.

What is research engagement?

Engagement is where research and people connect, breaking down barriers and sharing information, for example, through open days or sharing a blog on social media. Engagement is an important tool in involvement; you need to share information and talk to people with lived

experience to bring them in as involvement members, and it is key to share back impact and results with them too.

To find out more on how to plan and carry out meaningful patient involvement and engagement, please use our PPIE hub for researchers. It includes support and resources for all stages of the research cycle, writing in lay language, reaching out to under-served and diverse communities, as well as support for a range of researchers, including lab based and clinical.

To best address the below PPIE questions, it would be strongly advisable to consult people affected by the disorder(s) you are researching to ensure the workplan is as meaningful and impactful as possible.

How have patients and the public been actively involved, or how will they be actively involved, in your research? Tell us about the different ways in which patients and the public have been and will be involved in your research. You will have the opportunity to elaborate on your approach in a free-text box in the next question. Select Yes if you have involved or plan to involve people at that stage of your research.

Describe how have people living with arthritis inputted into the development and design of the research? Explain how people with arthritis - especially from under-served groups - have shaped this application, such as identifying and prioritising the research question, designing the study protocols, including the outcomes, contributing to patient materials, ethics approvals, or the application itself. Share how you found and involved them, who they were, and how many took part. Include any challenges faced and the impact of their involvement so far. This section has a limit of 400 words.

Describe the plan to involve people with arthritis as partners throughout the various stages of your project: Describe how people with arthritis - especially from under-served groups - will be involved in conducting the research. Explain how you'll build equitable partnerships with people and communities, who and how many you plan to involve, and how you'll identify them. This could include supporting research delivery, oversight, or evaluation, dissemination and implementation of findings. Justify your approach and level of involvement at each stage, and outline how you'll engage, support, reward, and provide feedback to those involved. Include how you'll allocate time and resources to involvement and measure its impact. This section has a limit of 500 words.

Describe how the outcomes of the research are relevant for, or are meeting, an unmet need for people living with arthritis: Explain how the chosen endpoints or outcomes of the work have relevance for, or address unmet needs, for people living with arthritis. This could include the design of the research responding to unmet needs or specific areas of importance for those living with arthritis. For earlier stage research, this could reflect how the outcomes of the proposal have current, or a future pathway to, importance for people living with arthritis. You could include thoughts from people with arthritis who have shaped your project on why this research is important to them. This section has a limit of 300 words.

How will results of the research be fed back to those participating and other people living with arthritis? Results of the research must be shared with the participants of the research. For resources and guidance, see our PPIE Hub and NIHR guidance. Outline plans

to disseminate the results of the research to participants of the research and the wider population of people with the conditions being researched. This section has a limit of 300 words.

Have you used Arthritis UK PPIE support (PPIE Hub for researchers / webinars) to deliver your PPIE? This section is for monitoring purposes only and will not be used in the assessment of your application. This information will help us understand the uptake and impact of the support we provide. Please do not answer Yes if you have only used PPIE support or resources from your institution or from other organisations.

Project details

Background: Provide a technical summary of background information and research in support of the application. Applicants should give the current context in which this Consortium will be established, in terms of global research in this area. This section has a maximum of 2000 words.

Aims (from Theory of Change): Applicants should include:

- **A)** Challenge and impact: What is the challenge that your consortium intends to overcome and, linked to this, what tangible impact (benefit) will the Consortium bring for people with arthritis? (Approximately 50-100 words)
- **B)** Root causes and outcomes: What are the main root causes of this challenge and what changes (outcomes) will your Consortium achieve linked to these? Please list each root cause with its corresponding outcome. (Approximately 300 words)
- **C)** Activity: What are the main areas of activity which will be undertaken to tackle the root causes and deliver the outcomes? This should include research and non-research related activity. (Approximately 300 words)
- **D)** Why is this essential for people with arthritis? How will your Consortium's efforts contribute to essential longer-term benefits for people with arthritis? (Approximately 100 words)
- **E)** Assumptions: What assumptions is the logic of your theory of change based on? These are current uncertainties which could affect the ability to deliver change? (Approximately 100-150 words)

This section has a maximum of 900 words.

Attach a PDF of your Theory of Change: Maximum attachment size is 10 MB.

A theory of change is a logical plan for addressing how a complex problem can be overcome. It is often shown in simplified diagrammatic form, with a logical flow of challenges through to activity and then intended outcomes and impact. The logic of a theory of change is developed by seeking to understand the problem from multiple perspectives, by including a wide range of stakeholders in the development process. By building a good understanding of the problem and its underlying causes, a clear vision of the intended outcomes and impact can be built. The outcomes and impact should be a reflection of the root causes and problem, respectively. The activity required to move from the 'root causes' to 'outcomes' should broadly cover everything needed to make the change, and could include both direct action, and also

influencing activity. Finally, being a model, a theory of change is based on set of assumptions. These assumptions need to be clearly stated so they can be tested throughout the project. A theory of change will need to adapt as the project progresses and assumptions are tested.

Support for how to approach creating your guiding Theory of Change is available via a recorded presentation and individual Theory of Change clinics will be arranged. These will provide information about developing and managing a theory of change delivery framework. Please email researchliaison@arthritis-uk.org for further details.

Statistical analysis plan: Detail the statistical analysis plan for the chosen design, highlighting statistical technique to be used, sub-group analysis if appropriate, proposed frequency of analysis and power assumptions. This section has a limit of 750 words.

Will the research include a secondary economic evaluation? Select Yes or No. If it does include a secondary economic analysis provide details of the methodology for the economic evaluation. This should be arranged under the following headings: 1) how economic data will be collected; 2) economic evaluation methodology; 3) quality of life measurement. This section has a limit of 500 words.

Project plan (from Theory of Change): This section to include:

- **A)** Activity plan: using your theory of change as a guide, outline the broad plan for your consortium, showing how your activity relates to tackling the root cause of this challenge and achieving your outcomes.
- **B)** Describe your consortium structure and how it will help you achieve your outcomes, in terms of your skills, experience, and networks.
- **C)** How will you monitor progress and measure your success? Outline the arrangements for monitoring progress of the consortium. This should include an indicative project timeline of the work packages and deliverables.

This section has a maximum of 2000 words.

Attach a Gantt chart to illustrate the indicative work packages and deliverables: Maximum attachment size is 10 MB, one page of A4.

Leadership and governance: Provide details on the leadership management team as well as any additional governance and advisory boards or groups. Noting that the consortium leadership must encompass a team science approach.

In this section you should: i) describe the leadership management structure, as well as the skills and attributes that are being provided by the different members of the leadership team; ii) include details of additional governance and advisory boards or groups; iii) refer to and include a visual plan of the leadership and associate governance structures uploaded as a PDF here.

This section has a maximum of 500 words.

Attach a PDF of your plan of the leadership and governance structures: PDF only. Maximum attachment size is 10 MB, one page of A4.

What facilities are available to support the application? Describe the facilities available to support delivery of the research. This section has a maximum of 500 words.

Discuss any potential risks to the award and highlight mitigation strategies: Discuss any potential risks to the success of the research and highlight mitigation strategies. Please consider all types of risk – commercial, technical, financial, and organisational. This section has a maximum of 500 words.

For clinically related studies: With the current clinical research challenges in the NHS, please indicate how any clinical capacity and capability required for the project, will be monitored, and maintained, continuing in an attached document if needed.

Co-applicants and collaborators at NHS sites are asked to support proposals only if there is surety that they can meet recruitment targets and timelines indicated. It will be taken that host institution signatories are wholly satisfied and supportive of the assurances provided upon submission of the application.

Research types – Research involving humans

Please only complete this section if applicable to your application.

Regulatory Approval

On 16 April 2018, HRA Approval became HRA and Health and Care Research Wales (HCRW) Approval and now applies to all project-based research taking place in the NHS in England and Wales. HRA approval applies where the NHS organisation has a duty of care to participants, either as patients/service users or NHS staff/volunteers. References to participants include people whose data or tissue is involved in a research project.

If your project is led from Northern Ireland, Scotland or Wales and involves NHS/HSC sites then you will not apply to the HRA. You should apply through the appropriate NHS/HSC permission process for that lead nation.

If your planned project includes the recruitment of participants, your application should be accompanied with the Funder Export from the online SoECAT, obtainable via the NIHR Central Portfolio Management System (CPMS).

Will your research require HRA or equivalent approval? Check on the HRA website what approvals and decisions you will need. If answering No to this question, you will be asked to provide a justification for this i.e. prior approval in place.

Method of allocating participants to groups: Describe how participants will be allocated to groups. If this is by randomisation, give details of the randomisation technique**.** This section has a maximum of 300 words.

Inclusion/exclusion criteria (including justification for exclusion): Give a clear statement about the inclusion and exclusion criteria, including detailed justification for any exclusions. This section has a maximum of 300 words.

Planned recruitment rate (including feasibility analysis): describe how recruitment will be organised and over what time period. Include evidence that the planned recruitment rate is achievable and from where the potential pool of patients is to be taken. This section has a maximum of 300 words.

Sample size calculation: Please state the sample size for the study, providing a detailed description of how the sample size has been calculated, including details of which outcome measure this has been based and give the event rates, means and standard deviation and power as appropriate. This section has a maximum of 350 words.

What measures are being taken to ensure inclusion of diverse groups in the recruitment? It is important to be as inclusive as is practical when designing and carrying out the research. Please describe the measures that will be taken to ensure as diverse a population as possible. This section has a maximum of 300 words.

Research types – Research involving animals

Arthritis UK is committed to the principles of reduction, replacement and refinement in animal studies.

Arthritis UK is a member of the Association of Medical Research Charities (AMRC) and has signed up to their Position statement on the use of animals in research. Before completing this section, please read the AMRC statement.

Regulatory Approval

Have the following necessary approvals been given by:

- **The Home Office (in relation to personal, project and establishment licences)?** Select Yes, No or Not required. If not all licences are in place, please select **No**.
- **Animal Welfare and Ethical Review Body?** Select Yes, No or Not required. If not all approvals are in place, please select **No**.

What is the maximum severity of the procedures involved? Please select from mild, moderate, severe, non-recovery. Provide details of any procedures of moderate or substantial severity, as well as non-recovery. This section has a maximum of 300 words.

Does your proposal involve the use of animals or animal tissue outside the UK? Select Yes or No.

If Yes, **What steps have been taken to ensure standards are consistent with the UK?** This section has a maximum of 200 words.

Animal species to be used: Please select animal species to be used and provide the number of animals that will be used for each strain and species. Several lines can be added.

Does the proposed research involve a protected species? Select Yes or No. If Yes, please select which species: non-human primate, cats, dogs, equidae, other.

Does the proposed research involve genetically modified animals? Select Yes or No.

Justify the use of animals, species, techniques and number of animals used: Please justify the use of animals, the species and techniques proposed and the number of animals to be used per experiment. Please include details of sample size calculations and statistical advice sought for the number of animals required to reach statistical significance.

Use the ARRIVE guidelines when designing and describing your experiments.

There should be sufficient information to allow for a robust review of any applications involving animals. Further guidance is available from the National Centre for the Replacement, Refinement and Reduction of Animals in Research (NC3Rs) including an online experimental design assistant to guide researchers through the design of animal experiments.

This section has a maximum of 500 words.

Replacement, reduction and refinement (3Rs) of animal experiments: Indicate if the proposed research will lead to the advancement of the 3Rs (replacement, refinement or reduction in the use of animals) and how it will do this.

- Replacement - methods which avoid or replace the use of animals.
- Reduction - methods which minimise the number of animals used per experiment.
- Refinement - methods which minimise animal suffering and improve welfare.

Further information on the 3Rs is available from the National Centre for the Replacement, Refinement and Reduction of Animals in Research (NC3Rs).

Detail which of the Rs the proposed research will advance and how this will be achieved: This section has a maximum of 200 words.

Scientific references

Detail all references (citing all authors) that are of interest for this application: Please include the full title and all authors. Failure to cite a reference in full may impede processing of your application.

Additional support

Is there any additional financial or in-kind support for this application? Select Yes or No. Additional support can include in-kind costs such as salary and provision of intervention. You will be asked to upload a letter of support from each provider.

Select Yes for each type of support included – you will be prompted for the name, amount and description as well as a letter of support. Where support is in kind, enter 0 in the financial field and provide details in the description field.

- Institutional support – from either the lead or collaborating institutes
- Support from another funder
- Research Delivery Network (previously known as the Clinical Research Network)
- Treatment Costs and excess treatment costs
- Industrial support (including collaborations and donations) - please refer to our industrial support policy and provide contact details, details of the support/collaboration and any conflicts of interest
- Other type of support.

Intellectual property (IP)

Please note your technology transfer or commercialisation office can help you complete this IP section and navigate complex IP scenarios. Early consultation will help prevent issues that

might arise during the course of the project and can identify additional opportunities. Do not wait until you have your results to start these conversations.

Background IP and dependencies

Will your research use any existing IP, materials, or data? Indicate if you will use patents, software, datasets, biological materials, compounds, cell lines or any background IP owned by your institution or other institutions involved in this application. This also includes anything that requires licensing, Material Transfer Agreements (MTAs), or permissions. For example, if you are using a commercially available cell line, a proprietary antibody or building on prior patent applications, you need to declare it here. Note that background IP affects your freedom to operate and potential commercialisation outcomes**.** It is important to consider that even standard research tools may come with IP limitations that become relevant later.

If Yes, add a row for each type of existing IP, materials or data as applicable and give details for each. You will be prompted for description, owner, your access rights, restrictions and risks of denied access.

- Patents (including patents granted or patent application published/ patent filed/ patent dependencies from external party)
- Software / Algorithms (proprietary or licensed code)
- Databases (restricted access or proprietary datasets)
- Compounds (from industry, other institutions, or in-house)
- Cell lines (requiring MTAs, permissions, or in-house)
- Biological materials (tissues, samples or organisms)
- Other IP / Materials (please specify)

Have you confirmed access to ALL necessary background IP? Confirm if all required agreements (MTAs, licences, permissions) that are relevant to this application are executed or in progress. If pending, please state what you are securing and the expected timeline. Projects could be delayed by months if MTAs or background licensing is not in place. Do not assume informal agreements or email permissions are sufficient. Select Yes – all secured agreements in place or No – still obtaining.

If No, **Explain status:** This section has a maximum of 100 words.

Will your proposed research strengthen existing patent claims or build new claims? State whether you are generating data for existing patent applications or will file new patents. Note that if strengthening existing patents, you must have the rights to that IP. This is important because continuation applications can extend patent life but only if properly managed. Be clear about distinction, adding evidence to support claims you have already filed is very different from discovering something entirely new during your research. Select Yes – add to existing patent claims or No – new application.

If Yes, answer the following questions in this section:

How does this relate to existing patents? Explain the relationship; plans for new validating data for existing claims, plans for continuation application, continuation in matter (adding new

matter) or divisional application. Include patent numbers and your role/rights in the existing IP. This section has a maximum of 500 words.

Have you assessed the patent landscape and Freedom To Operate (FTO) for your technology? Indicate if you have searched for third-party patents that might block your research or commercialisation opportunities. Include whether you have identified potentially blocking patents and your strategy to address them (design around, licensing or challenges). A basic search on Google patents or Espacenet is not sufficient, proper FTO requirement may be necessary to understand claims. If you have not done this yet, note when you plan to conduct the analysis. For early discovery work, it is acceptable to defer FTO until you have reached proof of concept. Select Yes or No.

If Yes, **Blocking patents identified?** Select Yes or No.

If Yes, **Provide mitigation strategy:** If patents were identified that could block commercialisation, outline your specific mitigation strategy. Include which patents (number) are of concern and how you will mitigate for these. Outline whether you are designing around specific claims, planning to challenge validity or have identified licensing opportunities. This section has a maximum of 500 words.

If No, **Explain why not:** Is the field nascent? Or is your research completely novel? Is the research too early stage? Will FTO analysis occur later? Or is the approach sufficiently differentiated from existing patents? This section has a maximum of 500 words.

New IP generation

Will this research generate new IP? Select Yes or No.

If Yes, **Select all IP types that apply** and then answer the following questions.

Explain the potential new IP: Assess whether research will create protectable IP: therapeutics compounds, diagnostics, new methods, new targets, MoA (Mechanism of action), devices, software, algorithms, research tools, datasets or proprietary know-how. Note – consider anything that produces new IP or provides a competitive advantage. Even negative results or optimisation data can constitute valuable know-how. This section has a maximum of 500 words.

Describe your IP management and protection strategy? Outline how you will identify IP (invention disclosures), protect it (patents, copyrights or open source). For collaborations, clarify ownership and licensing approach.

If No, **Why will this research NOT generate new IP?** Note that most research generates some IP, even if it is data or know-how. This section has a maximum of 500 words.

Collaborations and third-party arrangements

Does this research involve materials/compounds from industry or other organisations that require a material transfer agreement or other permissions to use? Select Yes or No.

If Yes, **Select Yes or No for each collaboration type** and give details for each. List all third-party materials (cell lines, compounds, reagents, tools) requiring agreements. Specify provider, agreement status, usage restrictions and IP rights in improvements you make. Pay attention to

reach through clauses where material providers claim rights to your discoveries made using their materials. Some MTAs restrict commercial use entirely, others give providers first refusal on licensing. If you are getting materials from multiple sources, check the MTAs do not conflict with each other.

Industry collaboration or funding involved: For each entry, state partner name, their contribution (funding, materials, equipment etc) and IP terms such as who will own new IP, partner rights (first refusal, exclusive license etc), revenue sharing agreement status. Industry agreements often have “background IP” and “foreground IP” definitions that determine ownerships. If terms are still under negotiation, flag any non-confidential outstanding issues.

Institutional collaboration or project arrangements: Identify all academic or research institute partners contributing or collaborating on this research. For each partner institution, map all background IP they are bringing to the project that includes existing patents, proprietary materials, datasets etc. State whether a formal collaboration agreement is in place that defines IP ownership, publication rights and data sharing terms. If no agreement exists yet, please provide the expected finalisation date. Multi-institutional projects often have complex IP landscapes because each partner may have pre-existing IP portfolios. Be clear about who owns what from the start. If this is a consortium arrangement, explain the governance structure for IP decisions and how disputes will be resolved.

Using third-party materials or compounds: For each third-party material, describe it, identify the provider, state agreement type (MTA executed/pending/not needed) and explain any IP restrictions on use, commercialisation, or publication. Common restrictions include research use only (no commercial applications), publication delays for provider review, and provider rights to improvement. Some materials come with patent encumbrances that affect what you can do with the results.

Data and digital IP

Does your research generate data or digital assets requiring IP consideration?

Select **Yes** if generating clinical data, valuable softwares, data, models or digital tools. Even for open access data, clarify ownership governance and sharing terms. Data IP is not just about restriction, its about defining appropriate use. If you are aggregating data from multiple sources, each may have different sharing restrictions that you must be aware of. Consider whether your database structure or curation approach for annotation methods themselves constitute IP.

Select **No** if your research truly does not produce any outputs beyond standard lab protocols/notes and published papers. Most research generates some form of data asset that needs proper management. Patient data, datasets, omics, models and analysis pipelines can be all counted as digital assets that may require IP consideration.

If Yes, **Select Yes or No for each data and digital IP type** and give details for each.

Data ownership and management: For each entry, state who owns background data sources and generated data (institution, consortium, sponsor or participants). Describe the data sharing approach (open access, controlled access). If planning controlled access, explain the rationale, is it to protect patient privacy, comply with funder requirements or to protect

commercial options? If multiple institutions are contributing data, clarify whether ownership is proportional to each partner's contribution and either held jointly by all partners or retained individually by the contributing institution. Explain the governance structure - clarifying who decides on data access requests, publication rights, secondary use permissions or commercial use.

Software/AI development: For each entry, specify the IP protection approach: patent (for novel algorithms), copyright, open source (state license type) or hybrid approach. Explain why this approach suits the need. Clarify what you are planning to protect, whether it is creating new models, model architecture, training methodology or trained weights. When using open source, what is your licensing approach? For instance, GPL (General Public License) requires derivative works to also be open source, while MIT (Massachusetts Institute of Technology) / Apache allows commercial uses. If you plan to incorporate third-party code or libraries, please ensure the license compatibility.

Finance and costs

The total cost requested in the application must be no greater than £3,000,000.

Full economic costing

In line with other UK medical charities, Arthritis UK does not provide funds for administrative costs or overheads, and funds directly incurred costs only. Ineligible costs include directly allocated costs and indirect costs:

- Directly Allocated Costs – shared costs, based on estimates and do not represent actual costs on a project-by-project basis, such as:
  - Investigators: the time spent by tenured lead applicants (Chief Investigators) and co-applicants
  - Estates
  - Other Directly Allocated: the costs of shared resources, such as staff and equipment.
- Indirect Costs – necessary for underpinning research but cannot be allocated to individual projects, and cover computing and information support, central services, general maintenance and other infrastructure costs.

Eligible costs within an application
Lead applicants and co-applicants can apply for their salaries as long as they do not hold a substantive position. Lead applicants and co-applicants that are employed on full time NHS contracts can apply for funding to release them from clinical commitments to conduct research activities.
Requested salary costs should be based on a recognised pay model or the host institution's local salary scale, including London weighting if appropriate. We must be advised of the pay model used and, where a local pay model is to be applied, a copy of the appropriate scale

must be attached. Annual increments must be included which should be based on the host institution's own salary scale, including London weighting if appropriate.
A maximum spine point 43 on the national scale is allowed for postdoctoral research staff. Where the project requires specialist support, spine points above 43 may be requested with prior agreement with the charity.
Annual increments within bands must be costed. We expect promotions and local pay awards to be supported by institutions.
Inflationary salary increases for funding in future years must be included. The percentage used to calculate the compound inflationary allowance must not exceed the maximum allowance set by Arthritis UK (currently 3.5%, as at July 2025).
Requests for external consultancy costs should be included in expenses.
Training and supervision of staff within the award must be justified.
Patient and Public Involvement honorarium and expenses can be applied for to support the inclusion of people with lived experience.
Costs for the purchase and maintenance of laboratory animals. Studies involving animals must provide a detailed breakdown on the number, species, strain and associated costs of the animals.
Home office licence costs (up to £300, must be directly related to the application and fully justified).
Access charges for use of specialist equipment may be applied for within expenses.
Any requests for computers must be fully justified and integral to the success of the research proposal.
Fully justified items of equipment of up to £30,000 can be requested, requests for items of equipment included in applications with a cost greater than £5,000 must be supported by an estimate.
Additional expenses/consumables need to be fully justified.
Ineligible costs within an application
Directly allocated and indirect costs based on estimates such as estates, shared resources and maintenance.
Costs relating to staff recruitment and relocation.
Apprenticeship levy.
Student tuition fees aren't provided on awards unless it's specifically stated that these can be applied for.

Funding to provide maintenance of equipment.
Office stationery costs unless required for the project and justified accordingly.
Travel support and open access costs are not to be included within standard grant applications, these are additional awards that can be applied for by an Arthritis UK award holder.
Miscellaneous costs within consumables.

Attributing the costs of health and social care Research and Development (AcoRD): Applications that propose research conducted with human participants within a health or social care setting should be formulated in line with Department of Health Guidance Attributing the costs of health and social care Research & Development (AcoRD). Arthritis UK will only fund Directly Incurred Research Costs and applicants should ensure that they have consulted their local NIHR CRN, where appropriate, to discuss NHS Support Costs and NHS Trust Management to discuss Treatment Costs before submission. Please see information below from the National Institute for Health Research regarding the online Schedule of Events Cost Attribution Template (SoECAT).

Please be aware that if your planned project includes the recruitment of participants, your application should be accompanied with the Funder Export from the online SoECAT, obtainable via the NIHR Central Portfolio Management System (CPMS).

To create a SoECAT, you will need to create an account in CPMS. After creating the account, you will need to login to CPMS to activate this account. If any assistance is required in creating the account, please refer to the user guide. Once your account has been created and is active, you can proceed.

Guidance for the completion of the SoECAT by the applicant is present in the online tool to assist at each page and stage of the application process and further details can be found on the Online SoECAT Guidance page.

There is also an Online SoECAT Guidance Module which includes video tutorials and linked resources (an NIHR Learn account is required to access and enrol onto the module) and a helpful Study Representative - Online SoECAT Top Tips infographic.

Please note that completion of the **SoECAT may not be necessary** when applying for funding to support: overarching programmes with no specific research study protocol; infrastructure; fellowships; anything where the grant is to be used for direct employment of a member of staff or purchase of an asset; and data or diagnostic reviews where recruitment data is not collected. Such applications should be submitted with supporting documentation to explain why a SoECAT was not submitted in this instance.

Complete the relevant financial detail for your application.

Salaries: Add each position on the award.

- Select the closest description for position from the dropdown list
- Describe the role of the staff member. This section is a maximum of 100 words
- Indicate the % inflation applied to the costing, this must not exceed the maximum allowance set by Arthritis UK (currently 3.5% as at July 2025)
- Input the costs broken down by basic salary, employer contributions and London weighting if applicable
- Input the full time equivalent (FTE) to be worked as a percentage (1-100) of the whole grant year and the total will auto-complete. For staff working the whole year, the FTE to be recorded is straightforward. However, the system cannot account for partial years. In this instance, please adjust the FTE; for example, if a member of staff is to work 20% FTE but for 6 months of a grant year, the figure to enter would be 10%. Please do not reduce the basic salary entered to account for partial roles.
- For all roles, please include in the description box the FTE and number of months to be worked. If FTE changes within a grant year, please also note this.

Animals: Add an entry for each group of animals.

- Input species, strain and price per animal.
- Input the number of animals to be purchased for each year, the total purchase cost will auto-complete.
- Input the weekly maintenance cost. Please note, if the costs vary between years (e.g. because of inflation or other reasons), please input the average weekly cost across the project duration, as a variable weekly cost between years cannot be entered in the system. Please note in the associated text box the yearly breakdown.
- Input the number of animals to be maintained and number of weeks required for each year, the total will auto-complete.

Expenses: Please do not include all running costs as one entry/item. Running costs should be broken down into suitable categories, providing full justification so that sufficient information is provided for review.

Equipment: Add an entry for each item of equipment. Fully justified items of equipment of up to £30,000 can be requested, requests for items of equipment included in applications with a cost greater than £5,000 must be supported by an estimate.

- Input a description of the equipment, its use and total cost.

Lead applicant details

The lead applicant is the individual who will lead the work on the award and be responsible to Arthritis UK to ensure the conditions of award are met. They must be based in a UK university, NHS Trust or recognised academic research institute in the UK.

The principal/lead applicant must open the application form on the Awards Portal and add the other key personnel who can then add information. For further details see Arthritis UK Awards Portal user guide.

The details displayed in the application form for the lead applicant are those that are stored on the Awards Portal. To amend them, please save the application form and visit your Awards Portal profile.

Ensure the following fields are up to date in your Awards Portal profile

- **Contact details:** Ensure all fields marked with a red star are completed (these are compulsory fields).
- **Position:** Click on the dropdown menu and select the lead applicant's position.
- **Qualifications:** Add any degrees or professional qualifications that you hold and feel would aid your application.
- **Employment:** List your present and last position held as a minimum. Please list any further positions that feel would aid your application.
- **Funding:** List all current grants held. It is not mandatory to be a current or prior grant holder to be able to apply.
- **Publications:** Import your publications from Europe PMC or by linking with your ORCiD profile. Publications may also be entered manually.

The application must include at least one person that holds a substantive position at the host (lead) institution as either the lead applicant or a co-applicant.

Select relevant grants and publications in the application form

This section allows the lead applicant to choose a maximum of ten grants and ten publications that are most relevant to the application.

To add a grant

- On the Lead applicant details page, click **Add grants relevant to this application** to expand the section.
- Click **Add relevant grant**.
- Click on the **Grant** dropdown and select the required grant. The other fields will populate automatically.
- Continue to click **Add relevant grant** to add further grants up to a maximum of ten.

To add a publication

- On the Lead applicant details page, click **Add publications relevant to this application** to expand the section.
- Click **Add relevant publication**.
- Click on the **Publication** dropdown and select the required publication. The other fields will populate automatically.
- Continue to click **Add relevant publication** to add further publications up to a maximum of ten.

Other research outputs: Other than the publications and awards already listed in this application please list and briefly describe three to five of your key research outputs or achievements. These can cover any forms of output relevant to your research including but not limited to:

- Development and sharing of new datasets, software, research reagents, tools, methods, products or patents
- Contributions to collaborations/consortia/team science
- Participation in PPI and engagement activities
- Influences on policy, practice, education or training
- Development of new preventative, diagnostic, treatment or management approaches and interventions
- Improvements to health or quality of life for patients and the public
- Additional relevant publications and pre-prints.

This section has a maximum of 500 words.

Other roles in the application

Co-applicants

Co-applicants are individuals who will have had intellectual input into the application and are expected to be involved in the project. All co-applicants are expected to make a substantive contribution to the delivery and management of the research described in the application. For more details see Applying for an award on our website.

Please add details of all co-applicants involved with the project. You will be able to select individuals who already have an account with us. Individuals who do not have an account with us will be asked to register and will be sent details via an automated email.

There are no restrictions on the number of additional co-applicants. Please note you will also be able to identify co-applicants who do not have grants or publications (for example early career researchers).

If you wish to add a co-applicant based outside the UK please email the Awards office at awards@arthritis-uk.org

Recruiting centres do not necessarily have to be co-applicants, they can alternatively be collaborators or listed as a recruiting centre only.

For each co-applicant, enter their email address in the Search Name box. If the co-applicant is already on our Awards Portal, their name will be available to select from a dropdown menu. Select their name and click **Confirm contact** – this will generate an automatic message to notify them.

If the co-applicant is not already on the Awards Portal, click the **Invite user to register or share application** button at the top of the screen. Click **Add another user** and enter their email address. A message will appear saying that an invitation will be sent. Click **Save and send**.

Co-applicants will have to register for an Awards Portal account if they do not have one.

Position: Click on the dropdown menu and select the co-applicant's position.

The co-applicant's basic information, degrees and qualifications and employment record will automatically appear in the application form PDF based on the information stored in their

Awards Portal profile. To amend these details, the co-applicant will need to save the application form and visit their Awards Portal profile following the same instructions highlighted in the lead applicant section.

Grants and publications must be added to the CV by each individual co-applicant.

This section allows the co-applicant(s) to choose a maximum of ten grants and ten publications that are most relevant to the application.

To add a grant

- On the Co-applicants page, for the relevant co-applicant, click **Add grants relevant to this application** to expand the section.
- Click **Add relevant grant**
- Click on the **Grant** dropdown and select the required grant. The other fields will populate automatically.
- Continue to click **Add relevant grant** to add further grants up to a maximum of ten.

To add a publication

- On the Co-applicants page, for the relevant co-applicant, click **Add publications relevant to this application** to expand the section.
- Click **Add relevant publication**.
- Click on the **Publication** dropdown and select the required publication. The other fields will populate automatically.
- Continue to click **Add relevant publication** to add further publications up to a maximum of ten.

Lay Co-applicants

Where appropriate, people with lived experience should be named as lay co-applicants. You will need to provide their name, a short description of their role in the application and a description of how their experiences are relevant to the project.

You will be able to provide further detail of the role of these co-applicants as appropriate in the Involvement and engagement section of the application form. Should lay co-applicants have grants or publications they wish to be included, these individuals should be included as co-applicants as above, allowing these to be added. Academic research involvement leads should be added as co-applicants, or collaborators.

For each lay co-applicant, enter their email address in the Search Name box. If the lay co-applicant is already on our Awards Portal, their name will be available to select from a dropdown menu. Select their name and click **Confirm contact** – this will generate an automatic message to notify them.

If the lay co-applicant is not already on the Awards Portal, click the **Invite user to register or share application** button at the top of the screen. Click **Add another user** and enter their email address. A message will appear saying that an invitation will be sent. Click **Save and send**.

Lay co-applicants will have to register for an Awards Portal account if they do not have one.

Collaborators

Collaborators are individuals who are named in the body of the application who supply research materials, specific expertise, or access to patients, but will not be involved in the day-to-day execution of the research.

To add a collaborator click **Add collaborator** and enter the name of the collaborator, their organisation and a detailed description of the collaboration. A letter of support must be attached.

Award administrators

Award administrators can access and edit the application form however their details will not appear explicitly on the completed form.

In the Search Name box, enter the email address of the award administrator. If the award administrator is already on our Awards Portal, their name will be available to select from a dropdown menu. Click **Confirm contact** – this will generate an automatic message to notify them.

If the award administrator is not already on the Awards Portal, click the **Invite user to register or share application** button at the top of the screen. Click **Add another user** and enter their email address. A message will appear saying that an invitation will be sent. Click **Save and send**.

Award administrators will have to register for an Awards Portal account if they do not have one.

Position: Click on the dropdown menu and select the award administrator's position.

Signatories

The application must be signed off by your finance officer and head of department.

In the Search box, enter the email address of the signatory. If the signatory is already on our Awards Portal, their name will be available to select from a dropdown menu. Click **Confirm contact** – this will generate an automatic message to notify them.

If the signatory is not already on the Awards Portal, click the **Invite user to register or share application** button at the top of the screen. Click **Add another user** and enter their email address. A message will appear saying that an invitation will be sent. Click **Save and send**.

Signatories will have to register for an Awards Portal account if they do not have one.

Position: Click on the dropdown menu and select the signatory's position.

Attachments

Only text can be added to the fields of the online application form. Where additional files are required, they can be uploaded in this section.

The maximum size per attachment is 10MB.

The following documents should be included as attachments where relevant

- Additional figures / data referenced in the project details section
- Gantt chart
- Statement of how clinical capacity and capability to deliver the project will be monitored and maintained, if needed to supplement the answer given to 'Discuss any potential risks to the award and highlight mitigation strategies'
- Letters of collaboration/support
- Ethical approval
- Animal licence(s)
- SoECAT Funder Export
- If the application is a resubmission, a cover letter should be attached detailing how the application has been altered in response to the feedback received from the original submission.

Disease category

In this section, we ask you to provide some research classification information on your application. This will be used by Arthritis UK to categorise the applications it receives and the work that it funds. Select up to 3 relevant disease classifications from the list.

UKCRC HRCS

We subscribe to the use of the UK Clinical Research Collaboration's Health Research Classification System, more information and guidance can be found at hrcsonline.net

- Please select up to 5 of the UKCRC Health category classifications that you feel best fits your proposal from the list.
- Please select up to 5 of the UKCRC Research activities classifications that you feel best fits your proposal from the list.

Suggested reviewers

Applicants are invited to propose suitable external reviewers for their application and/or to identify any individuals whom they do not wish to be approached. All information provided in this section will be treated in strict confidence.

When suggesting potential reviewers, please ensure that nominees are independent and free from any actual or perceived conflicts of interest, and should:

- Be based at a different institution from the lead applicant and co-applicants.
- Not be current collaborators with the lead applicant.
- Not have co-published with the lead applicant or co-applicants within the past three years.
- Have no personal, familial, or close professional relationship with the applicant(s).
- Not be involved in the preparation or development of the proposal.

Check and submit

1. Validate your form

Check that all pages have a green tick . Any with a red X  have invalid fields. These will need to be completed before you can submit your application.

2. Check co-applicant details

Have your co-applicants each selected up to 10 of their relevant grants and publications on the co-applicants page?

3. Preview your application

Click **Preview** to download a PDF version of your application and check that all content appears as expected.

4. Submit your application

Click **Submit** to begin the approval process. Automated emails will be sent to your Finance Officer and Head of Department.

Your application will only be submitted to Arthritis UK once both signatories have approved it. Please allow sufficient time for this process, as the application must be received by **16:00** on the deadline date.

5. Confirmation

You will receive an email acknowledging receipt once your application has been successfully submitted to Arthritis UK.

If you are experiencing difficulties submitting your application, please email the Awards office at awards@arthritis-uk.org or call us on 0300 7900 403.