**Expression of Interest Form for the Combination Therapies Funding Call**

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| **Project title** |  |
| **Name of lead investigator**  **Host Institution**  **Email** |  |
| **Name of co-investigator (if applicable)**  **Institution** |  |
| **Please list any commercial entities involved in the project** | *If there is involvement from a commercial entity, please fill in and send the commercial entity form along with the expression of interest and drug CV.* |
| **Estimated cost of project (GBP)**  *Please note Cure Parkinson’s does not support investigator travel, publication costs or overheads (including ongoing operating expenses of the host organisation e.g. lab space, equipment, existing staff time)* | *All costs must be provided in GBP. Please provide a brief rationale to justify the estimated costs.*  **£\_\_\_\_\_\_\_**  *If invited to submit a full application, the final cost should not increase by more than 10% compared to this figure.* |
| **Project duration** | **\_\_\_\_\_\_\_\_Months** |
| **How is this project focused on slowing, stopping or reversing Parkinson’s and moving us closer to a cure?**  *Please note, Cure Parkinson’s does not fund research on symptom control* |  |
| **How far away from clinical translation is this project?**  *Please provide an estimated timeline (broken down by stage of research) detailing the stages until the treatment is available to people with Parkinson’s (PwP).* | *Preclinical projects should lead to clinical trials in people with Parkinson’s within 5 years.* |
| **How have you involved people with Parkinson’s in the preparation of this project?** | *If PwP involvement has not yet been developed, please detail how you plan to incorporate this.* |
| **Have you included any confidential information in this application? If yes, please outline here.** |  |
| **Funding secured to date for your programme of research**  *Please state if you have already secured funding to support any aspect of this project.*  *Please advise if you are applying to any other funder for any aspect of the project outlined in this application or for other work to support its development.*  *If the programme involves a commercial partner, please advise the extent of its support****.*** |  |
| **How did you hear about the combination therapies for Parkinson’s funding call?** | *Please indicate by deleting as appropriate:*   * *Cure Parkinson’s website* * *Cure Parkinson’s e-newsletter* * *Search engine (Google, Bing etc.) – please specify* * *Social media (please specify which platform e.g. LinkedIn, Facebook, Instagram, X etc.)* * *Conferences or events – please specify* * *Other researchers/grant holders* * *Directly from Cure Parkinson’s Research Team* * *Other – please specify* |
|  | |
| **Is this project clinical or preclinical?** |  |
| **What drugs will be evaluated in this project?**  *There must be a minimum of two drugs and a plan for how they will be tested in combination.* |  |
| **Have you completed the drug CV?** | Yes/No  *Please complete a drug CV for all drugs you plan to investigate.* |
| **What is the type of combination you are proposing?** | *Congruous, syncretic or coalistic?*  *More information about each type can be found in the applicant guidance.* |
| **What is the rationale for the proposed combination of drugs having disease-modifying potential in Parkinson’s?**  **(max 1000 words)** | *Include details about the pathways targeted, the relevance to Parkinson’s biology and any data that has already been generated to aid in the justification.* |
| **Possible side effects from combining these drugs**  **(max 300 words)** | *Include any additional side effects that could occur due to the combination of these drugs. Include any strategies to mitigate these.* |
| **Proposed methods and objectives**  **(max 500 words)** | *For clinical projects, include how the drugs will be administered, for example combined in the same pill, as separate pills, injection etc.* |
| **Project timeline and deliverables**  **(max 250 words)** | *Applicants are able to provide a Gantt chart if they choose to.*  *Please note, if approved, projects would be estimated to begin in September 2026 (subject to contracting).* |
| **Ethics committee approval**  *Please provide details and dates of ethics committee approvals for the project.*  *If your project is based outside of the UK, please provide equivalent details.* | *If not yet approved, please provide details on predicted timelines to submission and approval.* |
| **Potential Peer Reviewers for this project** | |
| **Are there any other individuals you would like to put forward to review this application?** | Name:  Institution:  Email:  Name:  Institution:  Email:  Name:  Institution:  Email: |

Once complete, please email the expression of interest form, drug CVs (one for each agent) and commercial entity form (if applicable) to [research@cureparkinsons.org.uk](mailto:research@cureparkinsons.org.uk) by 11.59pm (GMT) Monday 24 November 2025.