**Pre-Doctoral Research Fellowship 2021/22**

*Application Form*

**About the award**

The Royal Marsden Pre-Doctoral Research Fellowship is being funded by The Royal Marsden Cancer Charity as part of the Safety and Innovation grant. The award is managed by Professor Susanne Cruickshank with administrative support from the Charity.

The purpose of this Fellowship programme is to provide an opportunity for Royal Marsden nurses, allied health professionals, and pharmacists to create a strong foundation from which to build a clinical academic research career. It is intended that successful applicants will be able to utilise the skills and data produced in their Pre-Doctoral Research Fellowship to springboard onto successful funding bids for NIHR Clinical Research Fellowship application and other funding schemes.

**Eligibility**

Answer the following questions to see if you are eligible to apply.

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| Q1. Do you currently hold an NHS Employment Contract? |

[ ]  Yes [ ]  No

*Applicants must hold an RMNHSFT employment contract noting they must currently deliver services, and plan to undertake their proposed research project for the benefit of patients at The Royal Marsden NHS Foundation Trust.*

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| --- | --- |
| Q2. Are you a UK resident? |  |

[ ]  Yes [ ]  No

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| --- | --- |
| Q3. Do you intend to apply for a doctorate (PhD/Professional doctorate)? |  |

[ ]  Yes [ ]  No

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| Q4. Your application must be approved and signed by you, your Line Manager, your potential RM Clinical Research Supervisor, your Finance Business Partner and Divisional Director. Does your proposal have that level of support? |

[ ]  Yes [ ]  No

**If you have answered ‘No’ to Questions 1, 2, 3 or 4 then you are NOT eligible for this award. Please do not continue with the application.**

**About the application**

This application form should be completed digitally and submitted via email. You will need to print and obtain the necessary signatures on the Signatures of Approval document (page of this application), scan, save as a PDF file and submit with the application form.

All applications and Signatures of Approval documents must be submitted via email to charity.grants@rmh.nhs.uk

Please ensure all sections are complete and the necessary signatures have been obtained before submission. Please be aware that it can take a few weeks to secure the required signatures. Please be sure to **submit applications to your Finance Business Partner no later than 1 November 2021.** The onus is on you to secure these signatures in advance of the application deadline. If we receive your application without all required signatures it will not be considered for funding.

**All applications are due by midday on 15 November 2021. No late submissions will be accepted.**

**This form should be completed in Arial 11pt.**

**Application Structure**

|  |  |
| --- | --- |
| **Page** | **Section** |
| 34 | Personal InformationApplication Questions |
| 13 | Project Costs |
| 15 | Support and Declarations |

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| **Personal information**  |
| Applicant name:Job title:Clinical division:Applicant departmental address:Applicant email:Contact telephone number: |  |

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| **Summary of Funding Requested** |
| Total funding amount requested:Proposed start date:Total Duration (months): |  |

**Application Questions**

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| **Q1. Applicant CV** |
| *You will need to provide an overview of your CV detailing your qualifications and relevant appointments/career history* ***(max 2 pages)******Please use the following template and add rows as required***Name:Role:**Professional Bodies**

|  |  |
| --- | --- |
| Membership details | Institution |
|  |  |

**Degrees and Professional Qualifications**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **From** | **To** | **Qualification** | **Subject** | **Country** | **Institution** | **Class** |
|  |  |  |  |  |  |  |
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**Present and previous positions**(Including from/to dates, job title and employer)

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| **From** | **To** | **Position** | **Organisation** |
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**Grants held (include research or practice funding i.e. Innovation Den, RM Cancer Charity, RCN or other)**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Title of grant** | **Role in grant** | **Total £** | **Source of grant** | **Duration (in months)** | **Start date of funding** | **End date of funding** |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |

**Publications**

|  |  |  |  |
| --- | --- | --- | --- |
| **Authors** | **Date** | **Article title** | **Journal name** |
|  |  |  |  |
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**Relevant Prizes, Awards, and other achievements**

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| --- | --- | --- |
| **Date****(mm/yyyy)** | **Source** | **Outcome** |
|  |  |  |
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| **Q2. Please describe why you are applying for this Fellowship, how the Fellowship fits with your career aspirations, and your planned path to doctoral studies.** |
| ***(max 500 words)*** |

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| **Q3. Applicant research experience** **Please describe your research involvement to date**  |
| *You can include experience of audit, service evaluation and quality improvement involvement where appropriate.****(max 500 words)*** |

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| **Q4. Please describe your proposed project** |
| *Please complete under the following headings and include a Gantt chart illustrating your timelines* ***(max 1,000 words)******Title of proposed project******Plain English summary of the project (This is to be written in language for a non-specialist reviewer)******What is the problem being addressed?******Why is this area important and how will the outcomes improve the lives of people affected by cancer?******How do you propose to go about addressing this problem (provide a brief plan i.e., a systematic scoping review, review of secondary data, working with patient and public)?******How will you measure the success of your plan?******References (6-10)*** |
| **Q5. Proposed training and development plan** |
| *Please assess your research training needs and identify relevant courses, conferences, and/or shadowing required to support you achieve your project plan* ***(max 500 words)*** |
| **Q6. Please tell us about any additional organisations that would be involved with this project** |
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|  **Q7. Please provide details of your research supervisor(s)** |
| *Ensure you include an overview of their background, qualifications, ability to train others and research career to date* ***(max 500 words)******Please include the following:*** ***1. Overview of their experience in your area******2. Skills and experience including supervisory experience at MSc/PhD level******3. Describe the support the supervisor will provide******4. Any relevant research grants/publications in past three years*** |

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| **Q8. Your supervisor’s contact information** |
| *One of your supervisors should be a nurse, AHP or pharmacist from the Royal Marsden. One supervisor can be from any profession.* Supervisor name:Supervisor departmental address:Supervisor email:Second Supervisor name:Supervisor departmental address:Supervisor email: |  |

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| **Q9. How will patients and/or other NHS staff in the NHS Trust be involved and how will they be helped by this work?** |
| ***(max 250 words)*** |

**Project Costs**

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| **Q10. Project budget – cost breakdown** |

Please provide a detailed breakdown of costs associated with undertaking this fellowship. You can add as many items as required. If your application is successful, the Grants Team will use the information provided here to reconcile against your award invoicing. Ensure that all costs provided are INCLUSIVE of VAT.

|  |  |  |
| --- | --- | --- |
| Item | Description | Cost (£) inc. VAT |
| e.g., Staff salary | (Include as much detail as possible) |  |
| Research Costs |  |  |
| Equipment etc |  |  |
|  |  |  |
| Formal training courses |  |  |
| conferences |  |  |
| Total  |  | £ |

|  |
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| **Q11. Justification of costs** |
| *Please provide a detailed narrative as to what the costs you have provided are for, relating them back to the purpose of your proposed project* ***(max 300 words)*** |
| **Q12. Will you be seeking other funding for this project?** |

[ ]  Yes [ ]  No

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| If yes, please provide details |

**Support and Declarations**

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| **Q13. Any additional information** |
| *Please use this section to provide any additional information in support of your application, including skills, training and experience relevant to your application.* ***Please use no more than 250 words.*** |

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| **Q14. Does your project require Health Research Authority (HRA) approval?** |

[ ]  Yes [ ]  No

If yes, please provide REC Reference and IRAS Project ID Number if available:

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| **Q15. Declaration – The Royal Marsden Cancer Charity terms** |

*If you are awarded a Pre-Doctoral Research Fellowship, it is a condition of the grant that you:*

1. *Attend the monthly pre-doc/doctoral staff meetings*
2. *Attend regular one-to-one meetings with the Lead for Strategic Health Research*
3. *Submit progress reports, one after 6 months and one upon completion of the Fellowship. You will be asked to measure your project against the expected outcomes provided in your project plan.*
4. *Submit a doctoral application before the end of the Fellowship.*
5. *Acknowledge The Royal Marsden Cancer Charity on any future grants and publications associated with the work of the Fellowship*
6. *Remain as an employee of The Royal Marsden NHS Foundation Trust for the duration of the Fellowship.*

[ ]  I/we agree to the appropriate use of charitable funds for the purposes outlined in this application.

[ ]  I/we agree that the Charity can use my / our progress reports to provide updates to donors and may contact me/ us up to 3 years after the Fellowship ends, for an update.

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| **END** |

**Signatures of approval document**

You are only required to print this sheet. Please obtain all required signatures, scan, save as a PDF and email to charity.grants@rmh.nhs.uk with your completed application form.

We require your signature to indicate that, if awarded a grant, you will conduct the project in accordance with the Charity’s grant conditions. We also require the signature of your **Line Manager**, your potential **RM Clinical Research Supervisor**, **Finance Business Partner** and **Divisional Director**, indicating support for you undertaking the project.

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| Applicant signatureName:Signature:Date: |
| Line Manager signatureName:Signature:Date: |
| Potential RM Clinical Research Supervisor signatureName:Signature:Date: |
| Finance Business Partner signatureName:Signature:Date: |
| Divisional Director signatureName:Signature:Date: |