The ROYAL MARSDEN

NHS Foundation Trust



Pre-Doctoral Research Fellowship 2023/24

Application Form - General (Open Call)

About the award

The Royal Marsden Pre-Doctoral Research Fellowship is funded by The Royal Marsden Cancer Charity as part of the Safety, Innovation and Education 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 an NIHR Clinical Research Fellowship application and other funding schemes.

Eligibility

☐ Yes \square No Applicants must hold an RMNHSFT employment contract noting they must currently

Q1. Do you currently hold an RMNHSFT Employment Contract?

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

deliver services, and patients at The Roya	plan to undertake their proposed research project for the benefit of l Marsden NHS Foundation Trust. Applicants must stay on in HSFT for the duration of the Fellowship.
Q2. Are you a Uk	K resident?
☐ Yes	□ No
Q3. Do you inten	d to apply for a doctorate (PhD/Professional doctorate)?
☐ Yes	□ No
	be registered, have secured funding for, or hold a PhD.
Manager, your p	tion must be approved and signed by you, your Line otential RM Clinical Research Supervisor, your Finance, and Divisional Director. Does your proposal have that
☐ Yes	□ No

If you have answered 'No' to Questions 1, 2, 3 or 4 then you are <u>NOT</u> 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 12 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. You must liaise with your appropriate Finance manager from the onset and must obtain their approval by 4 December 2023. 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 11 December 2023. No late submissions will be accepted.

This form should be completed in Arial 11pt.

Application Structure

Page	Section
3	Personal Information
4	Application Questions
9	Project Costs
10	Support and Declarations

Personal informat	ion
Applicant name:	
Job title:	
Clinical division:	
Applicant departmental address:	
Applicant email:	
Contact telephone number:	
Summary of Fundi	ng Requested
Total funding amount requested:	
Proposed start date:	
Total duration (months):	

Application Questions

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

Professional Bodies

Membership details	Institution	

Degrees and Professional Qualifications

From	To	Qualification	Subject	Country	Institution	Class

Present and previous positions

(Including from/to dates, job title and employer)

From	To	Position	Organisation

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

Relevant Prizes, Awards, and other achievements

Date (mm/yyyy)	Source	Outcome

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 300 words)		

Q3. Please describe your research involvement to date You can include experience of audit, service evaluation and quality improvement involvement where appropriate. (max 300 words)

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?
people agreement.
How will patients and/or other NHS staff in the NHS Trust be involved and
how will they be helped by this work?
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?
Potomonage (6.10)
References (6-10)
Q5. Proposed training and development plan
Please assess your research training needs and identify relevant courses, conferences,
and/or snadowing required to support you achieve your project plan (max 300 words)
Please assess your research training needs and identify relevant courses, conferences, and/or shadowing required to support you achieve your project plan

Q6. Please tell us about any add be involved with this project	itional organisations that would
Q7. Your professional superviso	ors' 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 (if applicable):	
Supervisor departmental address:	
Supervisor email:	

Project Costs

Q9. 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		£

Q10. 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)		

Q11. Will you be seeking other funding for this project?		
□ Yes □ No		
If yes, please provide details		
Support and Declarations		
Q12. Any additional inform	ation (optional)	
Please use this section to provide any application, including skills, training (max 250 words)	additional information in support of your and experience relevant to your application.	

Q13. Does your project require Health Research Authority (HRA) approval?
\square Yes \square No
If yes, please provide REC Reference and IRAS Project ID Number if available:
Q14. 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:
 Attend the monthly pre-doc/doctoral staff meetings. Attend regular one-to-one meetings with the Lead for Strategic Health Research. Submit progress reports, one after 6 months and one upon completion of the Fellowship. For part-time Fellowships, you will be required to submit reports at 6 months, 12 months, 18 months, and at the end. You will be asked to measure your project against the expected outcomes provided in your project plan. Submit a doctoral application before the end of the Fellowship. Acknowledge The Royal Marsden Cancer Charity on any future grants and publications associated with the work of the Fellowship. Remain as an employee of The Royal Marsden NHS Foundation Trust for the duration of the Fellowship.
$\hfill \square$ I/we agree to the appropriate use of charitable funds for the purposes outlined in this application.
\square 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.
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 Professional Supervisor**, **Finance Business Partner**, and **Divisional Director**, indicating support for you undertaking the project.

Name: Signature: Date: Line Manager signature Name: Signature: Date: Professional Supervisor signature Name: Signature: Date: Finance Business Partner signature Name: Signature: Date: Divisional Director signature Name:	Applicant signature
Date: Line Manager signature Name: Signature: Date: Professional Supervisor signature Name: Signature: Date: Finance Business Partner signature Name: Signature: Date: Divisional Director signature	Name:
Line Manager signature Name: Signature: Date: Professional Supervisor signature Name: Signature: Date: Finance Business Partner signature Name: Signature: Date: Divisional Director signature	Signature:
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