



WELLBEING
OF WOMEN

Wellbeing of Women

First Floor, Fairgate House, 78 New Oxford Street, London WC1A 1HB

Registered Charity No.: 239281

**APPLICATION FOR A WELLBEING OF WOMEN
ENTRY-LEVEL RESEARCH SCHOLARSHIP 2019**

Deadline for Applications is 1.00 p.m. on Thursday 20 September 2018

Please use font size 10-12 pt. throughout. Two email versions (one **Word** and one **fully signed PDF** copy) sent to jbarratt@wellbeingofwomen.org.uk by the closing date. Electronic signatures are acceptable. **Please make sure to read accompanying guidelines and the funding Terms and Conditions before completing this form.**

Reference No. (for office use only):

ELS/

1. Application Details

	Applicant	Supervisor	Head of Department
Title:			
Forename(s):			
Surname:			
Current post:			
Department:			
Institution:			
Postal address:			
Telephone:			
Email:			

Proposed Department:			
Proposed Institution			
Proposed start date:		Proposed duration:	
Total funds requested:	£	<i>NB: upper funding limit of £20,000</i>	

Title of the research:	
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Please tick appropriate subject area for project:

Pregnancy and Birth

Gynaecological Cancer

General Wellbeing

2. The Applicant

2.1	Are you currently registered for a higher degree or higher professional qualification?			
YES <input type="checkbox"/>	Please specify degree/qualification:			
NO <input type="checkbox"/>	Date thesis was/will be submitted:			
2.2	Academic and Professional Qualifications (e.g. MBChB, MD, MRCOG etc.):			
	Academic institution	Qualification	Class	Year of award
2.3	Prizes and Awards Obtained:			
	Description of prize:			Year of award
2.4	Specialist Clinical Training Details:			
2.4.i	What grade is your current post?		GRADE:	
	On what date did you enter this grade?		DATE:	
2.4.ii	Parent Deanery for clinical training:		Date of registration:	
	Current Deanery if different from Parent:		Date of registration:	
2.5	Postgraduate Career:			
Place of work:	Post held: <i>(including source of funding for research appointments)</i>	From: <i>(dd/mm/yy)</i>	To: <i>(dd/mm/yy)</i>	
Current position:				

Previous positions:			
2.6	Professional Body Membership (e.g. Royal Colleges, scientific societies, professional organisations):		
2.7	Publications (List any papers in format: authors; title; journal; year; vol; pages +/- "in press". <u>Add an asterisk (*) next to your name.</u>		
2.8	Other Research Outputs (such as datasets, influence on policy and practice, research tools, intellectual property, products):		
2.9	Career Intentions: (Max 150 words)		

3. The Research

3.1	Title of the Research:
3.2	Scientific Research Summary <i>(Please explain the nature of the proposed research, the prospective outcomes and the expected benefits in terms of improvement to women's health):</i> <i>(Max 250 Words)</i>

3.3

Research to be Undertaken *(Please include a short background, objectives, plan of research, methodologies to be used and the training you will receive): (Max one page of text)*

3.4	Special Features/Facilities of the Research and Training Environment in the Host Institution <i>(Please describe what training and scientific considerations led you to choose the proposed department): (Max 500 Words)</i>
3.5	References <i>(Please include a list of references central to your proposal):</i>

4. Approvals for Research

4.1	Does your proposal involve the use of human participants or human tissue?	YES <input type="checkbox"/> NO <input type="checkbox"/>
If YES: please state, in appropriate detail, any approval that you have and the title of the Research Ethics Committee that gave it.		
4.1.i	If you propose to use facilities within the NHS and/or your research involves patients being cared for by the NHS, which NHS provider, or providers, has agreed to facilitate this research?	
4.2	Does your proposal involve the use of human embryos requiring a licence from the Human Fertilisation and Embryology Authority (HFEA)?	YES <input type="checkbox"/> NO <input type="checkbox"/>
If YES: please give the licence number, date of issue, end date and title of approved project.		
4.3	Does your proposal involve research on gene therapy that requires regulatory approval?	YES <input type="checkbox"/> NO <input type="checkbox"/>
If YES: please state the steps that have been taken to obtain the approval of your Local Research Ethics Committee, the University's Genetic Manipulation Committee, the Gene Therapy Advisory Committee (GTAC) and the Medicines and Healthcare products Control Agency (MHRA).		
4.4	Does your proposal include procedures to be carried out on animals or animal tissue in the UK under the Animals (Scientific Procedures) Act?	YES <input type="checkbox"/> NO <input type="checkbox"/>
If YES: please provide responses to the other questions in this section. If NO: proceed to section 4.5.		
4.4.i	Have the following necessary approvals been given by:	
	The Home Office (in relation to personal, project and establishment licences)?	YES <input type="checkbox"/> NO <input type="checkbox"/> NOT REQUIRED <input type="checkbox"/>
	Animal Welfare and Ethical Review Body?	YES <input type="checkbox"/> NO <input type="checkbox"/> NOT REQUIRED <input type="checkbox"/>

	If NO: has an application been made for these approvals?	YES <input type="checkbox"/> NO <input type="checkbox"/>
	If NO: please give a brief explanation, including date when any application will be made.	
4.4.ii	Does your proposal involve the use of animals or animal tissue outside the UK?	YES <input type="checkbox"/> NO <input type="checkbox"/>
4.4.iii	If your project involves the use of animals, what would be the severity of the procedures?	MILD <input type="checkbox"/> MODERATE <input type="checkbox"/> SEVERE <input type="checkbox"/>
	Please provide details of any moderate or severe procedures (<i>Max 250 Words</i>)	
4.4.iv	Why is animal use necessary and are there any other possible approaches? (<i>Max 250 Words</i>)	
4.4.v	Why is the species/model to be used the most appropriate? (<i>Max 250 Words</i>)	
4.4.vi	Please justify the number of animals to be used per experiment, including details of any sample size calculations and/or statistical advice sought.	
4.5	Licences and Approvals:	
	I confirm that I have secured all necessary licences and approvals in relation to the research and will abide by the terms of those licences and approvals in carrying out the research.	YES <input type="checkbox"/> NO <input type="checkbox"/> Applications in Progress <input type="checkbox"/>

5. Financial Information (NB: upper funding limit of £20,000)

5.1	Salary (if applicable):	
	a) Please state the percentage of salary costs requested:	Amount (£)
	b) Basic Salary (basic salary including PAYE and employee's NI):	
	c) London Allowance (if applicable):	
	d) Superannuation and NI (employer's contribution):	
	SUB TOTAL:	

5.2	Research expenses: <i>(insert a separate page below if necessary)</i>	
	List items (please give brief description)	Amount (£)
	a) Materials and Consumables:	
	b) Equipment:	
	c) Technical Support:	
	d) Animals:	
	e) Miscellaneous:	
	SUB TOTAL:	
	TOTAL OF SECTIONS 5.1 AND 5.2	

(Ctrl+Enter to insert a page at this point if required)

5.3	Justification of Support: <i>(Max 250 words)</i>

6. Previous Applications and Current Submissions of this Proposal to Other Funding Bodies

(Please provide details of previous awards funded by Wellbeing of Women, as well as unsuccessful applications. All resubmissions must include a covering letter stating how the previous proposal has been modified. Failure to do so may jeopardise your application):

Organisation	Title of Project Grant or Fellowship	Status

7. Declarations and Signatures

7.1	Applicant:
<p>I have read the Terms and Conditions for Research Grants and if my application is successful, I agree to abide by them. I agree to notify Wellbeing of Women of any significant change in the particulars of this application either before or during the tenure of the award.</p> <p>I confirm that the information given on this form is complete and correct and that I shall be actively engaged in this research and responsible for its overall management.</p> <p>No association or partnership between Wellbeing of Women and me shall exist or be inferred by reason of the award of a Fellowship for this work by Wellbeing of Women, and I acknowledge that I have no authority to commit Wellbeing of Women in any way in relation to the study.</p>	
Signature of Applicant:	
Signature.....	Date.....

7.2	Head of Department responsible for administration of the Fellowship:
<p>I confirm that I have read the above application and the Terms and Conditions for Research Grants. I confirm that the study referred to will take place in, and be administered by, this Department in accordance with the above regulations and conditions.</p>	
Signature of Head of Department:	
Signature.....	Date.....
Full name in BLOCK CAPITALS:	

7.3	Officer responsible for administration of the Fellowship:
<p>I confirm that I have read the above application and the Terms and Conditions for Research Grants. I confirm that the research referred to will take place in, and be administered by this Institution in accordance with the above regulations and conditions if the award is made. I also confirm that the costs quoted therein are in accordance with the normal practice of this Institution.</p>	
Signature of Finance Officer/Bursar/Registrar:	
Signature.....	Date.....
Full name in BLOCK CAPITALS:	

7.4	For research involving NHS patients, a signature is needed from the R&D Director or Deputy confirming that the project will be carried out within the NHS research governance framework.
Signature of R&D Director or Deputy of recognised sponsor:	
Signature.....	Date.....
Full name in BLOCK CAPITALS:	

8. Lay Description

8.1	Lay Title:	
8.2	Lay Summary <i>(Please provide a simple description of the proposed research that will be easily understood by an educated lay audience): (Max 500 Words)</i>	

9. Keywords

9.1	Please provide up to six keywords to help classify the research in this application:	
9.2	Where did you see this Scholarship advertised?	

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SUPPORTING STATEMENT: Proposed Supervisor

Applicant name:

Supervisor name:

1. The Applicant, Project and Summary of Training Provided

In what capacity have you known the Applicant?

How long have you known the applicant?

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What are your views on the applicant's scientific ability and suitability for a Scholarship? Please provide a **brief** summary of the training and skills that will be provided through the proposal and the proposed mechanism for the assessment of the applicant's progress. Please also include your previous experience of supervision.

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Signature.....

Date.....