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| Research Training Fellowship (RTF)Application Form 2024 |

**Deadline for Applications is 1.00 p.m. on** **Thursday 6 June 2024**

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

1. **Application Details**

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| --- | --- | --- | --- |
|  | **Applicant** | **Primary Supervisor** | **Additional Supervisor/Mentor** |
| Title: |  |  |  |
| First Name: |  |  |  |
| Surname: |  |  |  |
| Current post: |  |  |  |
| Institution: |  |  |  |
| Department: |  |  |  |
| Telephone: |  |  |  |
| Email: |  |  |  |
|  | **Additional Supervisor/Mentor** | **Additional Supervisor/Mentor** | **Head of Department** |
| Title: |  |  |  |
| First Name: |  |  |  |
| Surname: |  |  |  |
| Current post: |  |  |  |
| Institution: |  |  |  |
| Department: |  |  |  |
| Telephone: |  |  |  |
| Email: |  |  |  |

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| Host Institution: |  | | | | |
| Host Department: |  | | | | |
| Start date: |  | Duration: |  | % FTE: | % |
| Total funds requested: | £ | *NB: upper funding limit of £300,000* | | | |
| Title of the research: |  | | | | |

**Please tick one appropriate life course area for project:**

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| Periods & menstrual health |
| Pregnancy & birth |
| Fertility |
| Contraception & abortion care |
| Gynaecological cancers |
| Sexual health & wellbeing |
| Gynaecological conditions |
| Pelvic floor health |
| Perimenopause & menopause |
| Post menopause |

1. **Keywords**

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| --- | --- | --- |
| **2.1** | **Please provide up to six keywords to help classify the research in this application:** | |
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| **2.2** | **Where did you see this funding advertised?** |  |

1. **The Applicant**

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **3.1** | **Are you currently registered for a higher degree or higher professional qualification?** | | | | | | | | | | | | |
| YES | | Please specify degree/qualification | | | | | |  | | | | | |
| Date thesis was/will be submitted | | | | | |  | | | | | |
| NO | | Do you intend to do so if awarded a Fellowship? | | | | | |  | | | | | |
| Please specify degree/qualification | | | | | |  | | | | | |
| **3.2** | **Will you be applying for an honorary Contract with the NHS in the event of an award being made?** | | | | | | | YES  NO | | | | | |
| **3.3** | **Contact details if different from section 1 (The Applicant):** | | | | | | | | | | | | |
|  | | | | | | | | | | | | | |
| **3.4** | **Academic and Professional Qualifications** *(e.g. MBChB, MD, MRCOG etc.)*: | | | | | | | | | | | | |
| Academic institution | | | | Qualification | | Class | Subject | | | | | | Year of award |
|  | | | |  | |  |  | | | | | |  |
| **3.5** | **Prizes and Awards Obtained:** | | | | | | | | | | | | |
| Description of prize: | | | | | | | | | | | | Year of award | |
|  | | | | | | | | | | | |  | |
| **3.6** | **Specialist Clinical Training Details:** | | | | | | | | | | | | |
| 3.6.i | Do you currently hold an NTN/VTN? | | | | | | | | | YES  NO | | | |
|  | If YES: when do you anticipate completing your specialist training? | | | | | | | | | | | | |
|  |  | | | | | | | | | | | | |
|  | If NO: do you intend to seek one? | | | | | | | | | YES  NO | | | |
| 3.6.ii | If you are currently a Specialist Registrar or Academic Clinical Fellow, on what date did you enter this grade? | | | | | | | | | GRADE:  DATE: | | | |
| 3.6.iii | Parent Deanery for clinical training: | | | | | | | | | Date of registration: | | | |
|  |  | | | | | | | | |  | | | |
|  | Current Deanery if different from Parent: | | | | | | | | | Date of registration: | | | |
|  |  | | | | | | | | |  | | | |
| **3.7** | **Postgraduate Career:** | | | | | | | | | | | | |
| Place of work: | | Post held:  *(including source of funding for research appointments)* | | | | | | | From:  *(dd/mm/yy)* | | | To:  *(dd/mm/yy)* | |
| **Current position:** | | | | | | | | | | | | | |
|  | |  | | | | | | |  | | |  | |
| **Previous positions:** | | | | | | | | | | | | | |
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| **3.8** | **Professional Body Membership** *(e.g. Royal Colleges, scientific societies, professional organisations)*: | | | | | | | | | | | | |
|  | | | | | | | | | | | | | |
| **3.9** | **Publications** *(List any papers in format: authors; title; journal; year; vol; pages +/- “in press”.*  *Add an asterisk (\*) next to your name. One copy of papers in press may be included with your application)*: | | | | | | | | | | | | |
|  | | | | | | | | | | | | | |
| **3.10** | **Other Research Outputs** *(such as datasets, influence on policy and practice, research tools, intellectual property, products)*: | | | | | | | | | | | | |
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| **3.11** | **Research or Other Relevant Experience to Date** (Max 150 words): | | | | | | | | | | | | |
|  | | | | | | | | | | | | | |
| **3.12** | **Career Intentions** (Max 150 words): | | | | | | | | | | | | |
|  | | | | | | | | | | | | | |
| **3.13** | **Current and Previous Grants or Fellowships (if any):**  *(List should start with current award and read in reverse chronological order)* | | | | | | | | | | | | |
| Type of application: | | | Funding body: | | Title of proposal: | | | Tenure/status: | | | Total sum awarded (£): | | |
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1. **Lay Description**

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| **4.1** | **Lay Title:** |  |
| **4.2** | **Lay Summary**  Please provide a simple description of the proposed research that will be easily understood by a lay audience. **This should address points in the guidance document** (Max 500 words): | |
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1. **The Research**

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| **5.1** | **Structured Abstract of Research**  Please summarise the aims, objectives, methodology, and scientific and medical opportunities of the study(Max 500 words): |
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| **5.2** | **Background and Rationale**  Please explain the nature of the proposed research, the prospective outcomes and the expected benefits in terms of improvement to the health of women, girls and babies (Max 500 words): |
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| **5.3** | **Plan of Investigation**  Please provide a detailed plan of research including the aims, objectives, design (including sample size calculation), methodology (including statistical methods) and highlighting any anticipated barriers. Details of patient and public involvement in the preparation of the application or proposed in the research should be provided. A Gantt chart and any supporting tables or figures should be included in the Appendices (Max 1,000 Words): |
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| **5.4** | **Expected Outputs and Potential Impact**  Please describe the expected outputs and how they might impact the health and wellbeing of women, girls, and babies, as well as plans for dissemination and any exploitation (Max 500 words): |
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| **5.5** | **Training and Development Plan and Research Support**  Please describe what training and scientific considerations led you to choose the proposed department and the training you will receive (Max 500 Words): |
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| **5.6** | **References**  Please include a list of references central to your proposal: |
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| **5.7** | **Impact of COVID-19 (non-mandatory question)**  Please briefly outline any issues you have experienced, which can be attributed to the COVID-19 pandemic and have directly impacted you and/or the following (Max 500 words):   * Research * Publications * Funding * Research time * Institutional support * Other   Please only include special categories of personal data if consent has been given. Further advice on how to complete this statement is included in the accompanying guidance document. |
|  | |

1. **Approvals for Research**

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| --- | --- | --- | --- |
| **6.1** | **Does your proposal involve the use of human participants or human tissue?** | | YES  NO |
|  | If YES: please state, in appropriate detail, any approval that you have and the title of the Research Ethics Committee that gave it. | | |
|  | | | |
| 6.1.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? | | |
|  | | | |
| **6.2** | **Does your proposal involve the use of human embryos requiring a licence from the Human Fertilisation and Embryology Authority (HFEA)?** | | YES  NO |
|  | If YES: please give the licence number, date of issue, end date and title of approved project. | | |
|  | | | |
| **6.3** | **Does your proposal involve research on gene therapy that requires regulatory approval?** | | YES  NO |
|  | 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). | | |
|  | | | |
| **6.4** | **Does your proposal include procedures to be carried out on animals or animal tissue in the UK under the Animals (Scientific Procedures) Act?** | | YES  NO |
| If YES: please provide responses to the other questions in this section. If NO: proceed to section 6.5. | | | |
| 6.4.i | Have the following necessary approvals been given by: | | |
|  | The Home Office (in relation to personal, project and establishment licences)? | | YES  NO  NOT REQUIRED |
|  | Animal Welfare and Ethical Review Body? | | YES  NO  NOT REQUIRED |
|  | If NO: has an application been made for these approvals? | | YES  NO |
|  | If NO: please give a brief explanation, including date when any application will be made. | | |
|  | | | |
| 6.4.ii | Does your proposal involve the use of animals or animal tissue outside the UK? | | YES  NO |
| 6.4.iii | If your project involves the use of animals, what would be the severity of the procedures? | | MILD  MODERATE  SEVERE |
|  | Please provide details of any moderate or severe procedures *(Max 250 Words)* | | |
|  | | | |
| 6.4.iv | Why is animal use necessary and are there any other possible approaches? *(Max 250 Words)* | | |
|  | | | |
| 6.4.v | Why is the species/model to be used the most appropriate? *(Max 250 Words)*  **Where the use of non-human primates, cats, dogs or equines is proposed, it is a mandatory requirement to complete** **the additional ‘Research Questions for Non-standard Animals’ form.** | | |
|  | | | |
| 6.4.vi | Please justify the number of animals to be used per experiment, including details of any sample size calculations and/or statistical advice sought. | | |
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| **6.5** | **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  NO  Applications in Progress | |

1. **Financial Information** *(NB: upper funding limit of £300,000)*

Please provide a breakdown of the funding being requested, noting the upper funding limit of £300,000 over three years (full time) or up to six years (part time). Wellbeing of Women only funds the Direct Costs of research. We do not fund Indirect Costs, nor any contribution towards them:

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| --- | --- | --- | --- | --- | --- |
| **7.1** | **Salary** | | | | |
|  | | **Year 1 *(£)*** | **Year 2 *(£)*** | **Year 3 *(£)*** | **TOTAL *(£)*** |
| **a) Basic Salary** (basic salary including PAYE and employee’s NI): | |  |  |  |  |
| **b) London Allowance** (if applicable): | |  |  |  |  |
| **c) Superannuation and NI** (employer’s contribution): | |  |  |  |  |
| **d) University Fees** (if applicable): | |  |  |  |  |
| **7.1 SUB TOTAL:** | |  |  |  |  |

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| --- | --- | --- | --- | --- | --- |
| **7.2** | **Research expenses:** (insert a separate page below if necessary) | | | | |
| **List items** (please give brief description) | | **Year 1 *(£)*** | **Year 2 *(£)*** | **Year 3 *(£)*** | **TOTAL *(£)*** |
| **a) Materials and Consumables:** | |  |  |  |  |
| **b) Equipment:** | |  |  |  |  |
| **c) Travel and Subsistence:** | |  |  |  |  |
| **d) Dissemination:** | |  |  |  |  |
| **e) PPI:** | |  |  |  |  |
| **f) Other:** | |  |  |  |  |
| **7.2 SUB TOTAL:** | |  |  |  |  |
| **TOTAL FUNDING REQUESTED (7.1 + 7.2)** | |  |  |  |  |

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| **7.3** | **NHS Costs** (If your proposal involves research in the NHS, it is a mandatory requirement to complete a Schedule of Events Cost Attribution Template (SoECAT) – see Guidelines for further details): | |
| 7.3.i | Does your proposal involve research in the NHS? | YES  NO |
| 7.3.ii | Have you completed a SoECAT? | YES  NO |
| 7.3.iii | If your proposal involves NHS Service Support or Excess Treatment Costs, please provide detail of who has agreed to pay them. | |
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| **7.4** | **Justification of Support** (Max 500 words): |
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**Previous Applications and Current Submissions of this Proposal to Other Funding Bodies**

Please provide details of whether this (or a closely related application) has been submitted to any other funding body and include the date by which a decision is expected. Details of previously unsuccessful applications must also be listed. **All resubmissions must include a covering letter stating how the previous proposal has been modified**. Failure to do so may jeopardise your application:

|  |  |  |  |
| --- | --- | --- | --- |
| Funding body: | Title of proposal: | | Status/date decision expected: |
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**Declarations and Signatures**

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| --- | --- | --- |
| **9.1** | **Applicant:** | |
| I have read the Standard Terms and Conditions 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.  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.  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. | | |
|  | **Signature of Applicant:** | |
| Signature………………………………………………………… | | Date……………………………………… |

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| --- | --- | --- |
| **9.2** | **Head of Department responsible for administration of the Fellowship:** | |
| I confirm that I have read the above application and the Standard Terms and Conditions. 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. | | |
|  | **Signature of Head of Department:** | |
| Signature………………………………………………………… | | Date……………………………………… |
| Full name in BLOCK CAPITALS: | |  |

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| **9.3** | **Officer responsible for administration of the Fellowship:** | |
| I confirm that I have read the above application and the Standard Terms and Conditions. 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. | | |
|  | **Signature of Finance Officer/Bursar/Registrar:** | |
| Signature………………………………………………………… | | Date……………………………………… |
| Full name in BLOCK CAPITALS: | |  |

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| **9.4** | **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: | |  |

1. **Suggestions for possible reviewers**

Please provide the names, addresses and emails of **at least three people** who have suitable expertise to act as independent reviewers. These potential referees should not be in the same institution as, or have collaborated with, any of the applicants within the last 3 years. The nomination of potential reviewers does not guarantee that they will be contacted. In addition, applicants may indicate individuals who should not be contacted with regard to the application. The reasons for this must be clearly stated:

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1. **Supporting Statements**

**Proposed Primary Supervisor**

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| --- | --- |
| **Applicant name:** |  |
| **Supervisor name:** |  |

**The Applicant, Project and Summary of Training Provided**

|  |  |
| --- | --- |
| In what capacity have you known the applicant? | How long have you known the applicant? |
|  |  |

What are your views on the applicant’s scientific ability and suitability for (further) research training? Please provide a summary of the training and skills that will be provided through the proposal. This section must also include: the manner in which the proposed training project has evolved, the contribution of the applicant, details of the **subject specific, transferable and generic research skills** training that will be provided including data handling, experimental design, statistics, health and safety, research ethics, IT skills etc, and the proposed mechanism for the assessment of the Fellow’s progress.

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|  | |
| Signature………………………………………………………… | Date……………………………………… |

**About the Proposed Department**

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| --- | --- |
| Number of academic staff in the department: |  |
| Department’s rating in the most recent Research Excellence Framework Exercise: |  |

**About the Proposed Supervisor**

|  |  |  |  |
| --- | --- | --- | --- |
| **Supervisor’s Current Grants and Posts:** | **Wellbeing of Women** | **Other** | **Total** |
| Number of Research Grants: |  |  |  |
| Approximate grant income in the last 5 financial years: |  |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Supervision of Clinical Training Fellows and Source of Funding:** | **Wellbeing of Women** | **Other** | **Total** |
| How many Clinical Training Fellows have you supervised in the past? |  |  |  |
| How many Clinical Training Fellows have your supervised **to completion** in the past? |  |  |  |
| How many Clinical Training Fellows are you currently supervising? |  |  |  |
| How many Clinical Training Fellows are you likely to be supervising at the same time as the proposed project? |  |  |  |
| How many Clinical Training Fellows:  were awarded and MD/PhD within 4 years?  Failed to complete within 6 years? |  |  |  |

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| **Supervisor’s Publications** (Please provide details of four recent relevant publications): |
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**Current Head of Department or Personal Referee**

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| **Applicant name:** | |  |
| **Head of Department name:** | |  |
| **Address and contact details of Head of Department/Personal Referee** | | |
|  | | |
| Telephone: |  | |
| Email: |  | |

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| How long have you known the applicant? |  |

Please comment on the applicant’s scientific ability and suitability for this Fellowship, the primary purpose of which is to provide support for a (further) period of research training, and any other points that you consider would be helpful to Wellbeing of Women.

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| Signature………………………………………………………… | Date……………………………………… |

**Appendices**

Only the following will be accepted (tick all appendices that have been provided):

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| --- | --- | --- |
| **Appendix type** | **When Required** | **Included** |
| Gantt Chart | Mandatory for all submissions (max 1 side A4) |  |
| Supporting tables or figures | Optional (max 2 sides A4) |  |
| Letter of support from collaborators | Mandatory for any collaborators (max 1 side A4 for each organisation) |  |
| Covering letter for resubmissions | Mandatory for resubmissions to Wellbeing of Women |  |
| SoECAT ‘study information’ and ‘summary’ pages | Mandatory when proposing research in the NHS |  |
| Research Questions for Non-standard Animals form | Mandatory when proposing the use of non-human primates, cats, dogs or equines |  |
| Copy of any papers in press | Provide if referred to in the application |  |

Please insert all appendices into the PDF copy of the application (Ctrl+Enter to insert a page)