**APPLICATION FORM FOR THE ‘GUTS UK AMELIE WARING FELLOWSHIP’**

Please read the ‘Research scope and eligibility criteria’ and the Guidelines for this grant call before completing the application form. Deadline for submission is **5pm 4th October 2021.**

Email your application to [research@gutscharity.org.uk](mailto:research@gutscharity.org.uk) (including copies of supporting letters/emails) and post a wet-signed copy to Research Awards, Guts UK, 3 St Andrew’s Place, London, NW1 4LB. Both the electronic and hard copies are required for the application to be considered complete. Late or incomplete applications will not be accepted. Proof of postage will not be accepted as evidence of receipt by Guts UK.

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| **PART A: CONTACT INFORMATION** |

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| **A1 Applicant details** | | | | | |
| **Title** |  | **First Names** |  | **Surname** |  |

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| **ORCID ID (if available)** |  |

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| **A2 Contact details** | |
| **Applicant** | |
| Correspondence Address |  |
| Telephone |  |
| E-mail |  |

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| **Supervisor** | |
| Name |  |
| Correspondence Address |  |
| Telephone |  |
| E-mail |  |

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| **Finance/Administration Officer** | |
| Name |  |
| Correspondence Address |  |
| Telephone |  |
| E-mail |  |

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| **PART B: ABOUT THE APPLICANT AND THE SUPPORTING TEAM** |

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| **B1 Applicant and supporting team details** Add rows if needed, refer to the Guidelines document for definitions. | | | | | |
|  | **Title** | **Forename** | | **Surname** | |
| **Fellowship applicant** |  |  | |  | |
| **Proposed location (Department and institution)** |  | | | | |
| **Sponsor** |  | |  | |  | |
| **Department and institution** |  | | | | | |
| **Supervisor (1)** |  | |  | |  | |
| **Department and institution** |  | | | | | |
| **Supervisor (2)** |  | |  | |  | |
| **Department and institution** |  | | | | | |
| **Head of Department** |  | |  | |  | |
| **Department and institution** |  | | | | | |

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| **B2 Project collaborators**  Add rows if needed. | |
| **Name of collaborator** |  |
| **Institution and contact details** |  |
| **Extent and nature of collaboration** |  |

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| **B3 Applicant’s academic and higher professional qualifications** | | | | |
| **Academic Institution** | **Qualification** | **Class** | **Subject** | **Year of Award** |
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| **B4 Applicant’s prizes** |
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| **B5 Applicant’s professional body membership** |
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| **B6 Applicant’s full employment history** | | | |
| **Department & Institution/NHS Trust** | **Post Held** | **From**  (dd/mm/yy) | **To**  (dd/mm/yy) |
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| **B7 Medically qualified applicants only** | | |
| **B7.1 Clinical details** | | |
| What clinical contract do you currently hold? |  | |
| Name of Health Authority or Hospital Trust |  | |
| Date current contract expires |  | |
| Please state your intended clinical specialty |  | |
| Briefly describe below any progress made towards accreditation in your chosen specialty. | | |
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| Do you have a National Training Number (NTN)? | | Yes  No |
| If yes, state NTN and date awarded | |  |
| If no, when do you plan to apply for a NTN? | |  |
| In which Deanery is your NTN held, or will be held? | |  |
| Do you have a Certificate of Completion of Training (CCT)? | | Yes  No |
| If yes, when was it awarded? | |  |
| If no, when would you expect to receive your CCT? | |  |
| Have you obtained approval from your Deanery to commence a period of research? | | Yes  No |
| If no, when will you obtain approval? | |  |
| What level of honorary clinical contract will be sought during this award? | |  |
| **B7.2 Clinical duties** | | |
| List the clinical duties that are essential for the proposed research and the time required each week to perform these duties. | | |
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| List what clinical duties are essential for the minimum requirements for higher training in your specialty, and how you intend to meet them. | | |
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| Please state the total time you intend to spend each week on clinical work. | | |
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| **B8 Applicant’s career breaks** |
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| **B9 Applicant’s career intentions** |
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| **B10 Applicant’s research experience to date** |
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| **B11 Applicant’s formal research training to date** | |
| Title of course/modules |  |
| Location |  |
| Duration |  |
| Please specify whether: | Examined  Formally assessed  Not assessed  Other |
| If other, please specify |  |

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| **B12 Applicant’s publications** |
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| **B13 Applicant proposing to work abroad for part of their Fellowship** | |
| Period of time to be spent abroad with dates (maximum 6 months) |  |
| Name and address of overseas institution |  |
| Name of sponsor/supervisor in overseas institution |  |
| Position |  |
| Contact details (phone and email) |  |
| Provide brief details on the scope and rationale for any work abroad. | |
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| **PART C: ABOUT THE PROJECT** |

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| **C1 Title of the study** |
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| **C2 Timing of the fellowship** | | | |
| Proposed start date |  | Proposed duration  (In months) |  |

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| **C3 Abstract of research** |
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| **C4 Keywords** |
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| **C5 Lay Summary** |
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| **C6 Clinical Research Network** | |
| For clinical research, has the project been discussed with your Local Clinical Research Network with regard to obtaining service support costs and advice on the development of the study? If yes, please provide details. | Yes  No  N/A |
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| **C7 Patient and public involvement (PPI)** |
| Describe any patient and public involvement in the development of this application, as well as any plans for patient and public involvement in the delivery and/or dissemination of the research. |
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| C8 Details of the research project |
| Aims of the project |
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| Background to the research project |
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| Hypothesis and objectives |
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| Timeline and key milestones |
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| Experimental design, setting and methodology |
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| Statistical analysis |
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| Feasibility assessment and contingency plan |
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| Dissemination plan |
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| Potential scientific and clinical impact |
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| **C9 Project references** |
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| **PART D: SPECIFIC CONSIDERATIONS** |

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| **D1 Regulatory approval** | | | | | | |
| Does the research proposed require ethical approval? | | | | Yes  No | | |
| If yes, please state below the ethical issues associated with the proposed research: | | | | | | |
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| Is approval from the relevant research ethics committee (select an option and add details if appropriate): | | | | | | |
| Received |  | Provide details: |  | | | |
| Pending |  | Date of submission and date of expected outcome: |  | | | |
| Application to be submitted |  | Date of planned submission: |  | | | |
| Not given |  | Provide details: |  | | | |
| N/A |  | | | | | |
| Does the research involve: | | | | | | |
| * Experimentation on human participants (including volunteers)? | | | | | | Yes  No |
| * The use of human tissue? | | | | | | Yes  No |
| * The use of biological samples? | | | | | | Yes  No |
| If your answer to any of the above is **YES**, confirm that sufficient details and appropriate justification for their use has been provided in this application. | | | | | | Yes  No |
| Will the proposed research collect and/or process personal data from study participants? | | | | | | Yes  No |
| If you plan to collect and/or process personal data from study participants, outline below what safeguards are in place to ensure this will be compliant with the General Data Protection Regulation (GDPR). | | | | | | |
|  | | | | | | |
| If you plan to share your research data and/or disseminate research outputs, outline below what safeguards are in place to ensure that you are compliant with the General Data Protection Regulation (GDPR). | | | | | | |
|  | | | | | | |
| Have you applied to the Confidentiality Advisory Group? | | | | | Yes  No  N/A | |
| Have you applied for Health Research Authority (HRA) Approval? | | | | | Yes  No  N/A | |
| Please provide details of any other required approvals below (e.g., MHRA): | | | | | | |
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| **D2 Animal Research** | | |
| Do your proposals include the use of animals or animal tissue? | | Yes  No | |
| **If YES:** do your proposals include procedures to be carried out on animals in the UK which requirea **Home Office Licence?** | | Yes  No | |
| **If YES:** has the Home Secretary granted a Project Licence, under the terms of the Animals (Scientific Procedures) Act 1986, authorising the proposed experiments? | | Yes  No | |
| **If YES:** state the name of the licensee, the project licence reference number, date of issue and end date. | | | |
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| Do you, or any other researchers associated with the project, hold a Personal Licence under the Animals (Scientific Procedures) Act 1986, permitting the procedures required for the research to be carried out? | | Yes  No | |
| **If YES:** give Personal Licence Reference Number and the name of the Licence Holder. | | | |
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| **If NO:** has application been made for such a licence? | | Yes  No | |
| **If YES**: provide details of when the licence is expected. | | | |
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| If your project involves the use of animals, do your proposals include procedures to be carried out on animals in the UK which requireapproval to be given by **the Animal Welfare and Ethical Review Body?** | | | Yes  No  N/A |
| **If YES**: give details of the Animal Welfare and Ethical Review Body approval. | | | |
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| Does your proposal include the use of animals or animal tissue outside the UK? | | | Yes  No |
| **If YES**: give details of the local ethics committee approval that has been sought, relating this approval to the permission which would be required if the research were to be conducted in the UK. | | | |
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| 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 (no more than 250 words) | | | |
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| Why is animal use necessary; are there any other possible approaches? (No more than 250 words) | | | |
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| Why is the species/model to be used the most appropriate? (No more than 250 words) | | | |
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| 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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| **D3 Licences and Approval** | |
| I confirm that I will have secured all necessary licences and approvals in relation to the research before the start date of the Fellowship, and will abide by the terms of those licences and approvals in carrying out the research. | |  |

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| **PART E: OTHER FORMS OF SUPPORT** |

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| **E1 Submission elsewhere** | |
| Is this or a related application currently being submitted elsewhere? | Yes  No |
| **IF YES** please provide details: | |
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| **E2 Other funding already obtained** | |
| Have you already obtained any other funding for associated work or for a related application? | Yes  No |
| **IF YES** please provide details: | |
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| **PART F: FINANCIAL INFORMATION** |

Please refer to the ‘Research scope and eligibility criteria’ document and the guidelines. Do not include costs for any non-allowed items.

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| **F1 Research costs** | | | | |
|  | **Year 1** | **Year 2** | **Year 3** | **TOTAL** |
| 1. **Salary costs** |  |  |  |  |
| Salary |  |  |  |  |
| NI and Superannuation |  |  |  |  |
| **Salary costs subtotal:** |  |  |  |  |
| 1. **Materials and consumables costs** |  |  |  |  |
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| **Materials and consumables costs subtotal:** |  |  |  |  |
| 1. **Animal costs** |  |  |  |  |
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| **Animal costs subtotal:** |  |  |  |  |
| 1. **Miscellaneous costs** |  |  |  |  |
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| **Miscellaneous costs subtotal** |  |  |  |  |
| **TOTAL BUDGET** |  |  |  |  |

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| **F2 Additional detail on animal costs** | | | | |
| **(a) Animal species** | | | | |
| Indicate species of animal used: |  | | | |
| **(b) Purchase cost** | Year 1 | Year 2 | Year 3 | Total |
| Cost of purchasing animals per year: |  |  |  |  |
| Number to be purchased per year: |  |  |  |  |
| Purchase price per animal: |  | | | |
| Source of supply and biological quality: |  | | | |
| **(c) Maintenance** | Year 1 | Year 2 | Year 3 | Total |
| Cost of maintenance per year: |  |  |  |  |
| Number of animals to be maintained: |  |  |  |  |
| Number of weeks maintenance required: |  |  |  |  |
| Cost of maintenance per animal per week: |  | | | |
| **(d) Experimental procedures** | Year 1 | Year 2 | Year 3 | Total |
| Cost of procedures per year: |  |  |  |  |
| Type of procedure: |  | | | |
| Cost per procedure: |  | | | |

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| **F3 Justification for support** |
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**PART G: WORK ABROAD**

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| **G1 Applicants proposing to work abroad** |
| Period of time to be spent abroad with dates (maximum 6 months) |
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| Name and address of overseas institution |
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| Name of sponsor/supervisor in overseas institution |
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| Position |
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| **PART H: COMMERCIAL CONSIDERATIONS** |

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| **H1 Commercial involvement** |  |
| Do any of the applicants or supervisors/sponsors have consultancies or any equity holdings in companies or other organisations that might have an interest in the results of the proposed research? | Yes  No |
| **If YES,** give brief details. | |
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| **H2 Commercial exploitation** |  |
| Will the proposed research use technology, materials, or other inventions that, as far as you are aware, are subject to any patents or other form of intellectual property protection? | Yes  No |
| **If YES,** give brief details. | |
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| Is the proposed research in whole or in part, subject to any agreements with commercial, academic, or other organisations? | Yes  No |
| **If YES,** give brief details. | |
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| Is the proposed research likely to lead to any patentable or commercially exploitable results? | Yes  No |
| **If YES,** give brief details. | |
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| If any potentially commercially exploitable results may be based upon tissues or samples derived from human participants, please confirm that there has been appropriate informed consent for such use. | Yes  No  N/A |
| Give details if necessary. | |
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| **PART I: SUPPORTING STATEMENT OF SUPERVISOR** |

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| **I1 Applicant’s details** | | | | | |
| Title |  | Name |  | Surname |  |

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| **I2 About the Department** | |
| Number of academic staff in the department |  |
| Department’s rating in the Research Excellence Framework |  |

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| **I3 Supervisor’s Curriculum Vitae** | |
| Supervisor’s name |  |
| Degrees |  |
| Present post (with dates) |  |
| Last three posts held (with dates) |  |
| Number of research grants held by Supervisor |  |
| Approximate grant income last financial year |  |
| ORCID ID |  |

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| **I4 Supervision of Fellows/PhD students and source of funding** | |
| How many Fellows/PhD students have you supervised in the past? |  |
| How many Fellows/PhD students are you supervising currently? |  |
| How many are you likely to be supervising at the same time as the proposed project? |  |
| How many fellows/PhD students were: | |
| i awarded an MD. |  |
| ii awarded a PhD within 4 years. |  |
| iii awarded a PhD within 5 years. |  |
| iv failed to complete within 6 years. |  |
| What have been the main sources of funding for past and current Fellows/PhD students? Please list below. | |
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| **I5 Supervisor’s publications** |
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| **I6 Summary of training and skills provided in the supervisor’s department** |
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| **I7 Relationship of current application to other work in the supervisor’s department** |
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| **I8 Applicant’s contribution to this project** | |
| Has the applicant worked on the pilot/preliminary work for this application (if any) | Yes  No |
| If yes, please provide brief details below. | |
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| How much has the applicant contributed towards devising and writing this application? | |
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| **I9 State your views on the applicant’s scientific ability and suitability for further research training.**  This section may be returned confidentially directly to Guts UK. Please notify Guts UK should the supervisor choose to do this. Please provide a summary addressing each of the following issues:   * The applicant and their suitability for a Guts UK Amelie Waring Fellowship. * The suitability of the project for the research training and career development of the applicant. * Why the centre is appropriate for the work proposed. |
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| **PART J: DECLARATION AND SIGNATORIES FOR TRAINING COMMITMENT SUPERVISORS ONLY** |

**Training contract**

In the event of Guts UK making an award to the above-named fellowship applicant, under my supervision at the department and institution identified in the application, I/we as the named supervisor(s) agree to provide high quality research training opportunities for the fellow in terms of:

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| **Training Programme** | |
| 1. A research project that is achievable in the proposed duration, is well structured, provides an intellectual challenge and provides opportunities for comprehensive research training. | |
| 1. Comprehensive training in subject-specific research skills (either at the bench or more formally through taught courses). | |
| 1. Training in generic research skills e.g., experimental design, data handling, statistics. | |
| 1. Training in transferable skills required for a research career e.g., oral and written communication, time management. | |
| 1. Opportunities to present research results to peers, colleagues and, when appropriate, expert scientific groups. | |
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| **Training Environment** | |
| 1. Exposure to high quality science in an intellectually stimulating and active research environment/research team. | |
| 1. Opportunities to mix with other trainees and post-doctoral researchers working in related topics both within the department and outside. | |
| 1. Access to appropriate facilities and equipment, and comprehensive technical training | |
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| **Standards of Supervision** | |
| 1. Regular access to myself, or a second supervisor (with appropriate skills and experience) as nominated by me. | |
| 1. Regular monitoring of the fellow’s planning, research progress and skill development. | |
| 1. Regular feedback on performance. | |
| 1. Access to timely career advice. | |
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| **Financial Arrangements** | |
| 1. The awarded monies will be made available to directly support the fellow’s research training. | |
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| **Notification of Changes** | |
| 1. Gut UK’s approval will be sought in advance for any changes to a fellowship during its tenure e.g., transfer to another institution, temporary absence of supervisor(s), change of supervisor(s). | |
| 1. Guts UK will be provided with early notification of any problems associated with the fellow’s project or progress. | |
| In addition, I confirm that this Guts UK Fellowship will be accommodated and administered in accordance with Guts UK’s Research Grant Terms and Conditions and any subsequent amendments. | |
| **Signed (Supervisor 1):** | **Date**: |
| **Name:** |  |
| **Signed (Supervisor 2, if applicable):** | **Date:** |
| **Name:** |  |

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| **PART K: DECLARATION AND SIGNATORIES** |  |

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| **In submitting this research proposal, the applicant’s institution accepts and agrees to the terms relating to the Standard Release Form and confirms that it has informed its staff who form part of the applicant research team about the data protection information set out below:** |
| **Standard Release Form**  Summary information about the successful grant application, including the title of the project, the applicant’s name and institution, the abstract of research, the lay summary, and the value of the grant, might be published on Guts UK’s website and on other communication channels as soon as the grant is awarded.  **Signature:**       **Date:**  **Name and position:** |
| **Data Protection Information**  Guts UK may contact applicants, co-applicants and their institutions by email, telephone or post about their applications or other pertinent issues. Personal and other data on grant applications will be stored by Guts UK to aid the processing of applications, and for auditing, review, and evaluation purposes, and as set out in the Standard Release Form (see above). Information will not be shared with any third party except for aiding those purposes (e.g., grant data sharing with the Association of Medical Research Charities).  All personal information will be stored and processed in accordance with the Data Protection Act 1998 (and any subsequent legislation and guidance relating to data protection, in particular the General Data Protection Regulation 2016 and the Data Protection Act 2018). Processing of personal data is necessary for the legitimate interests pursued by Guts UK and with other third parties as set out above and will be limited to that which is proportionate to those interests.  Further information as to how Guts UK use and protect your data is available in Guts UK’s Privacy Policy, accessible from [www.gutscharity.org.uk](http://www.gutscharity.org.uk) |
| **In submitting this research proposal, we confirm that:** |
| **APPLICANT**   * I understand that if the application is successful, I will be bound by the Grant’s Terms and Conditions, other relevant terms, and any subsequent amendments. * I confirm that I have not entered into any obligations which would conflict with the Grant’s Terms and Conditions or other relevant terms of the grant. * I confirm I have the full support of all relevant members of staff where the work is to take place. * I confirm that I will have secured all necessary licences and approvals in relation to the research by the start date of the grant and will abide by the terms of those licences and approvals in carrying out the research. |
| **Signature of Applicant:**       **Date:**  **Name:** |
| **HEAD OF DEPARTMENT**   * I understand that if the application is successful the work must be accommodated and administered in the department/institution in accordance with the Grant’s Terms and Conditions, other relevant terms, and any subsequent amendments. * I will ensure that the applicant abides by the Grant’s Terms and Conditions and any subsequent amendments. * I agree that the resources provided under the Grant shall be applied for the purposes of the research approved under the Grant only. |
| **Signature of Head of Department: Date:**  **Name**: |
| **ADMINISTERING AUTHORITY**   * I understand that if the application is successful the Administering Authority will be bound by the Grant’s Terms and Conditions, other relevant terms, and any subsequent amendments. It will also ensure that all institutes hosting research supported through this Grant abide by the Grant’s Terms and Conditions and any subsequent amendments. * I confirm that the staff grades and salaries quoted are correct and in accordance with the normal practice of this institution. |
| **Signature of Administering Authority:**       **Date:**  **Name**: |

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| PART L: REQUEST FOR ASSESSORS |

PLEASE DETACH THIS SHEET FROM THE REST OF THE DOCUMENT AND RETURN AS A SEPARATE DOCUMENT BY EMAIL.

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| L1 Details of appropriate people qualified to assess this application | |
| Name |  |
| Institution |  |
| Position |  |
| Email |  |
| Address |  |
| Post Code |  |

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| Name |  |
| Institution |  |
| Position |  |
| Email |  |
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| Name |  |
| Institution |  |
| Position |  |
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| Address |  |
| Post Code |  |

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| L2 Names of anyone you WOULD NOT like to assess the application |
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