Part C

# Application for a joint Barrow/SBNS/RCS Research Fellowship

Confidential report from proposed Supervisor

**Applicant’s Name**:

**Supervisor:** The above named applicant has applied for an RCS Surgical Research Fellowship, would you please complete and return, in confidence.

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| 1. Length of time you have known the candidate: |  |

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| 1. **Can the running expenses of the project be met with the support grant of up to £3,000 pa?** |  |

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| 1. **If the answer to question 2 is no, where will you obtain the running costs to support the grant?** |  |

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| 1. Describe the manner in which the proposed training project has evolved and the planned contribution of the applicant. |
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| 1. How frequently do you propose to have a structure meeting with the candidate? |
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| 1. What will you do to train this applicant? Are there lectures, seminars, tutorials or courses available? Will the candidate meet with other supervisor/s? If so, whom? |
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| 1. State your views on the candidate’s scientific ability and suitability for research training, and on any other relevant points which you consider would be helpful to the RCS: |
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| 8 (i) Would an honorary clinical contract be sought for the candidate?  *(Please circle)* YES/NO | |
| If YES please indicate:   1. Level: |  |
| 1. Specialty: |  |
| 1. Health Authority: |  |

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| (ii) Would the project involve human subjects?  If yes, please attach evidence of local Research Ethics Committee approval or explain, why in your view, it is not required. If you have approval from the Research Ethics Committee, what date was it granted? | YES / NO |
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| 1. Please state your research interests/ areas of research activity: |
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| 1. Please state research grants currently or recently held (if any): |
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| 1. Please list published materials in the last five years including references: (please do not exceed the space provided, do not provided additional papers). |
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| 1. Name:   (Supervisor) | Title: |
| **Address:**  **Telephone Number** (including STD code): | |
| **Signature:**  (Supervisor) | **Date:** |

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| 1. I confirm that I support this application and if an award is made, the candidate would be accepted within the Department in accordance with the Regulations and Conditions for an RCS Surgical Research Fellowship. | |
| **Name:**  (Head of Department) | **Title:** |
| **Signature:**  (Head of Department) | **Date:** |
| **Address:**  **Telephone Number** (including STD code): | |