# Application for a joint RCS/Shears Northern Research Fellowship

Before completing the application form, please read the notes given below and the

rules and regulations:

1. Applicants should read the enclosed regulations and conditions. Submission of an

application will be taken to imply acceptance of these regulations.

1. To be eligible applicants must be a member of the Royal College of Surgeons of

England.

1. Applicants should submit only complete forms.
2. All questions **must be** answered or marked not applicable.
3. The application form comprises four parts:

**Part A:** to be completed by the applicant.

**Part B:** to be completed by the applicant’s present Head of Department.

**Part C:** to be completed by the applicant’s proposed Supervisor and proposed

Head of Department.

**Finance Agreement:** to be completed by the appropriate Administrative/

Finance Officer(s) of the proposed host centre.

Applicants are responsible for forwarding B, C and the finance agreement of the

application form to the appropriate authorities for completion.

**Any queries should be directed to** **research@rcseng.ac.uk****.**

**Completed application forms should be emailed to:** **research@rcseng.ac.uk** **with ‘Application for RCS/Shears Northern Research Fellowship’ in the subject line, by 15 October 2019**

**Application forms received after the closing date will not be accepted.**

In line with UK legislation and good practice guidelines, we are asking everyone to complete

the Equal Opportunities Questionnaire. You are not obliged to provide any of the information,

but if you do so, it will enable us to monitor our business processes and ensure that we

provide equality of opportunity to all.

# Part A

# Application for a joint RCS/ Shears Northern Research Fellowship

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| Name of applicant:  |
| Phone number: | Email:  |

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| 1. Title of study (no more than 80 characters including spaces):
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| Area of study:  | Keywords (Give three keywords which encapsulate your study): |

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| 1. Place where study would take place:
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| Address of centre: |  |
| E-mail: |  |
| Telephone number: |  |

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| 1. Academic record (in date order, earliest first):
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| Academic Institution Degree(s) gained Class Subject Year of award |

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| 1. Postgraduate career including present employment (in date order, earliest post first):
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| Place of work Posts held Date  |

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| 1. **Details of present appointment**:
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| 1. Employer/source of funding
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| 1. Tenure (if untenured please give date of termination of current post)
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| 1. Grade/status
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| 1. Present basic annual salary
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| 1. Next incremental date
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| 1. Date of entry to current grade
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| 1. National Training Number (NTN) if applicable
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| 1. Publications in refereed journals. State journal, title and page number (first and last) and names of co-authors (details of papers in press must be stated clearly but abstracts should not be included):
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| 1. Research experience:
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| 8. Research training: What training do you hope to gain and from whom?  |
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| 9. Please state briefly the scientific considerations that led you to choose the centre named at Part A. If this is a centre where you have already been based for a year or more, please spell out your reasons for remaining:  |
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| 10. Simple description of the proposed research in terms that members of the general public can readily understand. This should include:1. A simple, ‘headline’ type title (maximum 6 words)
2. Details of the disease/condition and any associated conditions, ie who suffers, the symptoms and numbers affected.
3. How this research might help those sufferers in the short/long term

Do not exceed 100 words.The ability of The Royal College of Surgeons of England to award research grants is dependent on the success in raising funds.  |
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| 11. Abstract of research to be undertaken: (no more than one A4 page typed in 10pt) |
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| 12. Career intentions (ie further research with alternative funding, academic post, surgical post): |
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| 13. Please state whether you have had additional funding prior to this research and from whom:  |
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| 14. Is this project/study title currently under consideration by another funding organisation? If so which organisation? When will you know the outcome? |
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| 15. Please state whether you intend to seek further funding: (Please circle) YES/NO |
| Please tick only one box: * For one more year
* For two more years
* Other
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| 16. Proposed starting date of Fellowship: |  |

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| Acceptance of Regulations and Conditions:  |
| I have read the Regulations and Conditions for The Royal College of Surgeons of England Surgical Research Fellowships and, if my application is successful, I agree to abide by them.**Signature of applicant:** ................................................. **Date:** ........................ |

The information you have given on this form will be held by the Research Department of the Royal College of Surgeons of England on a compartmented secure server in accordance with the General Data Protection Regulation (GDPR), and will be used only in connection with the purposes that you originally contacted us for. The information is kept by The Royal College of Surgeons of England. It will be circulated to reviewers and available to the Research Committee and all members of staff in the Research department, and will not be shared throughout the wider organisation unless instructed otherwise.