# Application for a One Year Research Fellowship

**Deadline – 24th February 2022 at 14:00**

All parts must be submitted together and in the subject line please include:

**Name / Specialty / Research Fellowship Application**

[fellowshipapplication@rcseng.ac.uk](mailto:fellowshipapplication@rcseng.ac.uk)  *this email address is for* ***submissions only****.*

**Queries** please contact:

[research@rcseng.ac.uk](mailto:research@rcseng.ac.uk) or by calling Louise Duncan -020 7869 6614.

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

rules and regulations:

1. Applicants should read the terms 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.

<https://www.rcseng.ac.uk/about-the-rcs/membership/how-to-join/>

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 Form:** to be completed by the appropriate Administrative/

Finance Officer(s) of the proposed host centre.

*Applicants are responsible for forwarding B, C & the Finance Form of the application form to the appropriate authorities for completion and submit it all together by the deadline.*

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

Any queries please contact:

[research@rcseng.ac.uk](mailto:research@rcseng.ac.uk) or by calling Louise Duncan -020 7869 6614. Part A

# Application for One Year Research Fellowship

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| Applicant Details |
| **Name:** |
| **Email:** |
| **Telephone:** |
| **College Membership Number:** |

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| Head of Department/Supervisor Details | |
| **Head of Dept Name:** | **Email:** |
| **Supervisor Name:** | **Email:** |

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| Title of Study: (no more than 80 characters including spaces): | |
| **Specialty:** | |
| **Intended Start Date:** | |
| **Area of study:** | **Keywords (Give three keywords which encapsulate your study):** |

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

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| 1. Academic record ( in date order, earliest first): *(2000 Characters)* |
| Academic Institution :    Degree(s) gained :    Class :  Subject :  Year of award :  Academic Institution :    Degree(s) gained :    Class :  Subject :  Year of award : |

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| 1. Career History |  |  |
| Place of Work | Post Held | Date |
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| 1. **Details of present appointment**: |
| 1. Employer |
| 1. Tenure (if untenured please give date of termination of current post) |
| 1. Grade/status |
| 1. Present basic annual salary |
| 1. Next incremental date |
| 1. Date of entry to current grade |
| 1. National Training Number (NTN) if applicable |

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| 1. Career Intentions (further research with alternative funding, academic post, surgical post) 500 words |
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| 1. Publications. 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): 500 words |
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| 1. Research experience: 500 words |
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| 8. Research training: What training do you hope to gain and from whom? 500 words |
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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: 500 words |
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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. Please state whether you have had additional funding prior to this research and from whom: |
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| 13. 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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| 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