

PhD Studentship Application Form [SAMPLE ONLY]



Please read the Guidance Notes for the PhD Studentship and also the *PhD Standard Conditions Applying to the Award of Medical Research Scotland Funding* BEFORE completing this Application Form.

For official use only:
REFERENCE NO.

PhD Studentship Awards are made to a Scottish University/Recognised Research Institution, (the Administering Institution) working in conjunction with a trading company operating in Scotland (the Company) to support the delivery of a first-class, four-year PhD scholarship programme incorporating both academic and commercial research training tailored to research into any matters relating to the causation, prevention, diagnosis or treatment of illness or to the development of medical or surgical appliances, including hearing aids. **Please note:** It is unlikely that any supervisor will be awarded more than one Medical Research Scotland PhD Studentship to run concurrently. It is, however, permitted to apply for a PhD Studentship which will commence after the planned completion date of a currently held PhD Studentship.

1. Administering Institution Details

Title of Institution:			
Full Postal Address:			
		Town:	Postcode:
Tel No:	Fax No:	Email:	

2. Principal Supervisor from Administering Institution Details

Name:		Forename(s):	
Title: Select	Position held:		
University/Research Institution in which the student will matriculate:			
Department in which the research will be carried out:			
Address:		Address:	
Address:		Town:	
Postcode:	Tel No (1):	Tel No (2):	
Fax No:	Email Address:		
Date employment commenced (dd/mm/yyyy):		End of contract date (if applicable) (dd/mm/yyyy):	
Has the Principal Academic Supervisor directly supervised a PhD student before? Select			
If yes, please indicate number:	as First Supervisor: Select	as Second Supervisor: Select	
What, specifically, is the Principal Academic Supervisor able to bring to the proposed collaboration (e.g. specialist knowledge, experimental research protocols, supervisory expertise)? (Maximum of 200 words – this field is limited to 2000 characters)			
Provide details of any direct or indirect interest the Principal Supervisor may have in the Company (e.g. shareholding, options, consultancy):			
Provide the reference(s) of up to 5 papers of relevance to the proposed project which have been authored by the Principal Academic Supervisor:			

3. Second Supervisor from Administering Institution Details

Name:		Forename(s):	
Title: Select	Position held:		

University/Research Institution:			
Department:		Address:	
Address:		Address:	
Address:		Town:	
Postcode:	Tel No (1):	Tel No (2):	
Fax No:	Email Address:		
Date employment commenced (dd/mm/yyyy):		End of contract date (if applicable) (dd/mm/yyyy):	
Has the Second Academic Supervisor directly supervised a PhD student before? Select			
If yes, please indicate number:	as First supervisor: Select	as Second supervisor: Select	
What, specifically, is the Second Academic Supervisor able to bring to the proposed collaboration (e.g. specialist knowledge, experimental research protocols, supervisory expertise)? (Maximum of 200 words – this field is limited to 2000 characters)			
Provide details of any direct or indirect interest the Second Supervisor may have in the Company (e.g. shareholding, options, consultancy):			
Provide the reference(s) of up to 5 papers of relevance to the proposed project which have been authored by the Second Academic Supervisor:			

4. Company Details

Company Name:			
Registered Address:		Address:	
Address:		Address:	
Town:	Postcode:	Email:	
Address for Correspondence (if different from Registered Address above):		Address:	
Address:		Address:	
Address:		Town:	Postcode:
Tel No:	Fax No:	Email:	
Company Registration No:		VAT Registration No:	
Please confirm that the Company is a trading Company operating in Scotland?			Select

5. Supervisor from Company Details

Name:		Forename(s):	
Title: Select		Position:	
Address:		Address:	
Address:		Town:	
Postcode:	Tel No (1):	Tel No (2):	
Fax No:	Email Address:		
Date employment commenced (dd/mm/yyyy):		End of contract date (if applicable) (dd/mm/yyyy):	

6. Total Financial Support to be provided by Medical Research Scotland

*NOTE: The maximum amount for fees is set at the UK/EU level ONLY – see Guidance Notes

Financial Year (1 April – 31 March)					
	2012-13	2013-14	2014-15	2015-16	TOTAL

Student Stipend	£14,000	£14,000	£14,500	£14,500	£57,000
Fees*	£	£	£	£	£
Consumables	£	£	£	£	£
TOTAL	£	£	£	£	£
The Administering Institution undertakes to make arrangements with the Company to provide a top-up of £2,000 per annum for student stipend and additional laboratory and other costs as may be required:					<input type="checkbox"/>

7. Research Project Details

Project Title (Maximum of 25 words – this field is limited to 250 characters.):	
Key Words (Please supply up to 5 which describe the proposed project – enter one into each field.):	
Other Submissions Has the proposed project been submitted or is it going to be submitted to another funding body?: Select If 'Yes', provide details for each, of funding body(ies); date(s) of submission; date(s) outcome known; outcome(s) (if known):	
Lay Summary to describe succinctly the aims of the proposed research, the way the investigation will be carried out and the results expected. The potential value, if any, to human health should be explained. This summary should be written in such a way as to permit members of the Trust with no scientific, medical or nursing background to understand the application and decide on the importance of funding the work. (Maximum of 200 words - this field is limited to 2000 characters.):	
How does the proposed project comply with the aims of Medical Research Scotland? (Maximum of 30 words – this field is limited to 300 characters.):	
How does the proposed project fit with the Company's commercial objectives? (Maximum of 200 words – this field is limited to 2000 characters.):	
Start Date: Medical Research Scotland would anticipate the student taking up the position in September of the year following submission of this application. Please confirm that this will be the case: Select If 'No', explain why and provide an anticipated start date (which should be no more than 4 months later or any award may be forfeited). :	
Detailed Project Description – Please use the following headings:	
<i>Background to the Proposed Project.</i> (Maximum of 300 words – this field is limited to 3000 characters.):	
<i>Aims and Objectives.</i> (Maximum of 250 words – this field is limited to 2500 characters.):	
<i>Experimental Design and Methods</i> (Maximum of 650 words – this field is limited to 6500 characters.):	
<i>Brief Outline of Timetable of the Work (bullet points)</i> (Maximum of 150 words – this field is limited to 1500 characters.):	
Your written description may, if essential, be augmented by the inclusion of an image or table, into the separate Appendix form. Please check this box if you are including an Appendix).	<input type="checkbox"/>

8. Ethics and Regulatory Issues

Clear photocopies of all relevant approvals/licences should be enclosed with the hard copy of the finished Application Form sent by post following submission of this Application Form by email, or submitted on their receipt. Award of a PhD Studentship is conditional on all approvals/licences being in place. It is recognised that Person Animal licences required by a student can only be sought/obtained after a student has been selected, but Medical Research Scotland must be in receipt of a copy of such a licence, if required, before an Award can be activated.

Please complete every section of the following table, by selecting the appropriate response from the drop-down lists.

Will the proposed research involve the use of human participants or biological samples?	Select
Will the proposed research involve the use of personal and/or anonymised patient data?	Select

Does the proposed research involve the use of animals or animal tissue?	Select	
Indicate which ethical and regulatory approvals and/or licences are required for the proposed research and have been obtained:		
Ethical Approval (REC)	Select	Select
Animal Licences (i) Personal for Principal Academic Supervisor	Select	Select
(ii) Personal for Second Academic Supervisor	Select	Select
(iii) Personal for Company Supervisor	Select	Select
(iv) Personal for Student	Select	Select
(v) Project	Select	Select
HSE Approval	Select	Select
GTAC Approval	Select	Select
MHRA Approval	Select	Select
HFEA Stem Cell Work Approval	Select	Select
Human Tissue Use: Confirm HTA Codes of Practice will be followed	Select	
Patient Data: Confirm Information Services Division Scotland guidelines (http://www.isdscotland.org/About-ISD/Confidentiality/) will be followed	Select	

9. Research and Training Provisions

Location(s) where the research and training will take place. Give details of the research environment(s), including special facilities and available expertise of relevance to the project.		
Location 1 Name: Details:		
Location 2 Name: Details:		
Location 3: Details:		
Percentage of student time anticipated to be spent at each location:		
% Time at Location 1:	% Time at Location 2:	% Time at Location 3:
Outline (bullet points) the Research and Generic/Transferable Skills Training to be provided by both the Administering Institution and Company. (Maximum of 150 words – this field is limited to 1500 characters.):		
Outline (using bullet points) how student progress will be supervised (Maximum of 100 words – this field is limited to 1000 characters.):		
Outline (bullet points) how student progress will be assessed (Maximum of 100 words – this field is limited to 1000 characters.):		

10. Collaboration Details

Outline any past or present relevant collaboration between the Administering Institution and the Company.:
What added benefit will the Company bring to the proposed project and student? (Maximum of 200 words – this field is limited is 2000 characters):
Is the proposed project dependent on continuation of the current collaboration?: Select
Are there known or likely risks to the proposed project (e.g. restructuring or reorganisation of the Company?): Select
If 'Yes', please give details (Maximum of 150 words – this field is limited to 1500 characters):

How will the student's PhD completion be safeguarded in the event of a reduction or failure in the collaboration?: (Maximum of 200 words – this field is limited to 2000 characters):

11. Intellectual Property & Publication

Is the proposed research likely to lead to patentable or commercially exploitable results?:	Select
If 'No', please provide a brief explanation (Maximum of 150 words – this field is limited to 1500 characters):	
Have the Administering Institution and the Company agreed on the Plan (based on the template Plan available from www.medicalresearchscotland.org.uk/apply.htm) in relation to ownership, protection and commercialisation of intellectual property arising from the proposed research?	Select
If 'Yes', please send a copy of the Plan with this application form	
If 'No', please confirm that a Plan will be agreed in advance of the commencement of the proposed project:	<input type="checkbox"/>
Give anticipated date of agreement and send a copy to the Trust Secretaries as soon as it is available (dd/mm/yy):	
Will there be any restrictions on publication of the student's research findings?	Select
If 'Yes', what are they and why are they required? (Maximum 50 words – this field is limited to 500 characters):	
How and when will the student's research findings be able to be published? (Maximum 50 words – this field is limited to 500 characters):	

12. Previous Medical Research Scotland Awards

Please provide details of any current or previous Medical Research Scotland (or SHERT) awards that **any** of the three Supervisors have received (including surname, Project Title, year of award and, if possible, Grant Reference No.):

13. Declarations, Authorisations & Signatures

On behalf of the Administering Institution: By signing below, we:

(i) agree to ensure that the work of this project will follow the guidance of the code of practice on confidentiality of personal health information which was issued by SODoH under cover of NHS Circular No 1990(GEN)22;

(ii) agree to follow the guidelines set out by the Data Protection Act 1998 (see http://www.ico.gov.uk/for_organisations/data_protection.aspx);

(iii) acknowledge that we have read the "PhD Standard Conditions Applying to the Award of Medical Research Scotland Research Funding" and agree to abide by them and any amendments which may subsequently be issued by Medical Research Scotland;

(iv) confirm that to the best of our knowledge and belief the project described here represents the ideas, concepts and writings of us and the Company and is not a modification of projects submitted by others elsewhere;

(v) confirm that the Company has given permission for it to be cited on this application and that we will be solely responsible for the Company's involvement in the project and there will be no contractual relationship between Medical Research Scotland and the Company other than in respect of the protection and exploitation of the research as detailed below where we will be jointly and severally liable with the Company;

(vi) undertake to enter into a Plan with the Company in relation to the ownership, protection and commercialisation of Intellectual Property arising from the proposed research in accordance with Section 11 above;

(vii) confirm that the several supervisors (including the Company Supervisor) have given permission for their names to be cited on this application;

(viii) confirm that this application has been reviewed and approved and that, if successful, the work will be accommodated in and administered by the Department/Division or equivalent (as named in Section 2 above and at 13b below) of the Administering Institution;

(ix) confirm that the supervision and support provided to the student will conform to the requirements laid out by the Administering Institution's Code of Practice (or equivalent) for the supervision of PhD students;

(x) accept responsibility for the conduct of this project and funds awarded for it and shall immediately inform Medical Research Scotland if there is any indication of scientific misconduct or misuse of grant funds;

(xi) further acknowledge that the Intellectual Property Manager of the Administering Institution, whose details are noted below, has been made aware of the requirement for protection and exploitation of the research as set out in the *PhD Standard Conditions Applying to the Award of Medical Research Scotland Research Funding* and that any replacement Intellectual Property Managers from time to time will be similarly advised by us.

(13a) The Officer who will be responsible for administering any grant awarded must complete and sign below:

Signature of Officer : *(Original signature MUST be included in the printed hard copy sent by post)*

Date:

Title and full name (BLOCK CAPITALS):

Position held:

Tel. no/ext.:

Fax no.:

email:

(13b) The Head of Department/Division (or Equivalent) in which the student will be accommodated must complete and sign below:

Signature of Head of Department/Division or equivalent: *(Original signature MUST be included in printed hard copy sent by post)*

Date:

Title and full name (BLOCK CAPITALS):

Position held:

Name of Department:

Tel. no/ext.:

Fax no.:

email:

Full name of institution:

Address:

Postcode:

(13c) Intellectual Property Managers:

confirm that they are aware of the requirement for protection and exploitation of the research according to the *PhD Standard Conditions Applying to the Award of Medical Research Scotland Research Funding* and that they have already reached a formal agreement with respect to this application:

(i) For the University/Research Institution

Signature: *(Original signature MUST be included in the printed hard copy sent by post)*

Date:

Name **(BLOCK CAPITALS):**

(ii) For the Company:

By signature below we:

(i) undertake to enter into a Plan with the Administering Institution in relation to the ownership, protection and commercialisation of Intellectual Property arising from the proposed research in accordance with Section 11 above;

(ii) agree to be bound by Conditions 12 and 14 and any related Conditions of the *PhD Standard Conditions Applying to the Award of Medical Research Scotland Research Funding* (in relation to commercial, industrial and intellectual property, the commercial exploitation of results and in relation to confidentiality, dispute resolution etc);

(iii) undertake to provide supervision and support for the student that will conform to the requirements laid out by the Administering Institution's Code of Practice (or equivalent) for the supervision of PhD students;

(iv) undertake to accommodate the student and provide commercial training for the student, as agreed with the Administering Institution in the Plan.

Signature of Director/Authorised Signatory: (*Original signature MUST be included in printed hard copy sent by post*).

Date:

Title and full name (**BLOCK CAPITALS**):

Tel. no/ext.:

Fax no.:

email:

(13d) Where the application requires the use of NHS facilities this application should also be submitted to the relevant NHS R&D Director ("NHS R&D Director") for approval.

The NHS R&D Director requires to complete and sign the following declaration:

By signing below, I confirm on behalf of my NHS Institution (as named below) that access to the NHS facilities shall be provided to the applicant as is required in terms of this application.

Signature of NHS R&D Director: (*Original signature to be included in the printed hard copy sent by post*)

Date:

Title and full name (**BLOCK CAPITALS**):

NHS Organisation:

NHS facilities (name and address):

Postcode:

Tel. no/ext.:

Fax no.:

email:

Where applicable, the NHS R&D Director should also enter the amount of NHS support awarded to this project: £0.00

SAMPLE ONLY NOT FOR SUBMISSION