***Guidelines to Applicants***

**Please ensure you read and understand the following before completing the grant application.**

* Clinical Research Training Fellowship of two year’s duration, to support clinical trainees who intend to pursue an academic career in a field related to paediatrics. The intention is to generate data with which to apply for further funding leading to a PhD. Maximum value £130,000. One award per year.
1. Keep the page order as you find it
2. Complete the checklist for grant applications on page two.
3. Current GCHC Research Fund (including YRSS) grant holders (PI/Main supervisor) cannot apply as PI/main supervisor (only co-applicant/co-supervisor) until the current grant has ended.
4. The Grant Applications section forms the body of the proposal, and should be completed in standard font (eg Arial or Times New Roman minimum font size 11) and is not to exceed five pages in length. Do not submit additional documentation. If you do this, we retain the right to refuse to assess your application.
5. References relevant to the proposal must be included with, but need not form part of, the five pages of the Grant Applications section. The number of references should be restricted to 50. Please give full details of each reference.
6. If this application contains work of a similar nature to a previous unsuccessful application(s) to this organisation (YCF, YCC, YRSS or GCHC Research Fund), please submit a copy of the relevant previous unsuccessful application(s). Please label it clearly.
7. GCHC Research Fund does not provide funds for ‘indirect costs’, or funding for salaried applicants or buy-out of permanent staff time.
8. Eligible NHS support costs must be approved by the relevant R&D office
9. Each section of the grant application must be completed. You should allow extra time so that you can have your application checked by your Finance Authorities. We will not consider any incomplete applications. An application form that is not completed correctly cannot be considered and will be returned.
10. It is GCHC Research Fund’s intention to award as many grants as is financially possible for high quality research that produces the maximum benefit to child and maternal health, but obviously many applications will be unsuccessful. Please note that we do offer feedback from referees in such circumstances. The decision of the funding committee is final. Resubmission is not permitted and any future applications must contain at least 50 per cent new scientific/clinical investigations and this will be judged by the reviewers.
11. You are reminded that in fairness to all applicants and those concerned with the peer review procedure, applications will not be accepted if they arrive at the GCHC Research Fund Office after mid-day on the closing date – (see deadline on form). Electronic submission is preferable if all scanned signatures are included. These regulations are not negotiable.
12. **Clinical Research Training Fellow applicants whose application passes peer review will be invited for interview by a panel approximately 3 months after the submission deadline.**
13. **Applications must be approved by the NES Postgraduate Dean for their specialty.**
14. **All applications will be acknowledge upon receipt. If you do not receive an acknowledgement please contact the GCHC Research Fund office**

For further information please contact Jillian Bryce,

**Jillian Bryce,**

GCHC Research Fund Office

Child Health ,School of Medicine

University of Glasgow

Level 0, Zone 1, Office Block (Paediatrics)

Queen Elizabeth University Hospital Campus

Govan Road,Glasgow, G51 4TF

Direct Line: +44 (0) 141 451 5843

E-mail: Jillian.Bryce@glasgow.ac.uk

Web: [www.glasgowchildrenshospitalcharity.org/our-impact/research/The-Glasgow-childrens-hospital-charity-research-fund](http://www.glasgowchildrenshospitalcharity.org/our-impact/research/The-Glasgow-childrens-hospital-charity-research-fund)

*Checklist for Research Grant Applications*

When submitting a grant application to GCHC Research Fund, please complete this checklist and sign the bottom to indicate that you have completed your application form correctly and submitted all that is required. Please submit only **ONE** copy of this page with the signature of the principal applicant.

**Failure to complete this form will result in your application not being considered**.

[ ]  I have emailed a copy of my application with all the appropriate signatures to jillian.bryce@glasgow.ac.uk

[ ]  I have included my email address and accept an email from the Glasgow Children’s Hospital Charity Research Fund as acknowledgement of receipt. **[NB please contact the GCHC Research Fund office as soon as possible if you do not receive an acknowledgement]**

[ ]  I have not exceeded the stated number of pages for the research proposal .

[ ]  I have not attached any unnecessary documents to my application.

[ ]  I have submitted a copy of any previous unsuccessful application to GCHC Research Fund that is of a similar nature to this application (if applicable).

[ ]  I have made sure that this application is at least 50 per cent different to any other previously unsuccessful application to the GCHC Research Fund (if applicable).

[ ]  I have completed the Summary of Finances section correctly and given details of all the laboratory/research materials that I will need.
*A total figure for each type of expense is not sufficient. We require a detailed breakdown of all the items requested.*

[ ]  I have completed one CV page.

[ ]  My supervisor and I are not the PI / main supervisor on a current GCHC grant

[ ]  I have reproduced your application form on a PC and have ensured that the format/wording are identical to your form and I have not altered it in any way (failure to comply with this will result in your application being rejected).

[ ]  I have completed all sections of the application form.

All sections must be complete at the time of submission. Any late additional information will not be attached to any application by staff of the GCHC Research Fund.

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Signature of Applicant Date

**Return completed form to**:

**Jillian Bryce,**

GCHC Research Fund Office

Child Health ,School of Medicine,University of Glasgow

Level 0, Zone 1, Office Block (Paediatrics)

Queen Elizabeth University Hospital Campus

Govan Road,Glasgow, G51 4TF

E-mail: Jillian.Bryce@glasgow.ac.uk

CLINICAL RESEARCH TRAINING FELLOWSHIP

 *Type of Grant applied for Submission Deadline*

[ ]  Clinical Research Training Fellowship (2 year) 13th February 2017 (noon)

Information on all grant types can be found in our *Information for applicants*

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| 1. **Applicants' details**
 |
|  | **Applicant**  |
| **Title:** |  |
| **First name(s):** |  |
| **Surname:** |  |
| **Position held:** |  |
| **Department:** |  |
| **Institution:** |  |
| **Tel:** |  |
| **Email:** |  |

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| 1. **Full postal address for all correspondence**
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| 1. **Title of proposed research project**
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| 1. **Abstract of proposed study (200 words)**
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| 1. **Summary of proposal in lay language (120 words)**

This summary will be used in Glasgow Children’s Hospital Charity Research Fund publicity material. |
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| 1. **Briefly explain how the project will benefit the health of children in Scotland**
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| 1. **Proposed starting date (DD/MM/YYYY)**
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| 1. **Will you register for MSc, MD or PhD?**
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| 1. **Supervisors' details**
 |
| **Supervisor 1** |
| **Title:** |  |
| **First name(s):** |  |
| **Surname:** |  |
| **Position held:** |  |
| **Department:** |  |
| **Institution:** |  |
| **Tel:** |  |
| **Email:** |  |

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| **Supervisor 2** |
| **Title:** |  |
| **First name(s):** |  |
| **Surname:** |  |
| **Position held:** |  |
| **Department:** |  |
| **Institution:** |  |
| **Tel:** |  |
| **Email:** |  |

**Each Supervisor should complete a short CV in section 23.**

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|  | **Summary of finances (itemise on separate sheets if necessary)** |
|  |  **Year 1** | **Year 2** | **Total (£)** |
| **1. Salaries**  |  |  |  |
|  Current Grade:  |  |  |  |
|  Basic salary |   |   |  |
|  National insurance (NI) |   |   |  |
|  Superannuation (SA) |   |   |  |
|  **Total Salary (Basic+NI+SA)** |  |  |  |
| 1. **Running costs, consumables**

 (specify prices excluding VAT)     |  |   |   |
| 1. **Other expenses**

 (including VAT) |  |   |  |
| 1. **Animals purchase** (see section 11)
 |  |  |  |
| 1. **Animals maintenance** (see section 11)
 |  |  |  |
| **Total *excluding* salary costs** |  |  |  |
| **Total *including* salary costs** |  |  |  |
|  |  |  |  |  |
| **NHS support costs\*** |  |  |  |

**Maximum award for 2 year CRTF is £130,000**

**Indirects/overheads are not eligible costs.**

**\*if applicable. Requires R&D approval in section 16**

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| 1. **Animal Usage**
 |
| **Does this project necessitate the use of animals? Yes/ No\***  (\*delete as applicable)**If “Yes”, please provide the following information.** 1. **What is/are the Home Office licence numbers (please give details of both project and personal)?**
2. **What type of animal is to be used?**
3. **How many animals will be used in the proposed project?**
4. **What is the source of the animals, and how will they be transported and maintained?**
5. **Please give a brief justification (maximum 200 words) on why alternatives cannot be used. Please also provide evidence that the minimum number of animals will be used to give statistically valid results.**
6. **Please provide details of how the number of animals necessary for the study has been calculated**
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| 1. **Ethical Considerations**
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| **Has NHS Research Ethics Committee approval been obtained? Yes/No\*** (\*delete as applicable)**A copy is herewith attached: Yes/No/Not applicable\***  (\*delete as applicable)***Please note that if NHS Research Ethics Committee approval is required funds will not be released until a copy of the approval letter is seen by and confirmed by the GCHC Research Fund*** ***Office.*** |

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| 1. **Acceptance of regulations and conditions by applicant and supervisors**
 |
|  | **Print Name** | **Signature** | **Date** |
| **Applicant (Fellow)** |  |  |  |
| **Supervisor 1** |  |  |  |
| **Supervisor 2** |  |  |  |

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| 1. **Acceptance of regulations and conditions by institute authorities**
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| **This application should be submitted by/through both the Head of Department or appropriate individual and the officer who will be responsible for administering the grant if it is awarded (eg finance officer, bursar, registrar, secretary).**1. **I confirm that I have read this application and that, if granted, the work will be accommodated and administered in the department/institution in accordance with the conditions in the regulations, as set out in the *Information for applicants*.**
2. **The staff gradings and salaries quoted are correct and in accordance with the normal practice of this institution.**
 |
| **To be filled in by****the Head of Department** | **To be filled in by****the Administrative Authority** |
| **Name:**  | **Name:**  |
| **Title:**  | **Title:**  |
| **Full postal address:** | **Full postal address:** |
| **Tel:**  | **Tel:**   |
| **Email:**  | **Email:**  |
| **Signature:**  | **Signature:**  |
| **Date:**  | **Date:**  |

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| 1. **Financial Administration**
 |
| **Details of the officer who should be contacted if the grant is awarded:** |
| **Name:****Full postal address:****Tel (including extension):****Email:**  |

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| 1. **Postgraduate Dean’s Approval**
 |
| Name and address of Post Graduate DeanTel:Email: |
| Signature of Post Graduate Dean…………………………………………………. | Date……………………………………... |
| **I approve of this application Yes/No\* (\*delete as appropriate)** |

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| 1. **NHS Organisation**
 |
| Where NHS Support Costs are identified this application must also be signed by the R&D Office of the relevant NHS organisation. If the proposed research is multi-site then all relevant R&D offices must sign the form. |
| This application has been discussed with me and I note the associated NHS Support Costs.Name:Organisation:E-mail address:Date:Signature |

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| 1. **Commercial Significance**
 |
| **Are the results of this research likely to have commercial potential? Yes/No\***  (\*delete as applicable)**If “Yes”, could you:**1. **Explain briefly why the research outcomes may have commercial potential:**
2. **Discuss this with your institution’s in-house technology transfer company or industrial liaison unit before submitting this application. Please provide the following details for the expert that you consulted.**
 |
| **Name:****Position:****Address:****Tel:****Email:** |

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| 1. **Outcome and Evaluation**
 |
| **Please state clearly:**1. **the main aims of this fellowship (up to 200 words).**
2. **the benefits/potential value of this study to the child health community (up to 200 words).**

NB: At the end of the grant you will be asked to include in your final report a section in which you discuss the outcomes of your project in relation to these original aims. The information from this form and your final report will then be collated and distributed to the Steering Committee of the Glasgow Children’s Hospital Charity Research Fund and the Board of the Glasgow Children’s Hospital Charity. |
| **(i) Aims and objectives** (in no more than 200 words) |
| **(ii) Benefit/potential value to child health** (in no more than 200 words) |

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| 1. **Current sources of funding and other grant applications**
 |
| **Is this application currently being submitted elsewhere? Yes/No\***  (\*delete as applicable)**Has this application previously been submitted elsewhere? Yes/No\***  (\*delete as applicable)If you answered “Yes” to either of the above questions, please give the following information: |
| **Name of organisation:** **Date of decision:** **What was the outcome?**  |
| **Name of organisation:** **Date of decision:** **What was the outcome?**  |

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| **Are you currently applying elsewhere for support for work relating to the present proposal? Yes/No\*** (\*delete as applicable)If you answered “Yes” to the above question, please give the following information: |
| **Name of organisation:** **Title of project:** **Date of decision:**  |

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| **Have any of the applicants previously been awarded a research grant from the** GCHC Research Fund, YRSS or Yorkhill Children’s Charity**? Yes/No\*** (\*delete as applicable) If “Yes” to the above question, please give the following information: |
| **Reference number:** **Project title:** **Grant holder(s):** **PI/Main supervisor:** Provide brief description of impact: |
| **Reference number:** **Project title:** **Grant holder(s):** **PI/Main supervisor:** Provide brief description of impact: |
| **Reference number:** **Project title:** **Grant holder(s):** **PI/Main supervisor:** Provide brief description of impact: |

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| 1. **Grant Application**
 |
| This Section whichforms the body of the grant application should be typed in standard font (eg Arial or Times New Roman) and size (**minimum font size 11**) and is **not** to exceed **five pages** in length. Do not submit additional documentation. If you do this, **we retain the right to refuse to assess your application**.1. Title of project
2. Purpose of proposed investigation
3. Background of the project
4. Plan of investigation\*
5. Detailed justification for support requested
6. Name, address and email of **five external, independent** peer reviewers

*Definitions:* ***External:*** *Someone not appointed by the same institutions as the applicants* ***Independent:*** *Someone with whom the applicants have had no research collaboration within the last 3 years*\*part 4 should form the major part of any application  |

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| 1. **Curriculum Vitae of Applicant**
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| **Applicant Name:**  |
| **Date of birth:**  |
| **Degrees, etc** (subject, class, university and dates of study)**:** |
| **Posts held** (including tenure and source of funding)**:** |
| **Recent publications and papers in press** (list up to six only)**:** |
| **Research experience:** *(Summary of research experience, including the extent of your involvement. Refer to any specific clinical or research experience relevant to the current application.)* |
| **Research training:** *(Details of any relevant training in the design or conduct of research, for example in the Clinical Trials Regulations, Good Clinical Practice, consent or other training appropriate to non-clinical research. Give the date of the training.)* |
| **Is any other outside source currently supporting any of your research? Yes/No\***  (\*delete as applicable)If you answered “Yes” to the above question, please give the following information for **EACH** source of funding**.** |
| Name of organisation:Title of project:Amount awarded:Date of award: | Name of organisation:Title of project:Amount awarded:Date of award: |
| Name of organisation:Title of project:Amount awarded:Date of award: | Name of organisation:Title of project:Amount awarded:Date of award: |

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| 1. **Curriculum Vitae of Supervisor**
 |
| *Sections within this template may be expanded but the CV should not exceed 2 pages. Duplicate for additional supervisors.* |
| **Supervisor’s Name:**  |
| **Supervisor’s Position:**   |
| **Supervisor’s Research Funding***Major project or programme grants held in the last three years (project title, funding body, amount, year of award)* |
| **Supervision Experience**

|  |  |  |
| --- | --- | --- |
|  | **Clinicians** | **Non-Clinicians** |
|  | All | As Lead Supervisor  | All  | As Lead Supervisor  |
| How many PhD/MDs have you supervised in the past?  |  |  |  |  |
| How many PhD/MDs are you supervising currently?  |  |  |  |  |
| How many are you likely to be supervising at the same time as the proposed project?  |  |  |  |  |
| Of those supervised in the past, how many were:  |
| * awarded an MD.
 |  |  |  |  |
| * awarded a PhD within 4 years.
 |  |  |  |  |
| * awarded a PhD in over 4 years.
 |  |  |  |  |
| * failed to complete a PhD/MD
 |  |  |  |  |

 |
| **Additional Information***Please indicate any further details you wish to bring to GCHRF’s attention, especially in regard to career development of previous externally funded fellows or PhD students.* |
| **Supervisor Publications:***Please provide details of a* ***maximum of 6*** *relevant papers in refereed journals. Include title, authors, journal and pagination.* ***Please indicate with \* the three most significant publications relevant to this proposal.***  |