*The College of Radiographers will use the application details that you provide for purposes associated with the Doctoral Fellowship scheme, such as education, the administration of events, research, promotion and fundraising. Our lawful basis for processing your information is to manage your funding application and fulfil our legitimate interest as a professional body. Some of your information will be shared with the Society of Radiographers. We will retain all information you submit for the duration of the application process and, should you be successfully awarded funding, the duration of the funding period. Thereafter, your information will be retained as verification of your application and for reference in relation to the Doctoral Fellowship scheme. For detailed information about how we use your information please see* [*http://www.sor.org/privacy-statement*](http://www.sor.org/privacy-statement)

# **College of Radiographers Doctoral Fellowship**

# **Application Form**

Please refer to the accompanying guidelines before completing this form.

All sections must be completed as fully as possible.

If all applicable information is not supplied, the application will be rejected.

Applicants are advised to ensure all submissions have been rigorously proof read as poorly scripted applications will also be rejected.

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| The form should be completed and returned **electronically in Microsoft Word format** to: Professional and Education Supportat:[**pande@sor.org**](mailto:pande@sor.org) |

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| --- | --- |
| **1. Applicant** | |
| Name |  |
| Address |  |
| E-mail |  |
| Telephone |  |
| SoR membership number |  |

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| --- | --- |
| **2. Supervisor** | |
| Name |  |
| Current appointment |  |
| Address |  |
| E-mail |  |
| Telephone |  |

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| --- | --- |
| **3. Co-Supervisor, if applicable** | |
| Name |  |
| Current appointment |  |
| Address |  |
| E-mail |  |
| Telephone |  |

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| --- | --- |
| **4a. Personal Referee** *(please append letter of support)* | |
| Name |  |
| Current appointment |  |
| Address |  |
| E-mail |  |
| Telephone |  |

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| --- | --- |
| **4b. Personal Referee** *(please append letter of support)* | |
| Name |  |
| Current appointment |  |
| Address |  |
| E-mail |  |
| Telephone |  |

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| --- | --- | --- |
| **5. Project Summary** | | |
| Scientific title of project |  | |
| Lay title of project |  | |
| Financial support requested | Salaries: | Other: |
| Expenses: | **Total:** |
| Collaborator(s) |  | |
| Is this project in a priority area? | Accuracy and Safety | |
| Technological Innovations | |
| Public and Patient Experience | |
| Service and Workforce Transformation | |
|  | Education and Training | |

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| **6. Scientific abstract** *(up to 200 words)* |
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| **7. Key words**  *(please include up to 6 key words maximum that describe the main areas of your project)* |
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| **8. Key hypotheses, aims, objectives and milestones**  *(up to 300 words)* |
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| **9. Lay summary**  ***Please note:*** *in the event your application is successful in receiving funding, the information provided below will be used to publicise the College of Radiographers research portfolio.* |
| **Lay title:**    **What are you proposing?** 200 words max    **Why are you proposing it?** 200 words max    **How are you proposing to do it?** 200 words max    **How long will it take?**    **What are the expected outcomes?** 100 words max    **How will this research advance the profession of radiography?** 100 words max    **How does the project fit with the research priorities identified by the CoR?** 100 words max |

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| **10. Project description** |
| **Scientific title:**    **Background to the project:** 500 words max    **Preliminary data:** 500 words max    **Hypotheses, aims and objectives:** 200 words max    **Detailed plan of investigation:** 1200 words max    **Potential problems and contingency plans:** 150 words max    **User Involvement plans:** 200 words max    **Dissemination plans:** 150 words max    **Integration of this project into the ongoing work of the group/department and into patient care:** 250 words max    **Potential impact of the project:** 100 words max |

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| **11. References** *(up to 50 – 2500 words max)* |
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| **12. Gantt Chart** |
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| **13. Training environment** *(up to 300 words)* |
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| **14. Applicant and supervisor(s) CVs** *(2 page)* |
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| **15. Other sources of funding** |
| Have you received any other funding for the work which is the subject of this application?  YES  NO  If Yes, give funding body, grant title, budget, dates, and comment on the overlap with this proposal: |
|  |
| Are you awaiting the outcome of any other funding applications?  YES  NO  If Yes, give funding body, grant title, budget, and comment on the overlap with this proposal: |
|  |
| Have you contacted the NIHR Clinical Research Network to see how they can help to support the delivery of your study?  YES  NO  If No, please contact [supportmystudy@nihr.ac.uk](mailto:supportmystudy@nihr.ac.uk) to be put in touch with someone who can provide further information on the support that the NIHR CRN offers through their Study Support Service. Please visit [www.supportmystudy.nihr.ac.uk](http://www.supportmystudy.nihr.ac.uk)  If Yes, please specify who you have contacted (please provide contact name and email address): |
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| **16. Approvals and licences** |
| Does this project involve the use of human subjects or tissue?  YES  NO |
| If yes, does this project require ethical approval?  YES  NO |
| Has ethical approval been obtained?  YES  NO  If Yes, insert a scanned copy of the letter into section 13. If No, please give further details. |

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| **17. Intellectual property** |
| Are the results of this research likely to have commercial potential?  YES  NO  If Yes, please explain briefly and give the name of the IP body of the host institution: |
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| **18. Scientific Integrity** |
| Does the host institution have official procedures in place to deal with suspected scientific fraud?  YES  NO |

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| **19. Letter(s) of collaboration/ethical approval *(where applicable)*** |
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**20. Itemised budget**

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| **Research expenses** *(directly incurred costs only)* |

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| **Details** |  |
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| **Subtotal** |  |

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| --- | --- |
| **Other costs** *(e.g. travel, essential equipment)* | |
| **Details** |  |
|  |  |
|  |  |
|  |  |
| **Subtotal** |  |

|  |  |
| --- | --- |
| **Budget summary** | |
|  |  |
| Salary |  |
| Expenses |  |
| Training |  |
| Dissemination – conference attendance |  |
| Other |  |
| **Total** |  |

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| --- |
| **21. Justification of budget** *(up to 300 words)* |
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| **22. Declarations** | |
| **a. Applicant**  I have read the College of Radiographers terms and conditions of grant and agree to abide by them if funding is awarded. To the best of my knowledge, all the information given on this form is accurate. | |
| **Signature:** | **Date:** |
| **Name (printed):** | |
| **b. Supervisor**  I confirm that I have read this application and the accompanying terms and conditions and agree to abide by them if funding is awarded. I understand that it will be my responsibility to supervise the applicant’s Doctoral level studies and to provide space and facilities for the full period of the fellowship. | |
| **Signature** | |
|  | |
| **b. Head of Department**  I confirm that I have read this application and the accompanying terms and conditions and that, if granted, the work will be accommodated and administered in the Department/Institution according to the regulations laid down by the College of Radiographers. All the necessary licences/approvals have been or are being sought. | |
| **Signature:** | **Date:** |
| **Name (printed):** | |
| **c. Finance Officer**  I confirm that the institution will administer any grant awarded and will ensure the funds are used for the purpose for which they have been given. | |
| **Signature:** | **Date:** |
| **Name (printed):** | **Contact details:** |