*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)

For office use only

Grant ID:

# **College of Radiographers Doctoral Fellowship Grant**

# **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 proofread, as poorly scripted applications will be rejected.

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

1. **Personal information: Applicant**
2. Title, first name and surname:
3. Current position:
4. Name and address of institution:
5. Email:
6. Telephone number:
7. SoR membership number:
8. HCPC registration number (where applicable):
9. **Personal information: Supervisor**
10. Title, first name and surname:
11. Current position:
12. Name and address of institution:
13. Email:
14. Telephone number:
15. **Personal information: Co-supervisor (where applicable)**
16. Title, first name and surname:
17. Current position:
18. Name and address of institution:
19. Email:
20. Telephone number:
21. **Personal Referee 1**

**In addition to providing the following details, please provide a separate letter of support.**

1. Title, first name and surname:
2. Current position:
3. Name and address of institution:
4. Email:
5. Telephone number:
6. **Personal Referee 2**

**In addition to providing the following details, please provide a separate letter of support.**

1. Title, first name and surname:
2. Current position:
3. Name and address of institution:
4. Email:
5. Telephone number:
6. **Project Summary**
7. Scientific title of project:
8. Lay title of project:
9. Financial support requested:
10. Salaries:
11. Expenses:
12. Other:
13. TOTAL:
14. Collaborator(s):
15. Is this project in a priority area?

Accuracy and Safety

Technological Innovations

Public and Patient Experience

Service and Workforce Transformation

Education and Training

1. **Scientific abstract** (up to 200 words)
2. **Key words** (up to 6)

**Please provide key words that describe the main areas of your project.**

1. **Key hypothesis, aims, objectives and milestones** (up to 300 words)
2. **Lay summary**

**Please note: in the event that your application is successful, the information provided below will be used to publicise the College of Radiographers’ research portfolio.**

1. Lay title
2. What are you proposing (up to 200 words)
3. Why are you proposing it? (up to 200 words)
4. How are you proposing to do it? (up to 200 words)
5. How long will it take?
6. What are the expected outcomes? (up to 100 words)
7. How will this research advance the profession of radiography? (up to 100 words)
8. How does the project fit with the research priorities identified by the CoR? (up to 100 words)
9. **Project description**
10. Scientific title
11. Background to the project (up to 500 words)
12. Preliminary data (up to 500 words)
13. Hypothesis, aims and objectives (up to 200 words)
14. Detailed plan of investigation (up to 5000 words)
15. Potential problems and contingency plans (up to 150 words)
16. User involvement plans (up to 200 words)
17. Dissemination plans (up to 150 words)
18. **References** (up to 2,500 words)
19. **Gantt chart**

This may also be provided as a separate supporting document.

1. **Training environment** (up to 300 words)
2. **Applicant and supervisor(s) CVs** (two pages max)

You may also provide CVs as supplementary documents.

1. **Other sources of funding**
2. Have you received any other funding for the work detailed in this application?

Choose an item.

If yes, give funding body, grant title, budget and dates, and comment on the overlap with this proposal:

1. Are you awaiting the outcome of any other funding applications?

Choose an item.

If yes, give funding body, grant title and budget, and comment on the overlap with this proposal:

1. Have you contacted the NIHR Clinical Research Network to see how they can help to support the delivery of your study?

Choose an item.

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) for more information.

If yes, please specify who you have contacted (provide contact name and email address):

1. **Approvals and licences**
2. Does this project involve human subjects or samples?

Choose an item.

If yes, does this project require ethical approval?

Choose an item.

If yes, has ethical approval been obtained?

Choose an item.

If yes, please provide a scanned copy of the ethical approval letter as a supplementary document. If No, please give further details:

1. **Intellectual property**
2. Are the results of this research likely to have commercial potential?

Choose an item.

If yes, please explain briefly and give the name of the IP body of the host institution:

1. **Scientific integrity**
2. Does the host institution have official procedures in place to deal with suspected scientific fraud?

Choose an item.

1. **Itemised budget**
2. Research expenses (please list directly incurred costs only)

|  |  |
| --- | --- |
| **Details** | **£** |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
| **Subtotal** |  |

1. Other costs (e.g. travel, essential equipment)

|  |  |
| --- | --- |
| **Details** | **£** |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
| **Subtotal** |  |

1. Budget summary

|  |  |
| --- | --- |
| **Item** | **£** |
|  |  |
| Salary |  |
| Expenses |  |
| Training |  |
| Dissemination (e.g. conference attendance) |  |
| Other |  |
|  |  |
| **TOTAL** |  |

1. **Justification of budget** (up to 300 words)
2. **Declarations**
3. Applicant

I have read the College of Radiographers terms and conditions for this 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):**

1. 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:**

**Date:**

**Name (printed):**

1. 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):**

1. 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:**