

###### Clinical Academic Fellowship Scheme

###### Chief Scientist Office, Scottish Government Health and Social Care Directorates

**APPLICATION SUMMARY**

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| --- | --- |
| Application code | CAF/24/ |
| Applicant |  |
| Host Organisation |  |
| Head of Department |  |
| Supervisor |  |
| Supervisor (insert more rows if necessary) |  |

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| --- |
| Project Title |
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| --- | --- |
| UK CRC Health Research Classification System | |
| Health Category (up to 5 categories) |  |
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|  |
| Research Activity (up to 2 categories) |  |
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| --- | --- |
| Proposed start date (between 1 April and 1 October) |  |
| FTE of Award |  |
| Amount of Funding Requested |  |

**Submission Elsewhere** (Is this or a related application currently being submitted elsewhere?)

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| --- | --- | --- | --- |
| Type of Application | Funding Body | Title of Proposal | Decision expected |
|  |  |  |  |

###### Clinical Academic Fellowship Scheme



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**Confidentiality & Data Protection**: Please note that your application will be kept confidential by CSO and will not be shared with third parties other than for the purposes of assessing the application, awarding the Fellowship and providing summary details on the CSO website about the award if funded and when completed. Please see the CSO Privacy Policy, available on the CSO website, for further details.

**SECTION ONE – APPLICANT INFORMATION**

|  |  |  |
| --- | --- | --- |
| Title: | First name: | Surname: |
|  |  |  |
| Email |  | |

|  |  |  |  |
| --- | --- | --- | --- |
| Application Category | Specialism | Current stage of training **OR** date of completion of training | NTN number **OR** years FTE of work since completion of training |
|  |  |  |  |

**Academic and Higher Professional Qualifications (starting with the most recent**)

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Academic Institution | Qualification | Class | Subject | Year of Award |
|  |  |  |  |  |

**Postgraduate Career, including present employment** (starting with most recent, please include the end date of your current appointment)

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| --- | --- | --- | --- |
| Place of work | Post held | From  (dd/mm/yy) | To  (dd/mm/yy) |
|  |  |  |  |

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| **Professional Body Membership** (e.g. Royal Colleges, other professional organisations) |
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| **Research Experience to Date** (include details of research experience, training, skills, key publications (list up to 5) **600 word limit** |
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| **Impact of Fellowship**  (reasons for applying for this award and your current long-term research and clinical career plans – **600 word limit** |
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**SECTION TWO – PROPOSED RESEARCH PLAN**

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| **Project Title** |
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| **Plain English / Lay Summary** – 600 word limit |
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| **Scientific Abstract** – 500 word limit |
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| **Detailed Research Plan** – 5000 word limit |
| **Outline of the Problem Being Addressed** |
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| **Why is this Research Important** |
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| **Research Questions /Aims and Objective** |
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| **Project Plan** |
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| **Project Management** |
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| **Success Criteria** |
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| **Dissemination, Outputs and Anticipated Impact –** 500 word limit |
|  |
| **Patient and Public Involvement** – 1000 word limit |
| Please describe how patients/service users, carers and the public have been involved in developing this proposal. |
|  |
| Please describe the ways in which patients/service users, carers and the public will be actively involved in the proposed research, including any training and support provided. Please clearly signpost to other sections of the research plan or outputs where this is further described. |
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| If it is not considered appropriate and meaningful to actively involve patients/service users, carers in the public in the proposed research please justify why. |
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| **Training and Development Programme** |
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| **Clinical Commitments** |
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**SECTION THREE –FINANCE**

This section must be completed in consultation with the Finance Office of the proposed institution.

**Summary**

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| --- | --- | --- | --- | --- | --- |
|  | **\_\_\_ – March**  **£** | **April to March**  **£** | **April to March**  **£** | **April to \_\_**  **£** | **Total** |
| **Year** |  |  |  |  |  |
| **Applicant salary** |  |  |  |  |  |
| **Employer NI and Superannuation Contributions** |  |  |  |  |  |
| **Degree Registration fee** |  |  |  |  |  |
| **Additional training costs** |  |  |  |  |  |
| **Research costs** |  |  |  |  |  |
| **Total** |  |  |  |  |  |
|  | | | | |  |
| **NHS Support Costs** |  |  |  |  |  |

**Applicant Salary**

Please refer to the guidance notes to see the allowable salaries.

Requests for salaries should be based on actual costs at the time of application; do not include sums for inflation. Salary requests should take account of expected increments in future years

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| --- | --- | --- |
| Present Grade and salary Point | Present Basic Annual Salary | Present Incremental Date |
|  |  |  |

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| Proposed Grade and Salary Point | Proposed basic Annual Salary | % used for superannuation and NI |
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**Applicants still in training**

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| --- | --- |
| Please indicate the basis on which the award is requested | |
| Full time |  |
| Part time (please indicate %) |  |

**Applicants who have completed training**

|  |  |
| --- | --- |
| Please indicate the basis on which the award is requested % | |
| Full time – including clinical commitments to be performed within the Fellowship. (Max 3 years) |  |
| 80% - Clinical Commitments to be arranged out with the Fellowship (Max 3 years) |  |
| Part time (please indicate %) – Clinical commitment to be performed within the Fellowship. |  |
| Part time (please indicate %) – Clinical commitment to be arranged outwith the Fellowship. |  |

**Research Training Costs**

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| Please provide details of additional **research** training courses including justification for why this training is required. CSO require all Fellows to have received PPI training – please include PPI courses here or detail what training you have already received. *Note that clinical training is not eligible* If no training is proposed please justify why none is required. Costs for attending conferences should not be included |
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**Research Costs**

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| Please give a breakdown of the Research Costs requested – this should not exceed £10,000 per annum (£30,000 in total or £20,000 if award duration is 2 years) or pro-rata for shorter or part-time awards. This budget is intended to cover any laboratory costs, fieldwork expenses, minor equipment costs (eg computer software), printing, postage, travel and stationery. **These costs must be fully itemised and justified.**  Note that the provision of computer hardware will not be made therefore you should negotiate access to computer equipment and support before submitting your application |
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| Finance Officer |  |

**SECTION FOUR –SUPPORT**

**Supervisor**

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| Describe the proposed arrangements for supervision of the award and research project. Add additional sections if more than one supervisor is proposed | |
| Name: |  |
| E-mail: Tel No: |  |
| Brief summary of Current/Past Research including research skills. |  |
| Details of Research Supervision including recent PhDs/MDs supervised to completion and current supervisory load. |  |
| I confirm that the applicant has discussed and agreed the supervising requirement with me. | Name……………………………Signature………………………………. |

**Head of Department**

|  |  |  |
| --- | --- | --- |
| **Candidate Name** |  | |
| Please comment on the candidate and their suitability for a Scottish Clinical Academic Training Fellowship (merit based on past career, current research standing etc). | | |
|  | | |
| Please comment on the suitability of the project for the research training and career development of the candidate. | | |
|  | | |
| Please state why, in your opinion, the centre is appropriate for the work proposed. | | |
|  | | |
| Please state what bespoke training and development your department will provide to the fellow as part of their degree | | |
|  | | |
| Name……………………………………….. | | Signature………………………………………. |

**Postgraduate Deans Statement – for candidates still in training**

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| --- | --- | --- |
| **Candidate Name** |  | |
| Please comment on the candidate and their suitability for a Scottish Clinical Academic Training Fellowship (merit based on past career, current research standing etc). | | |
|  | | |
| Location of Applicant. | |  |
| NTN | |  |
| Is the candidate in a substantive SpR post? | |  |
| Is the candidate progressing satisfactorily in their training programme?  Please attach a copy of their latest Record of In Training Assessment (RTA)  Add any other observations here or attach letter if necessary: | | |
|  | | |
| Name of Post Graduate Dean | |  |
| Email | |  |
| Signature……………………………………….. | | Date………………………………………. |

**SECTION FIVE –DECLARATIONS**

**Research involving human beings**

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| --- | --- | --- |
| Does the research proposed raise ethical issues? | YES 🞏 NO 🞏 | |
| If YES please state what these may be | | |
| Does the research involve | | |
| * Experimentation of human participants? * The use of human tissue? * The use of biological samples | | * YES 🞏 NO 🞏 * YES 🞏 NO 🞏 * YES 🞏 NO 🞏 |
| If the answer to any of the above is YES, please summarise the ethical issues and justify your use of human participants and the numbers involved and/or the nature and quantity of human material to be used | | |
| Does the proposed study involve a clinical trial?  If human participants (including volunteers) are being used, are there equal numbers of Males to females?  Does the project involve the use of personal information?  If YES is the information anonymous  If YES is the information anonymised | | * YES 🞏 NO 🞏 * YES 🞏 NO 🞏 * YES 🞏 NO 🞏 * YES 🞏 NO 🞏 * YES 🞏 NO 🞏 |
| Have the necessary approvals been given by  The relevant Research Ethics Committee  The Human Fertilisation and Embryology Authority  The Gene Therapy Advisory Committee  The UK Xenotransplantation Interim Regulatory  Authority  The Administration of Radioactive Substances  Advisory Committee (ARSAC)  Other bodies as appropriate | | YES 🞏 NO 🞏 N/A  🞏  YES 🞏 NO 🞏 N/A  🞏  YES 🞏 NO 🞏 N/A  🞏  YES 🞏 NO 🞏 N/A  🞏  YES 🞏 NO 🞏 N/A  🞏  YES 🞏 NO 🞏 N/A  🞏 |
| Please give details | | |
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| **NHS Service Support Costs** | |
| Where the proposed research draws on NHS facilities, is it likely to incur service support and/or treatment costs which the NHS is obliged to meet?  Has the funding for these Costs been guaranteed by appropriate NHS organisation(s)?  Have any Treatment Costs been approved by appropriate NHS  organisation(s)? | YES 🞏 NO  🞏  YES 🞏 NO  🞏  YES 🞏 NO  🞏 |

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| --- | --- | --- | --- | --- | --- |
| **Ethical approval *(please tick)*** | | | | | |
| Attached |  | Not Required |  | Requested/To be Requested |  |

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| --- | --- | --- | --- |
| **CTA/EudraCT Number *(please tick)***  A CTA is required for any trial falling within the scope of the Clinical Trial Regulations. Further information can be obtained from the MHRA website. Confirmation of trial authorisation must be provided to CSO along with the Clinical Trial EudraCT Number before a trial commences. | | | |
| Not required |  | Requested/To be Requested |  |

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| **Applicant** |
| I declare that, to the best of my knowledge, the information provided in this application is true, accurate and complete. I have read the terms and conditions of the Scottish Clinical Academic Training Fellowship scheme and, if my application is successful, agree to abide by them. The majority of the application is my own work with technical input as necessary from my supervisor(s).  I undertake to conduct the research according to such guidelines for good research practice as the Host institution may from time to time lay down according to the latest guidance and frameworks.  I agree that the CSO may hold and process, by computer or otherwise, personal and other data supplied with this application and, if successful, additional data provided during the award.  Signature of Applicant………………………………… Date…………………………………… |
| **Grantholder** |
| I/We confirm that if an award is made, the candidate will be offered an appointment, subject to the Institution’s normal employment practices, for the full tenure of the award and that the award will be accommodated and administered in accordance with the terms and conditions of the Scottish Clinical Academic Training Fellowship scheme. The staff gradings and salaries quoted are correct and in accordance with the normal practice of this Institution.  I/We confirm that the research will be accommodated within the proposed department and that all departmental resources necessary for the effective conduct of the research, other than those provided under the award, will be made available as required.  I/We confirm that the research will be accommodated within this institution and that all institutional resources necessary for the effective conduct of the research will be made available as required. Where the research will be conducted in more than one institution. I/We confirm that I/we will take all reasonable steps to ensure that appropriate institutional resources are made available in all the institutions concerned.  I/We agree that the resources provided under the award shall be applied for the purposes of the research approved under the award only.  Signature of Signature of  Head of Department…………………………….. Administrative Authority ……………………………..  Finance Officer/Bursar/Registrar/Secretary  Print name ……………………………………….. Print name ……………………………………………..  Date…………………………… Date……………………………. |
| **Sponsor** |
| I agree to be sponsor/co-sponsor/joint sponsor (delete as appropriate) for the research undertaken during this Fellowship under the requirements of the Scottish Executive Health Department’s Research Governance Framework for Health and Community Care.  Signature of Sponsor …………………………………. Organisation …………………………………  Print name ………………………………………………  Date ………………………….  (Add additional lines if co or joint sponsorship applies) |
| **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 NHSScotland Support Costs.  Signature ……………………………………… Organisation …………………………………  Print name …………………………………….  Date …………………………. |

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| --- | --- |
| **Contact Information** | |
| Full name, postal and email address of Finance Office/Registrar of Grantholder etc |  |
| Name, postal and email address, and telephone number of the person who should be contacted regarding the administration of the award |  |