**FACULTY OF BIOLOGY, MEDICINE AND HEALTH**

**Dean’s Prize Fellowships 2024**

**Application Form**

*Please keep within the space provided*

**PLEASE COMPLETE THE APPLICATION IN FONT NO SMALLER THAN 11 PT**

**A. Contact details**

|  |  |
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| **Title**  |  |
| **Surname:** |  |
| **First Name/s** |  |
| **Address**  |  |
| **Telephone no:** |  |
| **Email address:** |  |

**B. Employment Status**

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| Please state your current employer  |  |
| Are you currently working at the University of Manchester? Please detail your employee / staff number if applicable (You can find this on your staff card) | Yes / No (please delete as appropriate) |
| If you are currently working at the University of Manchester, please indicate if your contract is permanent / fixed-term |  |
| Are you a redeployee under the University’s Redeployment Policy?  | Yes / No (please delete as appropriate) |
| National Insurance No (if known) |  |
| I am not currently eligible to work in the UK and would require a visa?  | Yes / No (please delete as appropriate)  |
| I am currently eligible to work in the UK on a continuous, unrestricted basis (for example, UK/EEA and Swiss nationals, those granted indefinite leave to remain etc) | Yes / No (please delete as appropriate) |
| I am currently eligible to work in the UK on a time-limited or other restricted basis (for example, already in the UK on a temporary visa)  | Yes / No (please delete as appropriate) |
| Please state the date you are available for employment |  |

**C. Academic Education**

[Please list most recent first. If relevant, include postgraduate clinical diplomas]

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| **Institution** | **Qualification Gained** | **Subject** | **Completion Year** |
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| If you are a medical trainee in clinical training please state what stage this is (eg ST2, ST3 etc)  |  |
| For medical applicants, have you completed CCT? | **Yes / No** |

**D. Employment Details**

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| Title of current post |  |

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| Date of appointment |  |

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| Expected end date |  |

**Current salary details**

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| Salary grade |  |
| Basic salary (£ per annum) |  |
| Full time equivalent FTE (%) |  |
| Date of next increment  |  |

Source of current salary or stipend support

*(Please be specific if salary is funded from more than one source)*

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**Employment History** (*Please list most recent first*)

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| **Date from** | **Date to** | **Position** | **Department** | **Organisation** |
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| **Career breaks** Have you had any career breaks or periods of part time work, for example parental or long term sick-leave? | Yes / No (Please delete as appropriate) |

If yes, please provide details, if you are comfortable doing so:

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| **Other information relevant to your application**  We are keen to encourage a positive research culture and appoint diverse individuals with the best potential for future momentum and trajectory, regardless of background. Please use this space to detail any information, if you are comfortable to do so, that supports your application, if relevant, explaining aspects which may have curtailed your opportunities to date. For example, these might be financial, cultural, educational or other factors which have presented a barrier to your progress but not your potential. *Please also indicate here any impact of Covid-19 on your research****.*** (**No more than 200 words**). |
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**E. Additional Information**

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| **Fellowship applications and/or other grants held as PI or named co-applicant** *(please give details of all applications made previously, including unsuccessful applications. Include type of award, funding body and result & if they could they be transferred to the University of Manchester?*  |
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| **Research Experience** *(please give brief details of your research experience and training; please describe the subject of any previous external fellowships here if relevant;* ***200 words max****)* |
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| **Candidate’s Publications** (*include papers in press and available electronically, but not papers in preparation or submitted. Please indicate your role in no more than 2 sentences.)* |
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| **Prizes and Awards** *Please include dates* |
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| **Fellowship plan and longer career aim** In the box below, please state what fellowships you will be eligible for within the timeframe of this award, your plans and timeline for applying, and an indication of longer term plans thereafter. If you already hold an external fellowship please explain how the transition to the University of Manchester will be handled. If you intend to take up your award before completing your clinical training (where applicable), please state why you are applying to this scheme rather than taking advantage of the NIHR Academic Clinical Lecturer programme (**400 words max**). |
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| **Links to other research at UoM and allied hospitals and/ or research institutes**This is a pump-priming award and therefore you will need support, sponsorship and guidance from current members of staff; please explain how your work will align to senior researchers and clinicians already at the University of Manchester (please indicate if you have already initiated discussions within the University about this application, detailing clearly which staff members your proposal has been discussed with and those pending discussion.) **400 words max.** |
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| Have you already discussed your plans with individuals named above and who have shown their support? |
| **Y** [ ]  **N [ ]**  |

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| **External links.** We also realise that your career development is likely to involve collaborations and interactions with other leading figures nationally and internationally. Please explain these relationships here in the context of your research plans. We will not accept additional letters of support. (max 250 words) |
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**F. References**

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| **Referee Name**  |  |
| Organisation  |  |
| Position |  |
| Address |  |
| Telephone |  |
| Email  |  |
| Please tick if you do NOT wish your referees to be contacted prior to interview | [ ]  |

|  |  |
| --- | --- |
| **Referee Name**  |  |
| Organisation  |  |
| Position |  |
| Address |  |
| Telephone |  |
| Email  |  |
| Please tick if you do NOT wish your referees to be contacted prior to interview | [ ]  |

|  |  |
| --- | --- |
| **Referee Name**  |  |
| Organisation  |  |
| Position |  |
| Address |  |
| Telephone |  |
| Email  |  |
| Please tick if you do NOT wish your referees to be contacted prior to interview | [ ]  |

**G. Research Proposal** *(the candidate will be expected to answer questions on the proposal at interview)*

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| **A. Title of proposed project** *(max 200 characters)* **:** |  |
| **B. Period of support requested** *(in months; maximum of 24 months)* **:** |  |
| **C. Full-time or part-time**  *(if part-time, please give %)* |  |
| **D. Proportion of salary requested** *(if less than 100% please indicate source of  remainder of salary)*  |  |

**Financial support** *(The award provides the salary of the successful applicant with £10k per annum initial contribution to consumables. Exact costings will be discussed after successful interview. Please give brief details of any other financial support, or support in kind, that will enable the research to be carried out)*

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| **Research Proposal including figures and full references** |
| Please set out the research you propose to undertake during the award. You should address the following: (a) one-paragraph executive summary; (b) brief background; (c) aims and objectives; (d) plan of investigation (design, methods, analysis, anticipated outcomes and what the data will mean) (e) full references. *Please address why this project is appropriate for your career development, how it will underpin external fellowship bids and how it will ultimately lead to your research independence. As guidance, good applications commonly address an important problem, limitation or barrier to current research, why the applicant is the right person to overcome this problem, how it will be achieved and what success will look like.* **Please do not exceed 3 pages, 11 point font, including figures and references.** |
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| **Clinical Applicants Only**  |
| **Your clinical specialty** *(What is your clinical specialty? When was your completion date of specialist clinical training? If you have completed training outside the UK please provide evidence that you have approval to undertake clinical work in the NHS. Maximum 100 words.)* |
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| **Your proposed clinical activity** *(For the two year period it is anticipated that you will have 50% of your time paid for (not necessarily for routine clinical services) by one of the NHS partners of the* [*Manchester Academic Health Science Centre*](http://www.mahsc.ac.uk/our-work/scope/healthcare-services/)*. Please follow the hyperlink. If possible, please give an initial indication of which NHS Trust would best suit your clinical activity and clinical needs. This 2 year award offers a distinct opportunity to develop sub-speciality skills aligned to your research interests; please detail these briefly here. Further discussion about this can take place if the research component of your application is successful. Max 200 words)* |
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**Regulatory requirements and intellectual property**

Please select the relevant boxes.

Details are not required at this stage, but will be required prior to any award commencing.

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|  | **Does the proposed project:** | **Y** | **N** |
| **a.** | Involve the use of human participants or human tissue? |  |   |
| **b.** | Involve the use of human embryos? |  |  |
| **c.** | Involve research on gene therapy? |  |  |
| **d.** | Involve the use of NHS facilities or patients? |  |  |
| **e.** | Involve the use of existing University of Manchester facilities? |  |  |
| **f.** | Involve the use of animals or animal tissues? |  |  |
| **g.** | Involve the use of technology, materials or other inventions that, as far as you are aware, are subject to any patents or other form of intellectual property protection? |  |  |
| **h.** | Subject to any agreements with commercial, academic or other organisations? |  |  |
| **i.** | Likely to lead to any patentable or commercially exploitable results? |  |  |

**Approvals and signatures**

**I confirm that I am aware of the content of this application, and that the information given above is, to the best of my knowledge, correct.**

|  |  |  |  |
| --- | --- | --- | --- |
| **Signature of candidate:** |  | **Date:** |  |

**NHS Partner/MAHSC Approval (Clinical Applications Only)**

**I confirm that I am aware of the content of this application & confirm 50% of funding will be provided to the University of Manchester for the application mentioned above.**

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| **Authorising Signature:** |  | **Name:** |  | **Date:** |  |