**FACULTY OF BIOLOGY, MEDICINE AND HEALTH**

**Bicentennial Fellowship**

**Application Form**

*Please keep within the space provided*

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

**A. Contact details**

|  |  |
| --- | --- |
| **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*

|  |  |  |  |
| --- | --- | --- | --- |
| **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 – including the amount of time that these periods covered:

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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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| **Research experience and future plans**Please summarise your research experience to date and your future research ambitions, including sources of funding you will be targeting during and after this fellowship. If you intend to take up your award before completing your clinical training (where applicable), please state why you are applying to this scheme. (**400 words max**). |
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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 (but clearly note these). Include type of award, funding body and result* |
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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 the work being reported in no more than 2 sentences.)* |
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| **Prizes and Awards** *Please include dates* |
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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 three year period it is anticipated that you will request to be Out of Programme for Research (OOPR) to undertake your project as a Clinical Research Fellow. If possible, please give an initial indication of which NHS Trust would best suit your clinical activity and clinical needs. This 3 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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**F. Research support**

We expect applicants to have approached, and gained agreement from, any individuals named in this section. Named researcher supporting this application are those experienced individuals whose scientific or disciplinary expertise will be invaluable for the planning and execution of the research. We require at least one named researcher, with the option to lists a maximum of three – who can represent distinct disciplines related to your plans. The lead research support member should be based in FBMH at the University of Manchester.

**Lead research support/academic sponsor**

|  |  |
| --- | --- |
| Name |  |
| Job title |  |
| Department, School and Faculty |  |

**Second research support (if required)**

|  |  |
| --- | --- |
| Name |  |
| Job title |  |
| Department, School and Faculty |  |

**Third research support (if required)**

|  |  |
| --- | --- |
| Name |  |
| Job title |  |
| Department, School and Faculty |  |

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| Please confirm that you have already discussed your plans with the individuals named above and they have shown their support and agreed to be named? |
| **Y** [ ]  **N [ ]**  |

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| Please explain how your work will align with these researchers’ activities and interests at the University of Manchester and how discussions with these individuals have shaped the current application. (**300 words max.** |
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| The research support team should take an active role in supporting the applicant, if successful, in their career development. The lead academic sponsor should outline here: * the approaches to support and development that will be taken and
* how this fellowship award will support the candidate to develop their research maturity leading to next steps of securing significant external funding.

 (**300 words max)** |
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| **External links.** 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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**G. Research Proposal and Financial information**

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| **A. Title of proposed project** *(max 200 characters)* **:** |  |
| **B. Period of support requested** *(in months; maximum of 36 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)*  |  |

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| **Lay summary of research plan:** You application will be reviewed by a panel with a range of disciplines. Please provide a summary of the work you describe below in a way that the aims, activities and anticipated deliverables can be understood by an intelligent lay person and without any figures or diagrams. Please use only essential abbreviations and avoid technical terms or define these clearly when used **(Max 400 words).** |
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| Please briefly detail which of the key theme or themes listed below your research plans align with. **(Max 150 words)** * Tackling the causes and consequences of health inequalities
* Addressing Impacts of Climate Change on our Biology, Health, & Society
* Advancing Discovery Through Interdisciplinary Life Sciences Research
* Empowering Our Research Through Advanced Data Science, Digital Technologies and AI
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| **Research Proposal** Please set out the research you propose to undertake during the award. You should address the following: * A brief outline of the challenge your project aims to address and how existing evidence supports your application;
* Aims and objectives, or research questions;
* Research plan (design, methods, analysis);
* Anticipated deliverables and impacts;
* Potential next steps following this work and how these support your future research ambitions.

**Please do not exceed 2500 words, 11 point font with a maximum of one table and two figures (although these are not required). One single side of references cited in the application can be included in the appendix at the end of the document** |
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| **Feasibility and risk:** All research has risk and challenges that may impact its feasibility. Please outlinethe main risks to the research you have proposed and how you will mitigate these. **(Max 250 words)** |
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| **Financial support:** The award provides the salary of the successful applicant and up to up to £30,000 per annum towards non-staff costs which may include training, equipment, travel, patient public involvement and engagement and knowledge mobilisation activities. Exact costings will be finalised after successful interview. Please outline key non-staff costs giving brief details of activities or equipment costed and corresponding planned expenditure. For each area of support requested please provide justification of how this activity or equipment will support your research and/or development. **(Max 300 words)** |
|  |
| Please summarise anticipated any other financial support, or support in kind, that will enable the research to be carried out **(Max 100 words)** |
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**H. 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? |  |  |

**I. References**

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

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

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

**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.**

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

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| **Reference list** **Maximum 1 page, do not change the margins of this page. Minimum of 10 pt font and must include the author, title and doi at a minimum** |
|  |