

PhD Studentship Application Form [SAMPLE]



Please read the Guidance Notes for the PhD Studentship and also the *PhD Standard Conditions Applying to the Award of Medical Research Scotland Funding* BEFORE completing this Application Form.

For official use only:
 Received:
 Reference No.: PhD- -

PhD Studentship Awards are made to a Scottish University/Recognised Research Institution (the Administering Institution), working in conjunction with a trading company involved in medically-relevant life sciences research (the Company), to support the delivery of a first-class, four-year PhD Studentship programme incorporating both academic and commercial research training tailored to research into any matters relating to the causation, prevention, diagnosis or treatment of illness or to the development of medical or surgical appliances, including hearing aids. **Please note:** It is unlikely that a Principal Supervisor will be awarded more than one Medical Research Scotland PhD Studentship to run concurrently. They are, however, permitted to apply for a PhD Studentship which will commence after the planned completion date of a currently held PhD Studentship.

All sections of the form MUST be completed in full. Your application may not be considered if any of the information is missing or if you have failed to include any required documents or signatures. It is your responsibility to ensure that your application (in both hard-copy and electronic formats) is completed correctly AND IN FULL before submission.

1. Administering Institution Details

Title of Institution:		
Full Postal Address:		
Town:		Postcode:
Tel No:	Email:	

2. Principal Supervisor from Administering Institution Details

Surname:		Forename(s):		
Title: Select	Position held:			
University/Research Institution in which the student will matriculate:				
Department in which the research will be carried out:				
Address:		Address:		
Address:		Town:		
Postcode:		Tel No (1):		
Tel No (2):		Email:		
Date employment commenced (dd/mm/yyyy):		End of contract date (if applicable) (dd/mm/yyyy):		
Has the Principal Supervisor directly supervised a PhD student before? Select				
Please indicate number:		as First Supervisor: Select		as Second Supervisor: Select
Provide details, as requested below, for the five PhD students you have supervised <i>most recently</i> . If any were not 3-year PhD positions at the outset, please indicate the PhD term and the year of award.				
Name of Student	Date PhD started	Date PhD awarded/ duration if >3 yrs	Reason for delay (if applicable)	Current post of student (if known)

List research training activities, other than student supervision, in which the Principal Supervisor has been involved (e.g. membership of postgraduate studies committees, thesis committees, studentship grant committees), including dates/duration if applicable. *(Maximum of 200 words – this field is limited to 2000 characters.)*:

What, specifically, is the Principal Supervisor able to bring to the proposed collaboration (e.g. specialist knowledge, experimental research protocols, supervisory expertise)? *(Maximum of 200 words – this field is limited to 2000 characters.)*:

Provide details of any direct or indirect interest the Principal Supervisor has in the Company (e.g. shareholding, options, consultancy):

Provide the reference(s) of up to 5 papers of relevance to the proposed project which have been authored by the Principal Supervisor.:

3. Second Supervisor from Administering Institution Details

Surname:		Forename(s):	
Title: Select	Position held:		
University/Research Institution:			
Department:			
Address:		Address:	
Address:		Town:	
Postcode:		Tel No (1):	
Tel No (2):		Email Address:	
Date employment commenced (dd/mm/yyyy):		End of contract date <i>(if applicable)</i> (dd/mm/yyyy):	
Has the Second Supervisor directly supervised a PhD student before? Select			
Please indicate number:	as First supervisor: Select	as Second supervisor: Select	
If the Second Supervisor is currently supervising her/his first PhD student, please provide the following information		Supervision start date (dd/mm/yyyy):	
		Anticipated end date (dd/mm/yyyy):	
What, specifically, is the Second Supervisor able to bring to the proposed collaboration (e.g. specialist knowledge, experimental research protocols, supervisory expertise)? <i>(Maximum of 200 words – this field is limited to 2000 characters.)</i> :			
Provide details of any direct or indirect interest the Second Supervisor has in the Company (e.g. shareholding, options, consultancy):			
Provide the reference(s) of up to 5 papers of relevance to the proposed project which have been authored by the Second Supervisor.:			

4. Company Details

Company Name:		
Registered Address:		Address:
Address:		Town:
Country:	Postcode:	Email:
Address for Correspondence relating to PhD Award (if different from Registered Address above):		Address:
Address:		Address:
Address:		Town:
Country:		Postcode:
Tel No:		Email:
Company Registration No (or equivalent for non-UK registered companies):		VAT Registration No (if not VAT registered, please indicate):
Date of most recent statutory Company accounts (you may be asked to provide a copy) (dd/mm/yyyy):		

5. Supervisor from Company Details

Surname:	Forename(s):
Title: Select	Position held:
Address:	Address:
Address:	Town:
Postcode:	Tel No (1):
Tel No (2):	Email:
Date employment commenced (dd/mm/yyyy):	End of contract date (if applicable) (dd/mm/yyyy):
<p>What, specifically, is the Supervisor from the Company able to bring to the proposed collaboration (e.g. specialist knowledge, intellectual property, experimental research protocols, experience of commercial skills training, academic supervisory experience)? (Maximum of 200 words – this field is limited to 2000 characters.):</p>	

6. Total Financial Support requested from Medical Research Scotland

***NOTE:** Please see the Guidance Notes for information on the level of fees & consumables which Medical Research Scotland will provide.

Financial Year (1 April – 31 March)					
	2018-19	2019-20	2020-21	2021-22	TOTAL
Student Stipend	£15,000	£15,000	£15,500	£15,500	£61,000
Fees*	£	£	£	£	£
Consumables	£	£	£	£	£
Travel	£250	£250	£250	£250	£1,000
TOTAL	£	£	£	£	£
The Administering Institution undertakes to make arrangements with the Company to provide a top-up of £2,500 per annum for the student stipend and such additional laboratory, travel and other costs as may be required.					<input type="checkbox"/>
Fees in 2017-18: £					

7. Research Project Details

7a: Project Title: <i>(Maximum of 25 words – this field is limited to 250 characters.):</i>					
7b: Key Words: Please supply up to 5 for the proposed project – enter one into each field.					
7c: Disease Profile of Project: Please select as many conditions as may be applicable to the proposed research project.					
Arthritis/Inflammatory & Immune disorders	<input type="checkbox"/>	Cancer	<input type="checkbox"/>	Cardiovascular Diseases	<input type="checkbox"/>
Diabetes/Metabolic disorders	<input type="checkbox"/>	Diseases of the GI system	<input type="checkbox"/>	Infectious diseases	<input type="checkbox"/>
Kidney disease	<input type="checkbox"/>	Mental health/Psychiatric disorders	<input type="checkbox"/>	Neurological diseases (including stroke)	<input type="checkbox"/>
Reproductive disorders	<input type="checkbox"/>	Respiratory disease	<input type="checkbox"/>	Miscellaneous/other conditions <i>(please specify below)</i>	<input type="checkbox"/>
Specify 'Miscellaneous/other conditions':					
7d: Other Submissions: Has the proposed project been submitted, or is it going to be submitted, to another funding body?: Select If 'Yes', provide the following information for each submission: funding body, date of submission, date outcome known, outcome <i>(if known)</i> .:					
7e: Lay Summary: This should describe succinctly the aims of the proposed research, how the investigation will be carried out and the results expected. The potential value to human health should also be explained. This summary should be written in plain English so that Trustees with no scientific or medical background can understand the application and decide on the importance of funding the work. Medical Research Scotland distributes publicity material, including online publication, on work it has supported, which includes the Lay Summary and details of awardees. <i>(Maximum of 200 words - this field is limited to 2000 characters.):</i>					
How does the proposed project comply with the aims of Medical Research Scotland? <i>(Maximum of 30 words – this field is limited to 300 characters.):</i>					
How does the proposed project fit with the Company's commercial objectives? <i>(Maximum of 200 words – this field is limited to 2000 characters.):</i>					
7f: Start Date: Medical Research Scotland would expect the student appointed to the position in September of the academic year following the offer of a PhD Studentship Award. Please confirm that this will be the case. If 'No', explain why and provide an anticipated start date, which should be no more than 4 months later than the expected September start date. Awards starting more than 4 months after the expected September start date may be forfeited.					Select
7g: Detailed Project Description – Please use the following headings:					
<i>Background to the Proposed Project (Maximum of 300 words – this field is limited to 3000 characters.):</i>					
<i>Aims and Objectives (Maximum of 250 words – this field is limited to 2500 characters.):</i>					
<i>Experimental Design and Methods (Maximum of 650 words – this field is limited to 6500 characters.):</i>					
<i>Statistical Information (Maximum of 300 words – this field is limited to 3000 characters.):</i>					
<i>Brief Outline of Timetable of the Work (please use bullet points) (Maximum of 150 words – this field is limited to 1500 characters.):</i>					
<i>References:</i>					

Your written description may, <i>if essential</i> , be augmented by the inclusion of one image or one table, inserted into the separate Appendix form. Please check this box if you are including an Appendix.	<input type="checkbox"/>
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8. ETHICS & REGULATORY ISSUES

Please refer to the Guidance Notes.

The Administering Institution must ensure that all necessary approvals and/or licences are obtained before any research requiring such approvals and/or licences is conducted.

Please complete **EVERY** section of the following table, by selecting the appropriate response from the drop-down lists.

8a Will the proposed research involve the use of human participants?	Select
8b Will the proposed research involve the use of human biological samples (<i>excluding established cell/tissue lines</i>)?	Select
8c Will the proposed research involve the use of personal and/or anonymised data (eg patient, study participant or public)?	Select
8d Will the proposed research involve the use of live animals in or outside the UK?	Select
(i) If 'yes', in what country(ies) will the research take place?	
(ii) If 'yes', what species will be used?	
(iii) If 'yes' are they animals which are protected under UK law?	Select
(iv) If yes, please explain why animal use is necessary. Are there any other approaches? (<i>Maximum of 250 words – this field is limited to 2500 characters.</i>):	
(v) If yes, please explain why the species/model to be used is the most appropriate. (<i>Maximum of 250 words – this field is limited to 2500 characters.</i>):	
(vi) If 'yes', how many animals will be used?	
(vii) If 'yes', please justify the number of animals to be used per experiment, including details of any sample size calculations and/or statistical advice sought:	
(viii) If 'yes', what would be the severity of the procedures?	Select
(ix) Please provide details of any moderate or severe procedures? (<i>Maximum of 250 words – this field is limited to 2500 characters.</i>):	
(x) If 'yes', will any be genetically modified during the course of the proposed research?	Select
(xi) If 'yes', will any previously genetically modified animals be used?	Select
(xii) If 'yes', please explain and illustrate how the 'Responsibility in the Use of Animals in Bioscience Research' and the National Centre for the Replacement, Refinement and Reduction of Animals in Research 3Rs (replacement, refinement and reduction) have been considered in the design of the proposed study:	
8e Will the proposed research involve the use of animal tissues in or outside the UK? (<i>excluding established cell/tissue lines</i>)	Select
(i) If 'yes', in what country(ies) will the research take place?	
(ii) If 'yes', from what species will the tissue be derived?	
(iii) If 'yes', from what organ/what tissue type (e.g. blood, neuronal tissue, kidney etc)?	
(iv) If 'yes', in what country will the tissue be obtained from the animals?	
(v) If 'yes', what procedure will be carried out to obtain the tissue?:	
8f Indicate which ethical and regulatory approvals and/or licences are required for the proposed research and whether or not they have been obtained [complete all dropdowns]:	

Animal Welfare and Ethical Review Body (AWERB) Approval	Select	Select
Animal Licences (i) Personal for Principal Supervisor	Select	Select
(ii) Personal for Second Supervisor	Select	Select
(iii) Personal for Company Supervisor	Select	Select
(iv) Personal for Student	Select	Select
(v) Project	Select	Select
Ethical Approval (REC)	Select	Select
HSE Approval	Select	Select
MHRA Approval	Select	Select
HFEA Stem Cell Work Approval	Select	Select
Other bodies if applicable. Please specify:	Select	Select
Human Tissue Use: Confirm HTA Codes of Practice will be followed		Select
Personal and/or Anonymised Data: Confirm Information Services Division Scotland guidelines (http://www.isdscotland.org/About-ISD/Confidentiality/) will be followed		Select

9. Research and Training Provisions

Location(s) where the research and training will take place. Provide a summary of the research environment(s), including special facilities and available expertise of relevance to the project. (Maximum of 300 words for each – the fields are limited to 3000 characters.)		
Location 1 Name:		
Description of facilities/environment:		
Location 2 Name:		
Description of facilities/environment:		
Location 3:		
Description of facilities/environment:		
Enter below the percentage of student time anticipated to be spent at each location.		
% Time at Location 1:	% Time at Location 2:	% Time at Location 3:
Outline (using bullet points) the Research and Generic/Transferable Skills Training to be provided by both the Administering Institution and Company. (Maximum of 150 words – this field is limited to 1500 characters.):		
Outline (using bullet points) how student progress will be supervised. (Maximum of 100 words – this field is limited to 1000 characters.):		
Outline (using bullet points) how student progress will be assessed. (Maximum of 100 words – this field is limited to 1000 characters.):		

10. Collaboration Details

Outline any past or present relevant collaboration between the Administering Institution and the Company.:
What added benefit will the Company bring to the proposed project and student? (Maximum of 200 words – this field is limited is 2000 characters.):
Is the proposed project dependent on continuation of this collaboration?: Select
Are there known or likely risks to the proposed project (e.g. restructuring or reorganisation of the Company?): Select
If 'Yes', please give details. (Maximum of 150 words – this field is limited to 1500 characters.):
How will the student's PhD completion be safeguarded in the event of a reduction or failure in the collaboration?: (Maximum of 200 words – this field is limited to 2000 characters.):

Does the proposed research depend on any additional collaboration(s) other than any pre-existing within or between the Academic Institution, the Company and/or the Supervisors named in the application?	Select
If 'Yes', please outline the extent and nature of the contribution and provide brief details of the organisation(s)/individual(s) whose collaboration is necessary. <i>(Maximum of 200 words – this field is limited to 2000 characters.)</i> :	
Written, signed letters of consent for any and all collaboration(s) required with additional parties must accompany this application . If applicable to this application, check the box to confirm that copies are included with the hard copy of the Application Form.	<input type="checkbox"/>

11. Intellectual Property & Publication

Is the proposed research likely to lead to patentable or commercially exploitable results?:	Select
If 'No', please provide a brief explanation. <i>(Maximum of 150 words – this field is limited to 1500 characters.)</i> :	
Medical Research Scotland has a standardised policy for ownership of IP arising from a PhD Studentship (Foreground IP), outlined below (see also Section 15 of the PhD Standard Conditions). By checking the box all parties of the Studentship, if awarded, agree to abide by these conditions.	<input type="checkbox"/>
Background IP ownership	Foreground IP ownership
Administering Institution only	Foreground IP will be owned by the Administering Institution The Administering Institution will grant to the Company a perpetual, irrevocable, worldwide non-exclusive royalty-free licence to use and exploit the Foreground IP for its own purposes, commercial or otherwise, provided that such third parties are not granted any rights to exploit the foreground Intellectual Property.
Company only	Foreground IP will be owned by the Company. The Company will grant the Administering Institution a perpetual, irrevocable, worldwide non-exclusive royalty free licence to use the Foreground IP for the purposes of academic research, teaching and collaboration, including any collaboration with third parties, provided that such third parties are not granted any rights to exploit the foreground Intellectual Property.
Both Administering Institution and Company	Foreground IP will be owned by the Company. The Company will grant the Administering Institution a perpetual, irrevocable, worldwide non-exclusive royalty free licence to use the Foreground IP for the purposes of academic research, teaching and collaboration, including any collaboration with third parties.
Will there be any restrictions on publication of the student's research findings?	Select
If 'Yes', what are they and why are they required? <i>(Maximum 50 words – this field is limited to 500 characters.)</i> :	
If 'Yes', what will be the maximum time delay for publication of the student's research findings?	months
How and when will the student's research findings be able to be published? <i>(Maximum 50 words – this field is limited to 500 characters.)</i> :	

12. Previous Medical Research Scotland Awards

Please provide details of any current or previous Medical Research Scotland (or SHERT) awards that any of the Supervisors have received (including Surname, Project Title, year of award and, if possible, Grant Reference No.):

13. Medical Research Scotland Data Protection Statement

Information that you supply to Medical Research Scotland in connection with this Application (which includes all information sent to Medical Research Scotland that relates to your application, or, in the event of an award, relates to that award) will be used to process your Application and for the purposes of audit and/or evaluation. It may also be disclosed to external peer reviewers, some of whom may be based outside the EEA. Your personal data will be stored by, or on behalf of, Medical Research Scotland in accordance with the Data Protection Act 1998. Medical Research Scotland may publish basic details of successful awards (e.g. on its website or in its Annual Report) and/or anonymise your personal data for research and statistical purposes. Medical Research Scotland may also release details of successful awards (including your name, the supervisors' names and employing Institution, the Administering Institution, the Company, the project title and the lay summaries of the research) into the public domain (e.g. via the internet or via publicly accessible databases). Medical Research Scotland may contact you about other award schemes and initiatives that may be of interest to you, or for your views on its funding schemes and application processes. Please first see: <http://www.medicalresearchscotland.org.uk/downloads/privacy.pdf> and then contact Medical Research Scotland (**email:** enquiries@medicalresearchscotland.org.uk) if you have any remaining questions about the protection of your personal data.

14 Declarations, Authorisations & Signatures

On behalf of the Administering Institution: By signing below, we:

- (i) agree to ensure that the work of this project will follow the guidance of the code of practice on confidentiality of personal health information which was issued by SODoH under cover of NHS Circular No 1990(GEN)22;
- (ii) agree to follow the guidelines set out by the Data Protection Act 1998 (see http://www.ico.gov.uk/for_organisations/data_protection.aspx);
- (iii) agree to ensure that all ethical approvals; all licences required to carry out procedures on animals; and all other relevant regulatory approvals required to conduct this project will be obtained and will be in force when any work requiring such approvals and licences is conducted;
- (iv) acknowledge that we have read the "*PhD Standard Conditions Applying to the Award of Medical Research Scotland Research Funding*" and agree to abide by them and any amendments which may subsequently be issued by Medical Research Scotland;
- (v) confirm that we, and all those providing personal information at Sections 1-3 above, have read and understood the Medical Research Scotland Data Protection Statement (see Section 13);
- (vi) confirm that to the best of our knowledge and belief the project described here represents the ideas, concepts and writings of us and the Company and is not a modification of projects submitted by others elsewhere;
- (vii) confirm that the Company has given permission for it to be cited on this application and that we will be solely responsible for the Company's involvement in the project and there will be no contractual relationship between Medical Research Scotland and the Company other than in respect of the protection and exploitation of the research as detailed below where we will be jointly and severally liable with the Company;
- (viii) agree to abide by the policy on ownership of Intellectual Property arising from the proposed research in accordance with Section 11 above;
- (ix) confirm that the several supervisors (including the Company Supervisor) have given permission for their names to be cited on this application;
- (x) confirm that this application has been reviewed and approved and that, if successful, the work will be accommodated in and administered by the Department/Division or equivalent (as named in Section 2 above and at 14b below) of the Administering Institution;
- (xi) confirm that the supervision and support provided to the student will conform to the requirements laid out by the Administering Institution's Code of Practice (or equivalent) for the supervision of PhD students;
- (xii) accept responsibility for the conduct of this project and funds awarded for it and shall immediately inform Medical Research Scotland if there is any indication of scientific misconduct or misuse of grant funds;
- (xiii) further acknowledge that the Intellectual Property Manager of the Administering Institution, whose details are noted below, has been made aware of the requirement for protection and exploitation of the research as set out in the *PhD Standard Conditions Applying to the Award of Medical Research Scotland Research Funding* and that any replacement Intellectual Property Managers from time to time will be similarly advised by us.

(14a) The Officer who will be responsible for administering any grant awarded must provide all the information requested and sign below (*original ink signature MUST be included in the printed hard copy sent by post*):.

Signature of Officer:

Date (*dd/mm/yyyy*):

Title and full name (**BLOCK CAPITALS**):

Position held:

Name of Department:

Tel No/Ext:

Fax No:

Email:

(14b) The Head of Department/Division (or Equivalent) in which the student will be accommodated must provide all the information requested and sign below (*original ink signature MUST be included in the printed hard copy sent by post*):.

Signature of Head of Department/Division or equivalent:

Date (*dd/mm/yyyy*):

Title and full name (**BLOCK CAPITALS**):

Position held:

Name of Department:

Tel No/Ext:

Email:

Full name of institution:

Address:

Postcode:

(14c) Intellectual Property Managers:

confirm that they are aware of the requirement for protection and exploitation of the research according to the *PhD Standard Conditions Applying to the Award of Medical Research Scotland Research Funding* and the policy on ownership of Intellectual Property arising from the proposed research in accordance with Section 11 above with respect to this application:

(i) For the Administering Institution

Provide all the information requested and sign (*original ink signature MUST be included in the printed hard copy sent by post*).

Signature:

Date (*dd/mm/yyyy*):

Title and full name (**BLOCK CAPITALS**):

Position held:

Name of Department:

Tel No/Ext:

Email:

(ii) For the Company:

By signature below we:

(i) agree to abide by the policy on ownership of Intellectual Property arising from the proposed research in accordance with Section 11 above;

(ii) agree to be bound by Conditions 15 and 17 and any related Conditions of the *PhD Standard Conditions Applying to the Award of Medical Research Scotland Research Funding* (in relation to

commercial, industrial and intellectual property, the commercial exploitation of results and in relation to confidentiality, dispute resolution etc);

(iii) confirm that we, and all those providing personal information at Sections 4 and 5 above, have read and understood the Medical Research Scotland Data Protection Statement (see Section 13);

(iii) undertake to provide supervision and support for the student that will conform to the requirements laid out by the Administering Institution's Code of Practice (or equivalent) for the supervision of PhD students;

(iv) undertake to accommodate the student and provide commercial training for the student, as agreed with the Administering Institution.

Signature of Director/Authorised Signatory: Provide all the information requested and sign (original ink signature *MUST* be included in the printed hard copy sent by post).

Date (dd/mm/yyyy):

Title and full name (**BLOCK CAPITALS**):

Position held:

Tel No/Ext:

Email:

(14d) Where the application requires the use of NHS facilities this application should also be submitted to the relevant NHS R&D Director ("NHS R&D Director") for approval.

The NHS R&D Director is required to complete and sign the following declaration:

By signing below, I confirm on behalf of my NHS Institution (as named below) that access to the NHS facilities shall be provided to the applicant as is required in terms of this application.

Signature of NHS R&D Director: Provide all the information requested and sign (original ink signature *MUST* be included in the printed hard copy sent by post).

Date (dd/mm/yyyy):

Title and full name (**BLOCK CAPITALS**):

Position held:

NHS Organisation:

NHS facilities (name and address):

Postcode:

Tel No/Ext:

Email:

Where applicable, the NHS R&D Director should also enter the amount of NHS support awarded to this project: £0.00