NIHR Newcastle Biomedical Research Centre Clinical Fellowship Application

DEADLINE FOR FULL APPLICATION: 27 MARCH 2018, 5pm SUBMIT COMPLETE FORMS TO: eleanor.lockhart@ncl.ac.uk

NOTE: Please refer to the guidance notes that accompany this application. In addition to this application form, we will also accept a <u>maximum of 3</u> supporting pages. These may include; letters of support from any collaborators outside the host institution and data to support the project if referenced in the application form.

PART 1: CONTACT DETAILS

Name of Applicant	
Contact Address	
Contact Telephone Number	
Email Address	
ORCID Number	
Organisation, Institute/Department where the project will take place	
Name of Lead Supervisor (1)	
Email Address of Lead Supervisor (1)	
Name of Supervisor (2)	
(if applicable) Name of Supervisor (3)	
(if applicable)	
Full title of project (Max 200 characters)	
Alternative 'short title' (Max 20 characters)	

Have you applied to any other funder in relation to this fellowship proposal?	Yes 🗌	No 🗌
If <u>yes</u> to the question above please give details feedback/outcome.	of the funder, status of t	he application and any

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PART 2: APPLICANT DETAILS

Full Name			
Title of Current Post			
Name and Address of Current Employer			
Name of Current Line Manager			
Name of Training Programme Director (only for medically or dentally qualified applicants if in specialist			
training) Expected end date of current post (if applicable)			
Have you applied to HEE for an out of Programme Experience for Research if required? (<i>if applicable</i>)	Yes	No 🗌	Not applicable
Current Salary Grade			
Current Basic Salary			
Date of Last Increment			
Source of salary support (please)	be specific if salary i	s funded from more	than one source)

Employmen	Employment History (most recent first)				
Date from	Date to	Position	Department	Organisation	

Higher Education/ Training				
Qualification/ Level	Subject	Organisation		

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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. (*Max 300 words*)

Publications. Include all relevant publications: include papers in press and those available electronically, but not papers in preparation or submitted.

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Prizes and Awards (Please include dates) Career breaks. Have you had any career breaks or periods of part time work? If yes, please provide details.

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PART 3: SUPERVISOR DETAILS

Lead Supervisor's Name	
Lead Supervisor's Current Position	
Lead Supervisor's Department/Institute	
Lead Supervisor's Res	earch Funding
Major project or program funding body, amount ar	nme grants held in the last three years . Please include dates, project title, nd year of award.
Lead Supervisor's Pub	
	f the 5 most significant, recent publications (within the last 3 years), al. These should be in refereed journals. Include title, authors, journal and

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Additional Supervisors' Contact Details

Supervisor 2 Name (if applicable)	
Supervisor 2 Email Address (<i>if applicable</i>)	
Supervisor 2 Institute/ Department (if applicable)	

Supervisor 3 Name (if applicable)	
Supervisor 3 Email Address (if applicable)	
Supervisor 3 Institute/ Department (if applicable)	

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PART 4: PROJECT DETAILS

Expert summary of project including the research questions/problems it will address (*Max 500 Words*)

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Please provide a brief summary of your research design plan including study population, any planned interventions, outcome measures, sample size and statistical validation. (*Max 500 Words*)

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Why is the research important in terms of benefit to patients and the NHS? (*Max 150 words*)

Please summarise the main aims and objectives (Max 150 words)

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PART 5: BRC OUTCOMES AND IMPACTS

Please check the BRC Theme(s) that your project relates to:						
Research Themes	Dementia		Liver Disease		Musculoskeletal Disease	
	Neuromuscular Disease		Skin & Oral Disease			
Cross-cutting Theme	Ageing Syndromes				-	

Please comment on how your project aligns to the aims of the NIHR Newcastle BRC, particularly in harnessing experimental medicine expertise in individual long-term conditions to advance the diagnosis, treatment and prevention of ageing syndromes. Please consider how your project will benefit patients by translating research and consider broader implications in ageing syndromes such as sarcopenia, frailty and multimorbidity. (*Max 500 Words*)

	-	
Does your project involve patient recruitment?	Yes 🗌	No 🗌
If <u>yes</u> please give details of the anticipated numb the study.	er of patients recruited	over the duration of

Description	Anticipated Completion Date

PART 6: PATIENT AND PUBLIC (PF	INVOL' PI/E)	VEMENT / I	ENGAG	EMENT
Were patients and the public actively involved in identifying the research topic or prioritising the research questions?		Yes		No
Were patients and the public actively involved in preparing this application?		Yes		No
If yes to either <u>or</u> both of these questions, please involvement has informed and/or influenced the patients and the public have been involved. (<i>Ma</i>	e develop	ment of the app		
If no to either <u>or</u> both of the previous quest involvement was not necessary or how you into (Max 150 words)				

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Please provide a <u>lay summary</u> of your project introducing the topic, research area, aims and proposed impacts. We will use this to promote and discuss the areas of research we support with patients and members of the public. (*Max 500 words*)

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PART 7: INTELLECTUAL	PROPERTY & INI	DUSTRY
As part of the application process it is essentia considered so it can be documented, tracked a and in any subsequent outcomes.		
Have you considered intellectual property in relation to this project?	Yes	□ No
If <u>yes</u> please describe what IP will be used and/ patents, designs, trademarks, etc.) (<i>Max 150 words</i>)	or generated (e.g. copyri	ight, research tools,

PLEASE NOTE THAT SUCCESSFUL APPLICANTS WILL BE REQUIRED TO DISCUSS IP WITH THE JOINT BUSINESS OFFICE AND SUBMIT AN ADDITIONAL FORM PRIOR TO THE FUNDING BEING AWARDED.

Will your project involve any links with Industry?	Yes		No
If <u>yes</u> please give the name of company and a b words)	rief description of the o	collabora	tion. (Max 100

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PART 8: RESEARCH COSTS – REQUESTED FROM THE BRC

The NIHR Newcastle BRC will provide funding for salary costs up to but not including NHS Consultant Level. Additionally, up to £15,000 per year of research funding will be awarded for tuition fees and any other running costs associated with the project.

It is expected that the lead supervisor will support the application and follow the usual University and/or NHS Trust costing and sign off pre-award processes.

Please complete the table below outlining your salary costs and any additional research running costs.

COST TABLE - RESEARCH FUNDING ALLOCATION (£)				
	YEAR 1	YEAR 2	YEAR 3	TOTAL
BASIC SALARY				
PHD TUITION FEES				
CONSUMABLES				
TRAVEL				
OTHER				
TOTAL				

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Please provide further information and a brief justification of the funding allocation you have detailed above. This should include which support staff provided the information on your salary and fees and a description of your running costs. (*Max 400 Words*)

My Project Proposal BH Reference Number			
Please note that we expect that a supervisor who would have the c and above the funding provided I include NHS service support and University.	apacity to ad by the NIHR N	equately support any ne lewcastle BRC. Addition	ecessary resource over al resource could
Are there any additional research associated with this project other fixed costs provided by the NIHR BRC?	r than the Newcastle	Yes	□ No
If <u>yes</u> then please state the amou the costs are. (Max 200 words)	nt (£), the sou	irce of funding and very	briefly describe what

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PART 9: CHECKLIST

Please review your application and check each item below to confirm. If you feel that a statement does not apply to your study please enter NA (not applicable). If you have any questions in relation to the checklist below please contact <u>eleanor.lockhart@ncl.ac.uk</u>

Item	Please check the box to confirm
All sections of the application form are complete	
You have prepared this application jointly with your lead supervisor	
You or your supervisor has discussed this proposal with the relevant NIHR Newcastle BRC theme lead(s)	
You have considered any additional funding required over and above this application	
This application has had adequate research support for costing, sign-off and approval with the NHS or University	
Any reliance on third party funding has been considered and agreements are in place or in preparation	
Appropriate commercial agreements with any industrial partner have been considered	
Application for Out of Programme Experience for Research submitted to Health Education England if required (medically qualified applicants only)	

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