



British Society of
Gerodontology

Research Award Application Form

Please refer to the Guidance for Applicants Document when completing this form.

Section 1:

Project Title:	
<i>Personal Details of Lead Applicant</i>	
Title (Miss, Mrs, Mx, Mr, Dr, etc.):	
Forenames (in full):	
Surname:	
Email address:	
GDC Number (if held)	
Corresponding Address:	
Phone number	
Academic Qualifications (including institution and year awarded)	
Current Employment Position:	
Employer:	
Employer' address:	
<i>Which academic department will support you with this research?</i>	
Address of Research Centre (if different from employer's address above)	
Please confirm that you are a paid-up member of BSG for the current year	YES NO

Section 2:

Co-applicants

This section is for secondary applicants who intend to work as joint project awardees, or to support the project in a supervisory or collaborative capacity. A minimum of one and a maximum of three co-applicants are allowed. Please duplicate the relevant fields of the below form for any additional co-applicants.

Co-applicant 1

Role of co-applicant

(e.g. supervisor, co-applicant, collaborator)

Forenames (in full):

Surname:

Email address:

Job Role:

Academic Unit / Institute:

Please detail background of this co-applicant and their intended role in the project.

Co-applicant 2

Role of co-applicant

(e.g., supervisor, co-applicant, collaborator)

Forenames (in full):

Surname:

Email address:

Job Role:

Academic Unit / Institute:

Please detail background of this co-applicant and their intended role in the project.

Section 3:

Lead applicant's brief employment history to include present employment
Please complete in date order, with most recent/current post first. Please add additional rows if necessary.

Place of work	Posts held	Dates of Post Held

Lead applicant's research aspirations
Please describe how you hope this small research award will benefit patients, you and your career development. Please include what research training/experience you hope to gain during the lifetime of this award, and from where? (A maximum of 400 words)

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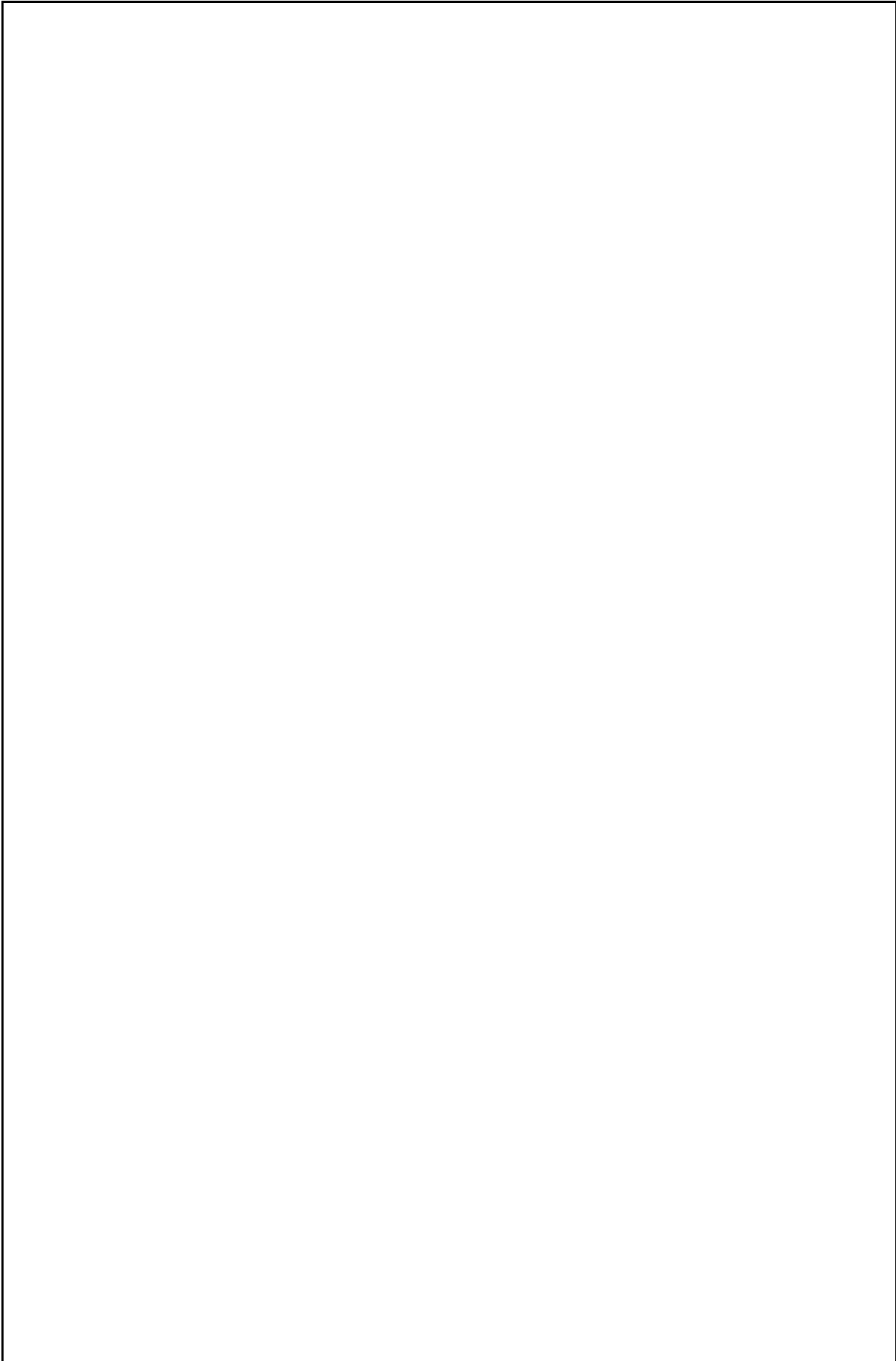
Section 4:

Details of research to be undertaken: (Maximum 3000 words)

Please provide a comprehensive over-view of your proposed research, including title of your project, the main research question and the aims and objectives. Briefly provide a short literature review as a background to the project, justify your study design and provide details of your proposed methods and materials, key milestones. Please explain the role of your collaborating team or co-applicants and how the research will benefit patients. Costings are requested in a later section.

Title of Project	
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Title of Project	



References (for research proposal)
Please give full citation

Project Timeline

Please include your proposed start and end-dates, the planned date of seeking ethical approval (if required) and they approximate dates of key stages of your anticipated progress.
These can be provided in text form or in the form of a GANNT chart.

Section 5:

Budget details:

The award is worth a maximum of £5,000

Please set out how you will spend the money and your justification for expenditure. Please note you must complete this section and detail all expenditure specifically (e.g., for a training event please detail the course fee, travel, subsidence, materials etc. separately). Please add or remove rows as necessary.

Item:	Justification for this item:	Amount (GBP)
	Initial Total:	
Host Institution:		
Finance Officer's Name:		
Finance Officer's Tel No:		
Finance Officer's Email:		

Supervisor/employer details

Title:		
Name:		
Address:		
Telephone No:		
Email:		
Signature:		Date:

By signing this form, the supervisor/employer confirms that the host institution can accommodate the applicant and that the terms and conditions including the financial arrangements can be met. The supervisor/employer is advised to consult with the head of the institution and with the appropriate finance officer to confirm their support of the application and the suitability of its content.

Please sign the form below prior to submission to confirm:

- 1) The accuracy of the details on the form.
- 2) Your agreement with the specifications of the *Guidance for Applicants* document.
- 3) That you have sought the approval of all co-applicants / supervisors and your host institution to submit this form and include their details within it.
- 4) You will seek ethical approval for your study if this is required.
- 5) You will provide quarterly updates to BSG about the progress of your study until its completion.
- 6) You will inform BSG if you are unable to complete the project and strive to return and remaining funds to BSG if this occurs for any reason.
- 7) You will acknowledge BSG and this award on any published or presented research in any forum or publication.

APPLICANT'S SIGNATURE:

DATE:

Please return completed forms by email to info@bsscd.org with the subject 'Research Award Application'

DATA PROTECTION STATEMENT

BSG will use information you provide for the purposes of assessing your application for the BSG Research Award, discussing the outcome of this award and, if successful, liaising with you and your institution regarding financial matters and the progress of the project. BSG is responsible for looking after your information and using it properly and will ensure this information is kept in a secure format, accessible only to those who need to review it such as members of the BSG Committee.