Logo, company name

Description automatically generatedA close up of a logo

Description automatically generated

**THE EVE APPEAL / NORTH WEST CANCER RESEARCH**

**OVARIAN CANCER FELLOWSHIP 2024**

**APPLICATION FORM**

**A. APPLICANT INFORMATION**

|  |
| --- |
| **Name:** |
| **Present Position and Title:** |
| **Salary band/grade:** |
| **Department:** |
| **Institution/Organisation:** |
| **Work address:** |
|  |
|  |
| **Home address:** |
|  |
|  |
|  |
| **Telephone (daytime):** |
| **Mobile:** |
| **E-mail:** |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Academic and Professional Qualifications**: | | | | |
| Academic institution | Qualification | Class | Subject | Year of award |
|  |  |  |  |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Current and Previous Grants or Fellowships:**  *(List should start with current award and read in reverse chronological order)* | | | | |
| Type of application: | Funding body: | Title of proposal: | Tenure/status: | Total sum awarded (£): |
|  |  |  |  |  |

|  |  |
| --- | --- |
| **Research Commitment:**  What is the balance of your research to clinical commitments/time for your post?  *NB: research commitment must be at least 50%* | |
| Research commitment % | % |
| Clinical commitment % | % |
| Please detail how your time is organised/allocated throughout the week, month or year to result in the percentage above, with your plan for protected research time. | |
|  | |

**B. INSTITUTIONAL LETTER OF REFERENCE**

Please give the names and contact details of referees below. Referee 1 has provided your institutional letter of reference and organisational support and should be someone who can legitimately authorise your use of your contracted hours for the fellowship (your Head of Department or Chief Executive). Referee 2 will be from your Clinical Director (both letters to be included with the application).

**Referee 1: Name of Head of Department that will host the Fellowship:**

|  |
| --- |
| **Name:** |
| **Position:** |
| **Institution/Organisation:** |
| **Work address:** |
|  |
|  |
|  |
| **Work telephone:** |
| **Work E-mail:** |

**Referee 2: Name of Clinical Director**

|  |
| --- |
| **Name:** |
| **Position:** |
| **Institution/Organisation:** |
| **Work address:** |
|  |
|  |
|  |
| **Work telephone:** |
| **Work email:** |

**C. STATEMENT OF PROFESSIONAL OBJECTIVES**

*Maximum 1000 words for each question.*

|  |
| --- |
| 1. **Please provide a statement describing why you are applying for the TEA/NWCR Ovarian Cancer Fellowship and how you think you would use your fellowship experience in your future career. Please refer to the Application Guidance for information on selection criteria.** |

|  |
| --- |
| 1. **Please describe your interest in prevention, early detection and/or screening in relation to ovarian cancer.** |

|  |
| --- |
| 1. **Please describe any professional accomplishments and/or experience that you feel best demonstrate your potential to take advantage of the TEA/NWCR Ovarian Cancer Fellowship.** |

|  |
| --- |
| 1. **Please share how you will engage with The Eve Appeal and North West Cancer Research during the Fellowship and beyond, and detail how your work will help to further the aims of the charities. Further detail on the aims of both charities are available on their websites:**   [**https://eveappeal.org.uk/**](https://eveappeal.org.uk/)[**https://www.nwcr.org/**](https://www.nwcr.org/) |

**D. THE PROJECT**

|  |
| --- |
| **Project Title:** |
| **Summary of Proposed Research (maximum 300 words)** |
| **Lay Summary of Proposed Research (maximum 300 words) – this summary must be suitable for the general public and should not use technical language. This is a key section of your application – guidance for writing lay summaries can be found** [**here**](https://www.hra.nhs.uk/planning-and-improving-research/best-practice/writing-plain-language-lay-summary-your-research-findings/)**.** |
| **Human and/or animal subjects – does this project involve human and/or patient samples or data and/or the use of animals? If yes, please complete the supplementary document Appendix A.** |

|  |
| --- |
| **Please outline the project that you would like to undertake during a fellowship (maximum four pages A4 including all figures and references).**  Use the following headings – (a) hypothesis and aims, (b) methodology, (c) analysis, (d) proposed outputs/impact (e) public/patient involvement plans and (f) references (these are not included in the word count and should be limited to 20). |

**E. FINANCIAL INFORMATION**

1. **Financial Information** *(NB: upper funding limit of £360,000 over three years)*.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Salary** | | | | | |
| **a) Percentage of salary costs requested:** | % | **Year 1 *(£)*** | **Year 2 *(£)*** | **Year 3 *(£)*** | **TOTAL *(£)*** |
| **b) Basic Salary** (basic salary including PAYE and employee’s NI): | |  |  |  |  |
| **c) London Allowance** (if applicable): | |  |  |  |  |
| **d) Superannuation and NI** (employer’s contribution): | |  |  |  |  |
| **SUB TOTAL:** | |  |  |  |  |

For additional salaries, please replicate table above.

**This is a draft budget – detailed figures will be requested from shortlisted candidates.**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Research expenses:** *(insert a separate page below if necessary)*  ***Please note we are not able to pay for VAT*** | | | | |
| **List items** (please give brief description) | **Year 1 *(£)*** | **Year 2 *(£)*** | **Year 3 *(£)*** | **TOTAL *(£)*** |
| **a) Materials and Consumables:** |  |  |  |  |
| **b) Equipment:** |  |  |  |  |
| **c) Travel and Subsistence:** |  |  |  |  |
| **d) Dissemination:** |  |  |  |  |
| **e) PPI:** |  |  |  |  |
| **f) Other:** |  |  |  |  |
| **SUB TOTAL:** |  |  |  |  |
| **TOTAL FUNDING REQUESTED (salaries plus expenses)** |  |  |  |  |

**F. DECLARATIONS AND SIGNATURES**

|  |  |  |
| --- | --- | --- |
| **Applicant**  I confirm that the information given on this form is complete and correct and that I shall be actively engaged in this research and responsible for its overall management. | | |
|  | **Signature of Applicant:** | |
| Signature………………………………………………………… | | Date……………………………………… |
| Full name in BLOCK CAPITALS: | |  |

|  |  |  |
| --- | --- | --- |
| **Head of Department responsible for administration of the Fellowship:**  I confirm that I have read and approve the above application. I confirm that the study referred to will take place in and be administered by this Department. | | |
|  | **Signature of Head of Department:** | |
| Signature………………………………………………………… | | Date……………………………………… |
| Full name in BLOCK CAPITALS: | |  |

|  |  |  |
| --- | --- | --- |
| **Officer responsible for administration of the Fellowship:**  I confirm that I have read and approve the above application. I confirm that the research referred to will take place in and be administered by this Institution. I also confirm that the costs quoted therein are in accordance with the normal practice of this Institution. | | |
|  | **Signature of Finance Officer/Bursar/Registrar:** | |
| Signature………………………………………………………… | | Date……………………………………… |
| Full name in BLOCK CAPITALS: | |  |

**Suggestions for possible reviewers**

Please provide the names, addresses and emails of **three people** who have suitable expertise to act as independent reviewers. These potential referees should not be in the same institution as, or have collaborated with the applicant within the last 2 years. The nomination of potential reviewers does not guarantee that they will be contacted. In addition, applicants may indicate individuals who should not be contacted with regard to the application.

|  |  |  |
| --- | --- | --- |
| **Name, Institution and Position** | **Contact email** | **Contact telephone** |
|  |  |  |
|  |  |  |
|  |  |  |

Please also attach:

* A full CV (two pages maximum)
* A list of published papers
* Two letters of support, as outlined above

Please email the completed form and attachments as one PDF document to Ms Vas James, Head of Programmes, The Eve Appeal, [vasanthi.james@eveappeal.org.uk](mailto:vasanthi.james@eveappeal.org.uk)

**Appendix A – Approvals**

The Eve Appeal and North West Cancer Research are members of the Association of Medical Research Charities (AMRC). We support the use of animal research where there is no alternative available and all research must follow the 3 Rs – replace, reduce and refine. For more information, please refer to the AMRC statement on the [use of animals in research](https://www.amrc.org.uk/position-statement-on-the-use-of-animals-in-research).

|  |  |  |
| --- | --- | --- |
| Does the project/trial involve the use of human participants or human tissue?  Note: Applicants whose proposed research involves the use of human tissue as specified in Human Tissue Act 2004 should confirm in their proposal that they will follow the relevant guidance issued by the Human Tissue Authority ([www.HTA.gov.uk](http://www.HTA.gov.uk)). | | YES  NO |
| If yes, please state in appropriate detail (and provide written evidence where relevant) any permission that you have and the title of the Research Ethics Committee that gave it. | | |
|  | | |
| Do you propose to use facilities within the NHS and/or does your research involve patients being cared for by the NHS? | | YES  NO |
| If yes: please confirm that your project/trial is in accordance with the principles of the Statement of Partnership on Non-commercial R&D in the NHS in England (or the corresponding statements in Northern Ireland, Scotland and Wales) | | |
|  | | |
| Which NHS provider(s) has (have) agreed to facilitate this research? | | |
|  | | |
| Does the proposal include the use of animals or animal tissue? | | YES  NO |
| If yes: does the proposal include procedures to be carried out on animals in the UK that require a Home Office licence? | | YES  NO |
| If yes: has the Home Secretary granted a Trial Licence, under the terms of the Animals (Scientific Procedures) Act 1986, authorising the proposed experiments? | | YES  NO |
| If yes: state the name and address of the licensee, the project licence reference numbers, date of issue and end date. | | |
|  | | |
| Do you, or any other researchers associated with the project/trial, hold a Personal Licence under the Animals (Scientific Procedures) Act 1986, permitting the procedures required for the research to be carried out? | | YES  NO |
|  | If yes: give Personal Licence Reference Number and the name of the Licence Holder. | |
|  | | |
|  | If no: has application been made for such a licence? | YES  NO |
|  | Please give a brief explanation, including the date when an application will be made. | |
|  | | |
| If your project involves the use of animals, what would be the severity of the procedures? Please provide details of any moderate or severe procedures (no more than 250 words) | | |
|  | | |
| Why is animal use necessary; are there any other possible approaches? (no more than 250 words) | | |
|  | | |
| Why is the species/model to be used the most appropriate? (no more than 250 words) | | |
|  | | |
| Please justify the number of animals to be used per experiment, including details of any sample size calculations and/or statistical advice sought. | | |
|  | | |