**BSSVD Research Award Application Form**

**Part A**

**1**

Surname of principal applicant: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of birth: \_\_\_\_\_\_\_\_\_\_\_\_\_

Forenames: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Surname of co-applicant(s): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(if applicable)

Forenames: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Title:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**2** Place where award would be held (*normally this will be the Department in which you are currently based):*

|  |  |  |
| --- | --- | --- |
| *Research and Development approval:* |  *Yes (Provide number)* |  *No* |
| *Ethical approval:* |  *Yes (Provide number)* |  *No* |
| Department: |  |  |
| Institution address: |  |  |

Tel:

Fax: E-mail:

**3** Name and title of Head of the above department (who has completed part B) Please complete this if different from 2, above:

Department: Institution address:

Tel:

Fax: E-mail:

**4** Have you previously been in receipt of financial support from the BSSVD? Yes/No

If yes, please give details of the grant awarded. Type of grant, date and amount.

**5** Title of Project on which grant will be used (*not more than 120 characters including spaces):*

**6** Applicant’s academic qualifications with year obtained and academic institution where appropriate:

**7** Postgraduate career including present employment (*in date order, earliest first):*

Place of work Post held Dates

**8** Details of present appointment: Grade:

**9** Evidence of interest in research (e.g. publications, scientific meetings attended, projects currently underway, career intentions etc)

**10** Purpose for which Award is requested

Aims, background of area of study and plan of investigation: (*word count not more than 2,500)*

**11** Amount requested

For laboratory equipment £

if specifically required for the project

*Specify item with written justification. Costs may include delivery but should exclude VAT, installation, maintenance and insurance. Applicants should ensure that the host institution has agreed to be responsible for these costs at their own expense.*

For consumables £

A detailed breakdown of the amount requested with a written justification should be

supplied. We will only cover direct research costs and will not reimburse for university or research institution overheads and infrastructure costs (e.g. heating, lighting, institute staff, advertising, secretarial, office expenses, library and publication charges etc)

**12** Supervisor

Department:

Institution address:

Tel:

Fax: E-mail:

Supervisor’s comment in support of the applicant and project:

**13** Names of Finance/Administrative Officer: Department:

Institution address:

Tel:

Fax: E-mail: Signature Date

**14** Acceptance of Regulations and conditions

I have read the Terms and conditions for the BSSVD Research Award and if my application is successful, I agree to abide by them

Signature of applicant: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**BSSVD Research Award Application Form**

**Part B**

Candidate’s name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(in full, surname first)

**Instructions to applicant.** Please pass this sheet to your present Head of Department to complete with request that he/she should forward it under separate cover to the BSSVD Honorary Secretary (see website for current email address)

**To Head of Department.** The above names candidate has applied for a BSSVD Research Award. Please let the Society have typewritten views on the followings:

1 Candidate’s scientific ability and suitability to receive the Award

2 Your assessment of the proposed work and its appropriateness to be carried out in your department

3

Name of Head of Department

Department: Institution address:

Tel:

Fax: E-mail:

I agree to the proposed work being performed in my department and if the application is successful will inform the Society of the name of the supervisor of the work prior to the grant being paid.

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_