



The Royal College of Emergency Medicine

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PhD FELLOWSHIP APPLICATION FORM

Name:

Contact Tel:

Email:

Ensure that you have used the correct form(s) for the level of application you wish to apply for. All aspects of your Application must be submitted in English.

Your completed application form should contain the following items. Please complete check boxes:

- A printed copy of the Application Form signed by the Applicant, Head of Department and Authorising Officer. Make it clear that this is the original form with signatures. Electronic signatures are acceptable from supervisors and mentors.

Notes:

- If you are saving on a CD or memory stick containing ALL sections of the application form saved in **WORD**.
- The forms are designed to be used on PCs using Microsoft programmes and may not be compatible with Macs.
- Name the file 'surname first name – RCEM 2023'.
- Label your CD or memory stick clearly
- **Do not** include any additional papers
- It is the applicant's responsibility to ensure that the CD or memory stick contains a completed form that can be read.

- Ensure your completed application is securely packaged for delivery. Incomplete or damaged applications will not be accepted.

For Office Use – Application

You **must** read the guidance notes before completing this form.

Excellence in Emergency Care

Incorporated by Royal Charter, 2008 VAT Reg. No: 173205823
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A4. Proposed Academic Host (Higher Education Institution)

Department

Institution

Proposed Employing Host (If different from above)

Department

Institution

A5. Short Title of Proposed Research (No more than 150 words)

| |
|--|
| |
|--|

A8. Fellowship Schedule

Proposed Start Date:

Proposed duration: _____ months

A9. Total Cost of Fellowship: _____ £

B3. Employment History

| Job Title | Institution | Start Date (dd/mm/yy) | End Date (dd/mm/yy) | Full-time or Part-time |
|-----------|-------------|--------------------------|------------------------|---------------------------|
| | | | | |

B4. Employment Breaks

| | Start Date (dd/mm/yy) | End Date (dd/mm/yy) |
|--|--------------------------|------------------------|
| | | |

B5. Nationality/Residency Requirements

What is your nationality?

Do you require or currently hold a working permit or visa?

The permit/visa must cover the duration of the Fellowship.

If yes, please give details:

B6. Higher Degrees

Are you registered for, or undertaking, a Masters level degree at the time of making this application?

What is the name of the degree?

Are you studying full or part time?

Start date

Completion date

At the time of making this application, how much work have you undertaken towards your Masters degree?

If you are undertaking an MPhil degree, is it the first phase of study towards gaining a PhD?

Are you registered for or undertaking a research doctorate (PhD/MD/DPhil) at the time of making this application?

If yes, what is the name of the degree?

What is the title of the programme of work?

Are you studying full or part time?

What was the date of registration for your research doctorate?

Give a brief account of the work you have undertaken towards your research doctorate degree to date. You are also required to complete Section M of the application form which should be signed by your primary supervisor.

B7. Research Experience

B8. Publications

Mark with an asterisk (*) the publication that you consider to be your best.

B9 Grants Obtained

SECTION C – Applicant’s Proposed Research

C1. Full Title of Proposed Research

C2. Abstract of Research

C3. MeSH Terms

C4. Research Methods

C5. Proposed Research (Page 1 of 4)
(please note this section is limited to 4 pages only)

C5. Proposed Research (Page 2 of 4)
(please note this section is limited to 4 pages only)

C5. Proposed Research (Page 3 of 4)
(please note this section is limited to 4 pages only)

C5. Proposed Research (Page 4 of 4)
(please note this section is limited to 4 pages only)

C6. References

C7. Cost of Proposed Research

Total of directly incurred and directly allocated costs of proposed research £

Itemise and provide total costs for proposed research under the following headings:

Directly Incurred Costs:

Salary Costs: (Fellow only) £

Training & Development:

Tuition Fees (Maximum contributions apply, please see guidance notes):

Short Courses:

Workshops:

Overseas Research Visit (1 visit over duration of award):

Conference Attendance (Maximum £3,000 over duration of award):

Research Costs Contribution:

Consumables/Materials (Project specific costs):

Equipment (IT capped at maximum of £750 excluding VAT):

Equipment (Research related excluding VAT):

Costs needed to support research:

Directly Allocated Costs:

Specialist Expert Staff Support Costs:

Research Facilities Costs:

NHS Service Support Costs

Where the proposed research draws on NHS facilities, will it incur service support costs? YES NO

If **YES** please state estimated costs of service support costs £

Has the cost of Service Support Costs been identified with help from the Comprehensive Local Research Network? YES NO

NHS Treatment Costs

Will the proposed research result in Treatment Costs for NHS provider(s)? YES NO

If YES, has the NHS provider agreed to meet these costs? YES NO

If **YES** please give details and include supporting letters with the application:

If **NO** please state why supporting letters are not available:

Clinical Trials

Are you intending to undertake a clinical trial?

If YES have you read the MRC "Good Practice Guidelines for Clinical Trials"?

If YES have you submitted an entry to the meta-registry for clinical trials?

C8. What collaborations do you intend to develop during the proposed research?

C9. How will consumers be involved in the research proposed?

SECTION D – Training & Development

D1. Proposed Formal Study

Qualification

Subject

Department

Institution

Qualification

Subject

Department

Institution

D2. Proposed Training and Development Programme

D3. Proposed Academic Department(s)

a)

Department

Head of Department

Institution

Address

Town/City

Postcode

Head of Department Telephone

Head of Department Email

**D4. Research Supervision
(a)**

Name of Supervisor

Institution

Position

Qualifications

Describe the supervisor's current research programme:

How does the proposed project fit the supervisor's current research programme?

Number of research students previously supervised:

Masters

Doctorate:

Number of research students currently supervised:

Masters

Doctorate:

How many hours supervision per week would be provided by this supervisor?

List three recent publications by the supervisor which are relevant to this application:

D4. Research Supervision

(b)

Name of Supervisor

Institution

Position

Qualifications

Describe the supervisor's current research programme:

How does the proposed project fit the supervisor's current research programme?

Number of research students previously supervised:

Masters

Doctorate:

Number of research students currently supervised:

Masters

Doctorate:

How many hours supervision per week would be provided by this supervisor?

List three recent publications by the supervisor which are relevant to this application:

SECTION F – Declarations & Authorisations

F1. Declarations

Has any work relevant to this proposal already commenced?

If yes, please give details:

F2. Ethical Considerations

Have you read “Research Governance Framework for Health and Social Care”?

Does the proposed research programme raise ethical issues?

If yes, please give details:

Does the research involve:

Experimentation on human participants?

The use of human tissue?

The use of biological samples?

If you answered yes to any of the above, please justify the use of human participants and the numbers involved and/or the nature and quantity of material to be used:

If human participants will be used, will there be equal numbers of male and female participants?

Does the programme involve the administration of drugs, chemical agents or vaccines to the participants?

Does the programme involve the use of personal information?

If yes, will the information be anonymous or anonymised?

Have the appropriate regulatory bodies granted the necessary approvals?

Please give details of any other ethical factors that the Department of Health should be aware of:

I confirm that I have secured all the necessary licences and approvals in relation to this research programme and will abide by the terms of those licences and approvals in the course of this programme:

F3. Signatures, Authorisations and Endorsements

Candidate:

I have read the Guidance Notes and agree to accept the process by which an application is assessed and agree to abide by the conditions under which an award may be granted. I understand that the application will be shared with members of the Expert Review Panel and sent for external peer review.

Name:

Signature:

Date:(dd/mm/yy)

Supervisor 1:

I have read this application and the Guidance Notes. I am willing to act as the applicant's academic supervisor for research and career development and agree to abide by the conditions under which an award may be granted.

Name:

Job Title:

Email Address:

Signature: (Electronic Signature Acceptable)

Date:(dd/mm/yy)

Supervisor 2:

I have read this application and the Guidance Notes. I am willing to act as the applicant's academic supervisor for research and career development and agree to abide by the conditions under which an award may be granted.

Name:

Job Title:

Email Address:

Signature: (Electronic Signature Acceptable)

Date:(dd/mm/yy)

Head of Department:

As Head of Department of the host employing institution in which this award will be based, I approve this application and will support the candidate's programme of research and training. The applicant is eligible for and capable of taking up this award. I confirm that the candidate will be eligible, for the duration of the award, to live and work in the UK.

Name:

Job Title:

Email Address:

Signature:

Date:(dd/mm/yy)

Research Contract Officer:

As Research Contract Officer of the host employing institution, I have read the Guidance Notes and Contract for the RCEM Fellowship Scheme.

I confirm that the host institution would be willing to accept an award according to the published terms and conditions of the NIHR Fellowship Contract.

Name:

Job Title:

Email Address:

Signature:

Date:(dd/mm/yy)