**THE JEAN SHANKS FOUNDATION & PATHOLOGICAL SOCIETY OF GREAT BRITAIN AND IRELAND (JSPS) CLINICAL LECTURER GRANT APPLICATION**

|  |
| --- |
| **Research project title** |

|  |
| --- |
| **Name of Applicant** |

|  |
| --- |
| **Department and Host Institution** |

|  |  |
| --- | --- |
| **Head of Department**  | **email** |

**Main Advisor / Mentor (if different from above)**

|  |  |  |
| --- | --- | --- |
| **Name** | **Organisation** | **Role** |
|  |  |  |

**Applicants academic qualifications**

|  |  |  |
| --- | --- | --- |
| **Qualification** | **Year obtained** | **Department and Institution** |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

**Current Position**

|  |  |  |
| --- | --- | --- |
| **Date** | **Job title** | **Institution** |
|  |  |  |

**Previous Positions held**

|  |  |  |
| --- | --- | --- |
| **Date** | **Job title** | **Institution** |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Number of first author publications** |  | **Number of senior author publications** |  | **Total number of publications** |  |

|  |
| --- |
| **Relevant publications supporting this application** *(maximum 15)* |

|  |
| --- |
| **Grants / Fellowships held within last 5 years:** |

|  |
| --- |
| **Research experience** *(Maximum 500 words***)** |

|  |
| --- |
| **Career ambitions***(Maximum 500 words)* |
|  |

|  |
| --- |
| **Clinical sessions – detail plans and justification for the 50% clinical work to be undertaken during your fellowship** *(Maximum 300 words)* |
|  |

|  |
| --- |
| **Project details** |

|  |
| --- |
| **Research abstract** *(Maximum 300 words)* |

|  |
| --- |
| **Lay abstract** *(Maximum 300 words)* |

|  |  |
| --- | --- |
| **Project duration and start date** |  |

**Costing summary**

|  |  |
| --- | --- |
| **Total salaries** |  |
| **Equipment** |  |
| **Running costs** |  |
| **Total requested** |  |

|  |
| --- |
| **Research proposal***(Maximum 8 pages, including figures and references – 11pt Arial* |
| **Hypothesis, background, aims and objectives, research plan** |

|  |  |
| --- | --- |
| **Does the project involve use of animals?** | **Yes/No** |

|  |
| --- |
| **Justification for use of animals including licence details and sample size calculations** |
|  |

|  |  |
| --- | --- |
| **Does the project use human tissues?** | **Yes/No** |

|  |
| --- |
| **Details of NRES ethical approval** |
|  |

|  |
| --- |
| **Timelines (Gantt. Chart) and potential problems***(Maximum 500 words)* |
|  |

|  |
| --- |
| **Financial details** |

**Staff details**

|  |  |
| --- | --- |
| **Post description** | **Total** |
|  |  |
|  |  |
|  |  |

**Running expenses**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Category** | **Yr1** | **Yr2** | **Yr3** | **Yr4** | **Total** |
|  |  |  |  |  |  |

**Summary**

|  |  |  |  |
| --- | --- | --- | --- |
| **Year** | **Staff costs** | **Running expenses** | **Total** |
| **1** |  |  |  |
| **2** |  |  |  |
| **3** |  |  |  |
| **4** |  |  |  |

|  |  |
| --- | --- |
| **Total costs applied for** |  |

|  |
| --- |
| **Justification of resource***(Maximum 500 words)* |
|  |

**Suggested reviewers**

*(Maximum of 3)*

|  |  |  |
| --- | --- | --- |
| **Name** | **Institution** | **Contact details address and email)** |
|  |  |  |
|  |  |  |
|  |  |  |

|  |  |
| --- | --- |
| **Please confirm the length of your membership of the Pathological Society** |  |

|  |  |
| --- | --- |
| **Checklist** |  |
| **Applicants cv****Mentor’s cv****Evidence of Department/Deanery support for the post, including 50% salary contribution from NHS**  |  |

**I have read the Regulations for the Jean Shanks/Pathological Society (JSPS) Clinical Lecturer Grant and, if my application is successful, I agree to abide by them.**

**Signature of Applicant:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Date:**  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |
| --- | --- |
| **Name of Head of School. Division or equivalent** |  |
| **Address:** |  |
| **Tel:** |  |
| **e-mail:** |  |
| **Signature: Date:** |  |

|  |  |
| --- | --- |
| **Name of Finance/Administrative Officer:** |  |
| **Address:** |  |
| **Tel:** |  |
| **e-mail:** |  |
| **Signature:** **Date:** |  |