

Vacation Scholarship 2017 Application Form [SAMPLE]



Please read the **Guidance Notes for the Vacation Scholarships** and also the **Standard Conditions Applying to the Award of Medical Research Scotland Funding BEFORE**, and refer to them during, completion of this Application Form.

For office use only:

Received:

Grant Ref No.: **Vac-** -

EVERY SECTION in the Application Form MUST be completed.

These awards provide promising undergraduates with hands-on experience of research related to human health, to be conducted in a Scottish Higher Education or recognised Research Institution (HE/RI) during the summer vacation, with the aim of encouraging them to consider a research career.

Scholarships are available for **six to eight weeks' work** and currently provide a student stipend of **£250 per week**, which will be paid **after** receipt, review and approval of a formal short Report of the work conducted.

Students must be at a University within the UK or Republic of Ireland, registered for a basic science, engineering, mathematics, medicine, dentistry or veterinary degree and must not have graduated by the time of completing their Vacation Scholarship Award.

Scholarships are not available for the completion of student projects that are part of the normal degree course, or for students wishing to undertake research in laboratories outside Scotland.

A student who has previously been supported by a Medical Research Scotland Vacation Scholarship may not apply for or be awarded a subsequent Medical Research Scotland Vacation Scholarship. Only one application is permitted per student and/or per Project Supervisor in any one academic year.

Please note that throughout, the term 'Supervisor' should be taken to mean intended Grantholder.

Completed applications must be submitted by the Project Supervisor, by email attachment **as an MS Word file** and sent to: applications@medicalresearchscotland.org before the deadline of **12 NOON on Thursday 26th January 2017**. You will receive an auto-reply acknowledgement of your email. Applications sent in a format other than MS Word will not be accepted.

A single hard copy of the completed Application Form, which includes all the necessary **original (not pp or electronic)** signatures, must **also** be sent **by signed-for courier, Registered or Guaranteed Delivery mail**, to: Katrina Muir, Trust Administrator, Turcan Connell, Princes Exchange, 1 Earl Grey Street, Edinburgh EH3 9EE, to be received **BEFORE 5pm on Tuesday 31st January 2017**. After the hard copy has been received and checked as being complete, a note of the Medical Research Scotland grant application reference number will be sent to the Supervisor by email. **PLEASE NOTE: Applications will not be accepted for consideration until a complete hard copy, incorporating all required original signatures, has been received and checked as being completed correctly and IN FULL.** Late, incomplete, or incorrectly-formatted applications will not be considered.

1. DETAILS OF STUDENT

Surname:		Date of Birth:	Age: 00
Title: Select	Forename(s):		
Email address:			
University/College (where an undergraduate):			
Type and title of Degree (e.g. BSc Biochemistry, MBChB):			
Date of matriculation:	Year of degree (at time of making application): Select		
Summary of university courses/modules taken and completed (with results and including any awards, prizes etc.). If previous degrees have been awarded, please provide the name of the institution and the subject, class and degree awarded.			
Academic Year	Subject(s)/Course(s)		Grade(s)

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2. OTHER APPLICATIONS

Please provide details of earlier and current or intended applications by the student for vacation research awards (refer to the Guidance Notes).

Year research (was/is to be) conducted	Funding body	Outcome
		Select
		Select
		Select
		Select

3. PROJECT SUPERVISOR AT THE HOST SCOTTISH INSTITUTION

3a: Surname:		Title: Select	
Forenames:			
3b: Title of current post:			
3c: With whom do you have your contract of employment?:			
3d: Source of salary support: Select If 'other' please specify:			
3e: Department Name:		Institution:	
Department Postal Address:		Address:	
Address:		Town:	Postcode:
Department Tel No(s):		Email address:	
3f: Have you supervised vacation scholars before? Select If 'yes,' how many times?: and who was/were the scholarship award funding body/ies?			
3g: Will a member of your laboratory, other than you, be providing close, day-to-day supervision of the student? Select			
3h: If 'yes' please provide the following details for that individual:			
Title: Select		Surname:	
Forenames:			
Title of current post:			
Department:		Institution:	
<p>If the proposed day-to-day supervisor is a PhD Student, please provide evidence that the named PhD student is adequately qualified and experienced to provide the necessary technical and supervisory support for the proposed Vacation Scholarship.</p> <p>Please include a) the year of the PhD Student (preferably not 1st year students); b) a list of any demonstrator/tutoring courses attended by the PhD Student; c) proficiency of the PhD Student in the necessary techniques; d) familiarity of the PhD Student with any necessary legislation associated with the research project; and e) the proposed frequency of meetings of the Vacation Scholar with the PhD Student and the frequency of meetings with the Project Supervisor; and f) any other supporting information.:</p>			

4. RESEARCH PROJECT

4a: Title (maximum 20 words): NB: This field is limited to 200 characters and spaces.

4b: Project Lay Summary: <i>This Lay Summary should be concise and written in plain English so that it is accessible to those with no medical or scientific background. It should include an indication of the aims and context of the project with respect to potential human health benefits. (Maximum 100 words – this field is limited to 1000 characters and spaces.)</i>	
4c: Duration (max 8 weeks) : Select	4d: Proposed starting date:

5. RESEARCH PROJECT IN DETAIL

Title: Please repeat what you entered at Section 4a above:
Description of the proposed project outlining the following (Maximum 500 words – these fields are limited to 5,000 characters and spaces in total.):
(i) Background to the project (~150 words):
(ii) Aims & Objectives. Any key hypotheses to be tested or questions asked. What you hope to achieve during the period of research (~100 words):
(iii) Experimental design and methods (~250 words):

6. TECHNIQUES/TRAINING

What techniques/training will the Scholarship provide? (Maximum 150 words – this field is limited to 1,500 characters and spaces.)

7. RELEVANCE TO PROJECT SUPERVISOR'S LABORATORY WORK

How does this research relate to work being carried out in the Project Supervisor's laboratory? (Maximum 100 words – this field is limited to 1,000 characters and spaces.)
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8. ETHICS & REGULATORY ISSUES

Please refer to the Guidance Notes
 The Host Institution must ensure that all necessary approvals and/or licences are obtained before any research requiring such approvals and/or licences is conducted.
 Please complete **EVERY** section of the following table, by selecting the appropriate response from the drop-down lists.

8a Will the proposed research involve the use of human participants or biological samples (excluding established cell/tissue lines)?	Select
8b Will the proposed research involve the use of personal and/or anonymised patient or other persons' data?	Select
8c Will the proposed research involve the use of live animals in or outside the UK?	Select
If 'yes', what species will be used?	
If 'yes' are they animals which are protected under UK law?	
If yes, please explain why animal use is necessary. Are there any other approaches? (Maximum of 250 words – this field is limited to 2500 characters.):	
If yes, please explain why the species/model to be used is the most appropriate. (Maximum of 250 words – this field is limited to 2500 characters.):	
If 'yes', how many animals will be used?	
If 'yes', please justify the number of animals to be used per experiment, including details of any sample size calculations and/or statistical advice sought:	
If 'yes', what would be the severity of the procedures?	
Please provide details of any moderate or severe procedures? (Maximum of 250 words – this field is	

<i>limited to 2500 characters.):</i>		
If yes, please describe how the proposed research has been designed to minimise experimental bias? (<i>Maximum of 250 words – this field is limited to 2500 characters.):</i>		
If 'yes', will any be genetically modified during the course of the proposed research?	Select	
If 'yes', will any previously genetically modified animals be used?	Select	
If 'yes', please explain and illustrate how the proposed research has been designed with consideration of the ' Responsibility in the Use of Animals in Bioscience Research ' and the National Centre for the Replacement, Refinement and Reduction of Animals in Research 3Rs (replacement, refinement and reduction):.		
8d Will the proposed research involve the use of animal tissues in or outside the UK? (<i>excluding established cell/tissue lines</i>)	Select	
(i) If 'yes', in what country will the research take place?		
(ii) If 'yes', from what species will the tissue be derived?		
(iii) If 'yes', from what organ/what tissue type (e.g. blood, neuronal tissue, kidney etc)?		
(iv) If 'yes', in what country will the tissue be obtained from the animals?		
(iv) If 'yes', what procedure will be carried out to obtain the tissue?:		
8e Indicate which ethical and regulatory approvals and/or licences are required for the proposed research and whether or not they have been obtained [complete all dropdowns]:		
Animal Welfare and Ethical Review Body (AWERB) Approval	Select	Select
Animal Licences (i) Personal for Project Supervisor	Select	Select
(ii) Personal for day-to-day Supervisor	Select	Select
(iii) Personal for Student	Select	Select
(v) Project	Select	Select
Ethical Approval (REC)	Select	Select
HSE Approval	Select	Select
MHRA Approval	Select	Select
HFEA Stem Cell Work Approval	Select	Select
Other bodies if applicable. Please specify:	Select	Select
Human Tissue Use: Confirm HTA Codes of Practice will be followed	Select	
Patient/Personal Data: Confirm Information Services Division Scotland guidelines (http://www.isdscotland.org/About-ISD/Confidentiality/) will be followed	Select	

9. EVALUATION OF STUDENT'S ACADEMIC PROGRESS & ACHIEVEMENTS

Brief evaluation of the student's undergraduate career. (<i>Maximum 150 words – this field is limited to 1,500 characters and spaces.</i>)	
Signature: <i>(Original signature to be included in the hard copy. Please do not attempt to sign or insert an electronic signature in the electronic version of the Application Form)</i>	Date:
Full Name (if not Project Supervisor) BLOCK CAPITALS:	
Job Title/Position (e.g. Adviser of Studies, Course Tutor etc.) with respect to evaluating student's progress & achievements:	
How long have you known the student?	

10. SUPPORTING INFORMATION (to be completed by the STUDENT)

10a: Please explain how your project fits with the objectives of Medical Research Scotland. (Maximum 100 words – this field is limited to 1,000 characters and spaces.)	
10b: Why do you wish to undertake this Vacation Scholarship and what are your current career intentions? (Maximum 150 words – this field is limited to 1,500 characters and spaces.)	
10c: Have you had any previous research experience?	Select
If 'yes', please describe (Maximum 100 words – this field is limited to 1,000 characters and spaces.)	
10d: By checking this box, the student confirms he/she has not previously been supported by a Medical Research Scotland Undergraduate Vacation Scholarship.	<input type="checkbox"/>
10e: By checking this box, the student confirms he/she has completed Section 10 in his/her own words.	<input type="checkbox"/>

11. CONTACT DETAILS for the person within the Host HE/RI who will be responsible for administering any award, if successful.

Title: Select	Surname:	Forename(s):
Full Postal Address:		
Telephone:	Email:	
Designation:		

12. UNDERTAKINGS & SIGNATURES

By signing below (and elsewhere above as applicable):

1. We confirm that, to the best of our knowledge, the information provided in this application is accurate and complete.
2. We have read the *Standard Conditions Applying to the Award of Medical Research Scotland Funding* (<http://www.medicalresearchscotland.org.uk/apply.htm>), which apply to research funding from Medical Research Scotland and, if a Vacation Scholarship Award is made, we agree to abide by them.
3. We confirm that all named supervisors are adequately experienced and willing to provide the necessary supervision, if a Vacation Scholarship Award is made.
4. We agree to ensure that all ethical approvals; all licences required to carry out procedures on animals; and all other relevant regulatory approvals required to conduct this project will be obtained and will be in force when any work requiring such approvals and licences is conducted.
5. We confirm that, if a Vacation Scholarship Award is made, we shall submit a formal short Report (on the appropriate form(s) (see: <http://www.medicalresearchscotland.org.uk/apply.htm>) on the work conducted **within one calendar month** of the agreed completion date of the Vacation Scholarship period.
6. We understand that, if an award is made, the Host Institution must issue an invoice within six (6) months of the agreed completion date of the Vacation Scholarship period and will not receive payment from Medical Research Scotland until AFTER the Vacation Scholarship Report has been received AND reviewed as being satisfactory.
7. We confirm that we, and all those providing personal information in this Application Form, have read and understood the following **Medical Research Scotland Data Protection Statement:**

Information that you supply to Medical Research Scotland in connection with this Application (which includes all information sent to Medical Research Scotland that relates to your application, or, in the event of an award, relates to that award) will be used to process your Application and for the purposes of audit and/or evaluation. It may also be disclosed to external peer reviewers, some of whom may be based outside the EEA. Your personal data will be stored by, or on behalf of, Medical Research Scotland

*Medical Research Scotland is the operational name of SHERT, the Scottish Hospital Endowments Research Trust.
Scottish Charity No. SC014959*

in accordance with the Data Protection Act 1998. Medical Research Scotland may publish basic details of successful awards (e.g. on its website or in its Annual Report) and/or anonymise your personal data for research and statistical purposes. Medical Research Scotland may also release details of successful awards (including your name and employing Institution, the project title and the scientific and lay summaries of the research) into the public domain (e.g. via the internet or via publicly accessible databases). Medical Research Scotland may contact you about other award schemes and initiatives that may be of interest to you, or for your views on its funding schemes and application processes. Please first see: <http://www.medicalresearchscotland.org.uk/downloads/privacy.pdf> and then contact Medical Research Scotland (**email:** enquiries@medicalresearchscotland.org.uk) if you have any remaining questions about the protection of your personal data.

<p>Full Name (BLOCK CAPITALS) & Signature of Student <i>(Original signature to be included in the hard copy.</i> <i>Please do not attempt to sign or insert an electronic signature in the electronic version of the Application Form)</i></p>		Date:
<p>Full Name (BLOCK CAPITALS) & Signature of Project Supervisor <i>(Original signature to be included in the hard copy.</i> <i>Please do not attempt to sign or insert an electronic signature in the electronic version of the Application Form)</i></p>		Date:
<p>Full Name (BLOCK CAPITALS) & Signature of Day-to-Day Supervisor <i>(Original signature to be included in the hard copy.</i> <i>Please do not attempt to sign or insert an electronic signature in the electronic version of the Application Form)</i></p>		Date:
<p>Full Name (BLOCK CAPITALS) & Signature of Head of Department <i>(Original signature to be included in the hard copy.</i> <i>Please do not attempt to sign or insert an electronic signature in the electronic version of the Application Form)</i></p>		Date:
For and on behalf of the Host Institution:		
<p>Full Name (BLOCK CAPITALS) & Signature of Secretary of Institution/Finance Officer <i>(Original signature to be included in the hard copy.</i> <i>Please do not attempt to sign or insert an electronic signature in the electronic version of the Application Form)</i></p>		Date:
POSITION/TITLE:	INSTITUTION:	