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| --- | --- |
| **Clinical PhD Studentship** | Several logos of various brands  Description automatically generated with medium confidence |
| **Application Form**  ***[September 2024]*** |
| **Please read the Guidance Notes for the Clinical PhD Studentship and also the *Clinical PhD Standard Conditions Applying to the Award of Medical Research Scotland Funding* BEFORE completing this Application Form.** | ***For official use only:***  Received:  Reference No.: **PhD-****-** |

The jointly funded Medical Research Scotland (MRS)-Royal College of Physicians and Surgeons of Glasgow (RCPSG) Clinical PhD StudentshipAwards are made to a Scottish University/Recognised Research Institution (the Administering Institution), for named supervisors and a named Clinical PhD Student to carry out the proposed programme of research. The proposed named Clinical PhD student must have been awarded their undergraduate medical or dentistry degree and must have completed their foundation training. It is expected that the proposed student will be at an early stage of their clinical medical, surgical or dentistry career and will be undertaking their specialist training, but applications where the proposed student is at a later stage of their career are welcome (see Guidance Notes for eligibility criteria).

The Clinical PhD Studentships are to support the delivery of a full-time first-class, three-year PhD Studentship programme incorporating academic and clinical research training tailored to research into any matters relating to the causation, prevention, diagnosis or treatment of illness or to the development of medical or surgical appliances, including hearing aids that is clinical or patient focussed.

The appointed Clinical PhD student should not undertake any routine NHS clinical work unless it forms an integral part of their MRS-RCPSG Clinical PhD project. Any such clinical work undertaken during the PhD must be approved by MRS and RCPSG

**Please note**: A supervisor is not normally allowed to hold more than one Medical Research Scotland funded PhD Studentship (clinical or non-clinical) at a time as Principal Supervisor. However, they are permitted to make an application as Principal Supervisor for an award that will commence immediately after the planned completion date of a currently held award. A Principal Supervisor may be a Second (or additional) Supervisor on different Studentships at the same time, and a Supervisor may be a Second (or additional) Supervisor for more than one Studentship at the same time.

Applications which include a proposed student who has current affiliation with the RCPSG are particularly welcome, though this is not a requirement.

**All sections of the form (unless stated as being ‘optional’) MUST be completed in full. Your application may not be considered if any of the information is missing or if you have failed to include any required documents or signatures.** It is your responsibility to ensure that your application (in both hard-copy and electronic formats) is completed correctly AND IN FULL before submission.

The application must be submitted as a single pdf, including the Appendix Form for a supporting image/table, if applicable. The Application Form must EITHER be printed, signed, scanned and saved as a pdf OR the Word document can be converted to pdf and electronically signed. The final pdf should be emailed as an attachment to [applications@medicalresearchscotland.org](mailto:applications@medicalresearchscotland.org). No additional documents, other than the combined Application Form and Appendix Form should be included.

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**1.** **Administering Institution Details**

|  |  |  |
| --- | --- | --- |
| Title of Institution: | | |
| Full Postal Address: | | |
|  | | |
|  | Town: | Postcode: |
| Tel No: | Email: | |

**2. Principal Supervisor from Administering Institution Details**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Surname: | | | Forename(s): | | |
| Title: | Position held: | | | | |
| University/Research Institution in which the student will matriculate: | | | | | |
| Department in which the research will be carried out: | | | | | |
| Address: | | | | Address: | |
| Address: | | | | Town: | |
| Postcode: | | | | Tel No: | |
| Alternative Tel No (optional): | | | | Email: | |
| Date employment commenced (dd/mm/yyyy): | | | | End of contract date (*if applicable*) (dd/mm/yyyy) or state ‘permanent’: | |
| Has the Principal Supervisor directly supervised a PhD student to successful completion before? | | | | | |
| Please indicate number: | | as First Supervisor: | | | as Second Supervisor: |
| If less than 2 students have been supervised to successful completion as Principal Supervisor, please provide details of mentoring provisions to be provided for the proposed Principal Supervisor (in light of their limited Principal Supervisory experience). Enter ‘Not applicable’ if this does not apply. *(This field is limited to 2000 characters.)*: | | | | | |
| How many other PhD students does the Principal Supervisor anticipate they will be supervising while the proposed Clinical PhD Studentship, if awarded, will be active? | | | | | |
| List research training activities (other than student supervision) in which the Principal Supervisor has been involved (e.g. membership of postgraduate studies committees, thesis committees, studentship grant committees), including dates/duration if applicable. *(This field is limited to 2000 characters.)*: | | | | | |
| What, specifically, is the Principal Supervisor able to bring to the proposed Clinical PhD Studentship (e.g. specialist knowledge, experimental research protocols, clinical research experience, supervisory expertise)? *(This field is limited to 2000 characters.)*: | | | | | |
| Provide the reference(s) of up to 5 papers of relevance to the proposed project which have been authored by the Principal Supervisor: | | | | | |

**3. Second Supervisor from Administering Institution Details**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Surname: | | | Forename(s): | |
| Title: | Position held: | | | |
| University/Research Institution: | | | | |
| Department: | | | | |
| Address: | | | Address: | |
| Address: | | | Town: | |
| Postcode: | | | Tel No: | |
| Alternative Tel No (optional): | | | Email Address: | |
| Date employment commenced (dd/mm/yyyy): | | | End of contract date (*if applicable*) (dd/mm/yyyy) or state ‘permanent’: | |
| Has the Second Supervisor directly supervised a PhD student to successful completion, as Principal or Second Supervisor, before? | | | | |
| Please indicate number: | | as First supervisor: | | as Second supervisor: |
| If less than 2 students have been supervised to successful completion as Principal or Second Supervisor, please provide details of mentoring provisions to be provided for the proposed Second Supervisor (in light of their limited supervisory experience). Enter ‘Not applicable’ if this does not apply. *(This field is limited to 2000 characters.)*: | | | | |
| How many other PhD students does the Second Supervisor anticipate they will be supervising while the proposed Clinical PhD Studentship, if awarded, will be active?: | | | | |
| What, specifically, is the Second Supervisor able to bring to the proposed collaboration (e.g. specialist knowledge, experimental research protocols, clinical research experience, supervisory expertise)? (*This field is limited to 2000 characters.*): | | | | |
| Provide the reference(s) of up to 5 papers of relevance to the proposed project which have been authored by the Second Supervisor: | | | | |

**4. Additional Supervisor Details**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Please select whether you wish to add an additional supervisor from the Administering Institution or another research institution? *(If ‘Yes’, please complete Section 4, if ‘No’, please proceed to Section 6)* | | | | |  |
| Surname: | | | Forename(s): | | |
| Title: | Position held: | | | | |
| University/Research Institution: | | | | | |
| Department: | | | | | |
| Address: | | | Address: | | |
| Address: | | | Town: | | |
| Postcode: | | | Tel No: | | |
| Alternative Tel No (optional): | | | Email Address: | | |
| Date employment commenced (dd/mm/yyyy): | | | End of contract date (*if applicable*) (dd/mm/yyyy) or state ‘permanent’: | | |
| Has the Additional Supervisor directly supervised a PhD student to successful completion, as Principal or Second Supervisor, before? | | | | | |
| Please indicate number: | | as First supervisor: | | as Second supervisor: | |
| If less than 2 students have been supervised to successful completion as Principal or Second Supervisor, please provide details of mentoring provisions to be provided for the proposed Additional Supervisor (in light of their limited supervisory experience). Enter ‘Not applicable’ if this does not apply. *(This field is limited to 2000 characters.)*: | | | | | |
| How many other PhD students does the Additional Supervisor anticipate they will be supervising while the proposed Clinical PhD Studentship, if awarded, will be active?: | | | | | |
| What, specifically, is the Additional Supervisor able to bring to the proposed collaboration (e.g. specialist knowledge, experimental research protocols, clinical research experience, supervisory expertise)? (*This field is limited to 2000 characters.*): | | | | | |
| Provide the reference(s) of up to 5 papers of relevance to the proposed project which have been authored by the Second Supervisor: | | | | | |

**5. Additional Supervisor Details**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Please select whether you wish to add an additional supervisor from the Administering Institution or another research institution? *(If ‘Yes’, please complete Section 5, if ‘No’, please proceed to Section 6)* | | | | |  |
| Surname: | | | Forename(s): | | |
| Title: | Position held: | | | | |
| University/Research Institution: | | | | | |
| Department: | | | | | |
| Address: | | | Address: | | |
| Address: | | | Town: | | |
| Postcode: | | | Tel No: | | |
| Alternative Tel No (optional): | | | Email Address: | | |
| Date employment commenced (dd/mm/yyyy): | | | End of contract date (*if applicable*) (dd/mm/yyyy) or state ‘permanent’: | | |
| Has the Additional Supervisor directly supervised a PhD student to successful completion, as Principal or Second Supervisor, before? | | | | | |
| Please indicate number: | | as First supervisor: | | as Second supervisor: | |
| If less than 2 students have been supervised to successful completion as Principal or Second Supervisor, please provide details of mentoring provisions to be provided for the proposed Additional Supervisor (in light of their limited supervisory experience). Enter ‘Not applicable’ if this does not apply. *(This field is limited to 2000 characters.)*: | | | | | |
| How many other PhD students does the Additional Supervisor anticipate they will be supervising while the proposed Clinical PhD Studentship, if awarded, will be active?: | | | | | |
| What, specifically, is the Additional Supervisor able to bring to the proposed collaboration (e.g. specialist knowledge, experimental research protocols, clinical research experience, supervisory expertise)? (*This field is limited to 2000 characters.*): | | | | | |
| Provide the reference(s) of up to 5 papers of relevance to the proposed project which have been authored by the Second Supervisor: | | | | | |

**6. Clinical PhD Student Details**

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Surname: | | | | Forename(s): | | | | | |
| Title: | | | | Email: | | | | | |
| Tel No | | | | Alternative Tel No (optional): | | | | | |
| Clinical Specialism: | | | | NTN number: | | | | | |
| Date specialist training commenced (dd/mm/yyyy): | | | | Date specialist training currently expected to end (dd/mm/yyyy): | | | | | |
| **Academic and Higher Professional Qualifications (starting with the most recent)** | | | | | | | | | |
| Academic Institution | Qualification | | | Class | Subject | | | | Year of Award |
|  |  | | |  |  | | | |  |
| **Postgraduate Career, including present employment (starting with the most recent)** | | | | | | | | | |
| Place of work | | | Post held | | | From | | To | |
|  | | |  | | |  | |  | |
| **Current Pay Scale Name** (e.g. Speciality registrar (fixed term): | | | | | | | | | |
| **Current point/band on pay scale:** | | **Date of next anticipate incremental point/band pay increase:** | | | | | | | |
| **Are you currently affiliated with the Royal College of Physicians and Surgeons of Glasgow** | | | | | | |  | | |
| **If ‘Yes’, in what capacity?:** | | | | | | | | | |
| **Provided details of affiliations with other professional body membership (eg Royal Colleges, other professional organisations):** | | | | | | | | | |
| **Do you anticipate carrying out clinical work while undertaking the proposed Clinical PhD Studentship?** | | | | | | |  | | |
| **If ‘Yes’, please provide details. It is expected that the clinical work will relate to the research proposed in this application.:** | | | | | | | | | |
| **Research Experience to Date** (include details of research experience, training, skills) *(This field is limited to 2000 characters.)*: | | | | | | | | | |
| **Evidence the proposed student has the potential to successfully carry out the proposed Clinical PhD Studentship project** *(This field is limited to 2000 characters.)*: | | | | | | | | | |
| **What are the proposed student’s current career aspirations?** *(This field is limited to 6000 characters.)*: | | | | | | | | | |
| **How will the proposed Clinical PhD Studentship help achieve their career aspirations?** *(This field is limited to 3000 characters.)*: | | | | | | | | | |

**7. Total Financial Support requested from Medical Research Scotland**

**\*NOTE:**  Please see the Guidance Notes for information on the level of Clinical PhD Student’s salary, fees & research expenses which Medical Research Scotland will provide.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | **2024-25** | **2025-26** | **2026-27** | **TOTAL** |
| Clinical PhD Student’s Salary | £ | £ | £ | £ |
| Fees\* | £ | £ | £ | **£** |
| Research Expenses | £ | £ | £ | **£** |
| Travel | £750 | £750 | £750 | **£2,250** |
| **TOTAL** | **£** | **£** | **£** | **£** |

**8. Research Project Details**

|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **8a: Project Title:** *(This field is limited to 250 characters.)*: | | | | | | | | | | | |
| **8b: Key Words:** Please supply up to 5 for the proposed project – enter one into each field. | | | | | | | | | | | |
|  |  | | |  |  | | |  | | | |
| **8c: Disease Profile of Project:**Using a scale of 1 to 5, please indicate which of the following will be the main health focus of the proposed research conditions, where 1 is the main focus and 2-5 are subsidiary health foci. | | | | | | | | | | | |
| Alzheimer’s disease | |  | Cancer | | |  | Cardiovascular conditions | | | |  |
| Care of the Elderly | |  | Cerebrovascular conditions and stroke | | |  | Congenital disorders | | | |  |
| Dermatological conditions | |  | Diabetes | | |  | Generic health relevance | | | |  |
| Haematological conditions | |  | Infectious diseases | | |  | Inflammatory diseases and the immune system, other that rheumatoid arthritis | | | |  |
| Injuries and accidents | |  | Kidney disease | | |  | Mental health | | | |  |
| Metabolic or endocrine conditions other than diabetes | |  | Multiple sclerosis | | |  | Musculoskeletal conditions other than arthritis | | | |  |
| Neurological conditions other than Alzheimer’s disease and Parkinson’s disease | |  | Ophthalmology | | |  | Oral and gastrointestinal conditions | | | |  |
| Otology and audiology | |  | Parkinson’s disease | | |  | Reproductive health and childbirth | | | |  |
| Osteoarthritis | |  | Respiratory conditions | | |  | Rheumatoid arthritis | | | |  |
| Urogenital conditions | |  | Other conditions | | |  |  | | | |  |
| Please specify ‘Other conditions’: | | | | | | | | | | | |
| **8d: Other Submissions:**Has the proposed project been submitted, or is it going to be submitted, to another funding body?:  If ’Yes’, provide the following information for each submission: funding body, date of submission, date outcome known, outcome *(if known)*: | | | | | | | | | | | |
| **8e: Lay Summary:** This should describe succinctly the aims of the proposed research, how the investigation will be carried out and the results expected. The potential value to human health should also be explained. This summary should be written in **plain English**, technical and scientific terminology and jargon should be avoided, or explained in lay man’s terms. **Medical Research Scotland distributes publicity material, including online publication, on work it has supported, which includes the Lay Summary and details of awardees.** *(This field is limited to 1500 characters.)*: | | | | | | | | | | | |
| How does the proposed project comply with the ***aims of Medical Research Scotland***? *(This field is limited to 1000 characters.)*: | | | | | | | | | | | |
| **8f: Start Date**: Medical Research Scotland and the Royal College of Physicians and Surgeons of Glasgow expects the student appointed to the position will start the Clinical PhD Studentship in August of the academic year following the offer of a Clinical PhD Studentship Award. Please confirm that this will be the case.  If ‘No’, explain why and provide an anticipated start date, which should be no more than 4 months later than the expected August start date. Awards starting more than 4 months after the expected August start date may be forfeited. | | | | | | | | |  | | |
| **8g: Detailed Project Description** – Please use the following headings: | | | | | | | | | | | |
| *Background* to the Proposed Project *(This field is limited to 2500 characters.)*: | | | | | | | | | | | |
| *Aims and Objectives* *(This field is limited to 2500 characters.):* | | | | | | | | | | | |
| *Experimental Design and Methods* *(This field is limited to 5000 characters.):* | | | | | | | | | | | |
| *Statistical Information (This field is limited to 1500 characters.):* | | | | | | | | | | | |
| *Brief Outline of Timetable of the Work (please use bullet points)* *(This field is limited to 1000 characters.)*: | | | | | | | | | | | |
| *References:* | | | | | | | | | | | |
| Your written description may, *if essential*, be augmented by the inclusion of an image or table, inserted into the separate Appendix Form, available at <https://medicalresearchscotland.org.uk/mrs-rcpsg-clinical-phd-studentships/>. Please check this box if you **are** including an Appendix Form. | | | | | | | | | |  | |

**9. ETHICS & REGULATORY ISSUES**

Please refer to the Guidance Notes.

The Administering 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.

|  |  |  |
| --- | --- | --- |
| **9a**  Will the proposed research involve the use of human participants? | |  |
| **9b**  Will the proposed research involve the use of human biological samples (*excluding established cell/tissue lines*)? | |  |
| **9c** Will the proposed research involve the use of personal and/or anonymised data (eg patient, study participant or public)? | |  |
| **9d**  Will the proposed research involve the use of live animals in or outside the UK? |  | |
| (i) If ‘yes’, in what country(ies) will the research take place? | |  |
| (ii) If ‘yes’, from what country(ies) will the animals be sourced? | |  |
| (iii) If ‘yes’, what species will be used? | |  |
| (iv) If ‘yes’ are they animals which are protected under UK law? | |  |
| (v) If yes, please explain why animal use is necessary. Are there any other approaches? (*This field is limited to 500 characters.):* | | |
| (vi) If yes, please explain why the species/model to be used is the most appropriate. (*This field is limited to 500 characters.):* | | |
| (vii) If ‘yes’, how many animals will be used? | |  |
| (viii) 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. (*This field is limited to 1500 characters.)*: | | |
| (ix) If ‘yes’, what would be the severity of the procedures? | |  |
| (x) Please provide details of any moderate or severe procedures? (*This field is limited to 1000 characters.):* | | |
| (xi) If ‘yes’, will any be genetically modified during the course of the proposed research? | |  |
| (xii) If ‘yes’, will any previously genetically modified animals be used? | |  |
| (xiii) If ‘yes’, please explain and illustrate how the ‘[Responsibility in the Use of Animals in Bioscience Research](http://www.nc3rs.org.uk/responsibility-use-animals-bioscience-research)’ and the National Centre for the Replacement, Refinement and Reduction of Animals in Research 3Rs (replacement, refinement and reduction) have been considered in the design of the proposed study: | | |
| **9e** Will the proposed research involve the use of animal tissues in or outside the UK? (*excluding established cell/tissue lines)* |  | |
| (i) If ‘yes’, in what country(ies) will the research take place? |  | |
| (ii) If ‘yes’, from what country(ies) will the animal tissue be sourced? |  | |
| (iii) If ‘yes’, from what species will the tissue be derived? |  | |
| (iv) If ‘yes’, from what organ/what tissue type (e.g. blood, neuronal tissue, kidney etc)? |  | |
| (v) If ‘yes’, what procedure will be carried out to obtain the tissue?: | | |
| **9f** 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 |  |  |
| Animal Licences (i) Personal for Principal Supervisor |  |  |
| (ii) Personal for Second Supervisor |  |  |
| (iii) Personal for Student |  |  |
| (v) Project |  |  |
| Appropriate Research Ethics Committee (REC) |  |  |
| Health and Safety Executive (HSE) Approval |  |  |
| Medicines and Healthcare Products Regulatory Agency (MHRA) Approval |  |  |
| Human Fertilisation and Embryology Authority (HFEA) Stem Cell Work Approval |  |  |
| Other bodies if applicable. Please specify: |  |  |
| Human Tissue Use: Confirm Human Tissue Act Codes of Practice will be followed | |  |
| Personal and/or Anonymised Data: Confirm Information Services Division Scotland guidelines (<http://www.isdscotland.org/About-ISD/Confidentiality/>) will be followed | |  |

**10. Research and Training Provisions**

|  |  |  |  |
| --- | --- | --- | --- |
| Location(s) where the research and training will take place. Provide a summary of the research environment(s), including special facilities and available expertise of relevance to the project. *(These fields are limited to 1500 characters.)* | | | |
| Location 1 Name:  Description of facilities/environment: | | | |
| Location 2 Name:  Description of facilities/environment: | | | |
| Location 3:  Description of facilities/environment: | | | |
| Enter below the percentage of student time anticipated to be spent at each location. | | | |
| % Time at Location 1: | % Time at Location 2: | % Time at Location 3: | |
| Does the Administering Institution have a Clinical Research Fellow’s training programme in which the clinical student will be able to partake? If yes, please include details directly below. | | |  |
| List the research and generic/transferable skills training to be provided by the Administering Institution. *(This field is limited to 1500 characters.)*: | | | |
| Outline (using bullet points) how the student’s progress will be supervised. *(This field is limited to 1000 characters.)*: | | | |
| Outline (using bullet points) how student progress will be assessed. *(This field is limited to 1000 characters.)*: | | | |

**11. Collaboration Details**

|  |  |
| --- | --- |
| Does the proposed research depend on any additional collaboration(s) other thanany pre-existing within the Academic Institution? |  |
| If ‘Yes’, please outline the extent and nature of the contribution and provide brief details of the organisation(s)/individual(s) whose collaboration is necessary. *(This field is limited to 1000 characters.):* | |
| Written, signed letters of consent for any and all collaboration(s) required with additional parties **must accompany this application**. If applicable to this application, check the box to confirm that copies are included with this Application Form. |  |

**12. Intellectual Property & Publication**

|  |  |  |
| --- | --- | --- |
| Is the proposed research likely to lead to patentable or commercially exploitable results?: |  | |
| If not, please explain why not: | | |
| All named supervisors and the named student must ensure they are familiar with the strategy for the identification, protection and exploitation of all intellectual property in place at the Administering Institution before submitting this application. Please confirm they are familiar with the Administering Institution’s strategy and that it will be followed. |  | |
| Will there be any restrictions on publication of the student’s research findings? | |  |
| If ‘Yes’, what are they and why are they required? *(This field is limited to 500 characters.)*: | | |
| If ‘Yes’, what will be the maximum time delay for publication of the student’s research findings? | |  |
| If the maximum delay for publication will be more than 3 months, please justify the delay delay. *(This field is limited to 500 characters.)*: | | |
| How and when will the student’s research findings be able to be published? *(This field is limited to 500 characters.)*: | | |

**11. Previous Medical Research Scotland Awards**

|  |
| --- |
| Please provide details of any current or previous Medical Research Scotland (or SHERT) awards that ***any*** of the Supervisors have received (including Surname, Project Title, year of award and, if possible, Grant Reference No.): |

**14 Declarations, Authorisations & Signatures**

**On behalf of the Administering Institution:** By signing below, we:

(i) agree to ensure that the work of this project will follow the guidance of the code of practice on confidentiality of personal health information which was issued by SODoH under cover of NHS Circular No 1990(GEN)22;

(ii) agree to follow the requirements of the Data Protection Act 2018; the UK GDPR as defined by section 3(10) of the Data Protection Act 2018; the Privacy and Electronic Communications (EC Directive) Regulations 2003; and all other UK legislation applicable to the privacy of personal

(iii) confirm that we have read the **Guidance Notes** for this research programme which constitute part of the conditions of this award, which we agree to abide by;

(iv) 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;

(v) acknowledge that we have read the "***Clinical PhD Standard Conditions Applying to the Award of Medical Research Scotland Research Funding***" and agree to abide by them and any amendments which may subsequently be issued by Medical Research Scotland;

(vi) confirm that we, and all those providing personal information in this application form, have read and understood [Medical Research Scotland’s Privacy Policy](https://medicalresearchscotland.org.uk/privacy-policy/) and the [Royal College of Physicians and Surgeons of Glasgow’s Privacy Policy](https://rcpsg.ac.uk/help/privacy-policy);

(vi) confirm that to the best of our knowledge and belief the project described here represents the **ideas,** **concepts and writings of us** and the named Clinical PhD Student and is not a modification of projects submitted by others elsewhere;

(vii) confirm that the named Clinical PhD Student has given permission for them to be cited on this application and that **we will be solely responsible** for their involvement in the project and there will be no contractual relationship between Medical Research Scotland or the Royal College of Physicians and Surgeons Glasgow and the named Clinical PhD Student;

(ix) confirm that the several supervisors have given permission for their names to be cited on this application;

(x) confirm that this application has been reviewed and approved and that, if successful, the work will be accommodated in and administered by the Department/Division or equivalent (as named in Section 2 above and at 14b below) of the Administering Institution;

(xi) confirm that the supervision and support provided to the Clinical PhD student will conform to the requirements laid out by the Administering Institution’s Code of Practice (or equivalent) for the supervision of PhD students;

(xii) accept responsibility for the conduct of this project and funds awarded for it and shall immediately inform Medical Research Scotland if there is any indication of scientific misconduct or misuse of grant funds;

**(14a) The Finance Officer who will be responsible for administering any grant that may be awarded must provide all the information requested and sign below:**

**Signature of Finance Officer**:

Date *(dd/mm/yyyy)*:

Title and full name **(BLOCK CAPITALS)**:

Position held:

Name of Department:

Full Name of Institution:

Tel No/Ext:

Email:

\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*

**(14b) The Head of Department/Division (or Equivalent) in which the Clinical PhD student will be accommodated must provide all the information requested and sign below:**

**Signature of Head of Department/Division or equivalent**:

Date *(dd/mm/yyyy)*:

Title and full name **(BLOCK CAPITALS)**:

Position held:

Name of Department:

Full name of Institution:

Tel No/Ext:

Email:

\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*

**(14c) Administering Institution Signatory** *(who has approved the application form and is authorised to agree to the conditions of the award on behalf of the Administering Institution)* **must provide all the information requested and sign below:***.*

**Signature of Signature of Head of Department/Division or equivalent**:

Date *(dd/mm/yyyy)*:

Title and full name **(BLOCK CAPITALS)**:

Position held:

Name of Department:

Full Name of Institution:

Tel No/Ext:

Email:

**\*\*\*\*\*\*\*\*\*\*\*\*\*\*\***

**(14d) Is there a supervisor from another research Institution entered at Section 4?**

**If ‘Yes’, complete all parts of (14d), if ‘No’ proceed to (14e).**

**Signature of Head of Department/Division or equivalent of other Research Institution**:

Date *(dd/mm/yyyy)*:

Title and full name **(BLOCK CAPITALS)**:

Position held:

Name of Department:

Full name of Institution:

Tel No/Ext:

Email:

\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*

**(14e) The Principal Supervisor must provide all the information requested and sign below***.***:**

**Signature of Principal Supervisor**:

Date *(dd/mm/yyyy)*:

Title and full name **(BLOCK CAPITALS)**:

Position held:

Name of Department:

Full name of Institution:

Tel No/Ext:

Email:

\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*

**(14f) The Second Supervisor must provide all the information requested and sign below***.***:**

**Signature of Second Supervisor**:

Date *(dd/mm/yyyy)*:

Title and full name **(BLOCK CAPITALS)**:

Position held:

Name of Department:

Full name of Institution:

Tel No/Ext:

Email:

\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*

**(14g) Is there an additional supervisor entered at Section 4?** *.***:**

**If ‘Yes’, the Additional Supervisor must provide all the information requested and sign below, if ‘No’, proceed to (14h), if applicable:**

**Signature of Additional Supervisor**:

Date *(dd/mm/yyyy)*:

Title and full name **(BLOCK CAPITALS)**:

Position held:

Name of Department:

Full name of Institution:

Tel No/Ext:

Email:

\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*

***If there is another Additional Supervisor, please contact*** [***applicaitons@medicalresearchscotland.org***](mailto:applicaitons@medicalresearchscotland.org) ***to request an amended signature page.***

**\*\*\*\*\*\*\*\*\*\*\*\*\*\*\***

## (14h) Will the proposed project require the use of NHS facilities? *.*:

## If ‘Yes’ the application must be submitted to the relevant NHS R&D Director (“NHS R&D Director”) for approval.

**The NHS R&D Director is required to complete the following declaration, sign and provide all the requested information:**

By signing below, I confirm on behalf of my NHS Institution (as named below) that access to the NHS facilities shall be provided to the applicant as is required in terms of this application.

**Signature of NHS R&D Director**:

Date *(dd/mm/yyyy)*:

Title and full name **(BLOCK CAPITALS)**:

Position held:

Name of Division/Department:

NHS Organisation:

NHS facilities (name and address):

Postcode:

Tel No/Ext:

Email:

**Where applicable, the NHS R&D Director should also enter the amount of NHS support awarded to this project: £**0.00