

Section 1 - Eligibility

Please note: this application form is to be used for applications to the PhD studentship fund where co-funded multiple studentships are to be supported. For single studentship support, please go to the appropriate form.

Eligibility re-confirmation

By checking this box, you are re-confirming that the full application you are about to make meets the [eligibility criteria](#) set out on our website and are confident that you remain eligible to apply. Please also ensure that you have read and understood the [Terms and Conditions of Funding](#) before you go on to complete the application form.

Unchecked

Section 2 - About you

PRIMARY APPLICANT DETAILS

Title	Mrs
Name	Sarah
Surname	Allport
Tel	02074233299
Email (Work)	sarah@dunhillmedical.org.uk
Address	6 New Bridge Street 6 New Bridge Street London EC4V 6AB United Kingdom

GMS ORGANISATION

No Response

Degrees and professional qualifications

Please provide details of your degrees and professional qualifications

No Response

Postgraduate career

Please provide details of your last three positions, starting with the most recent

No Response

Current/most recent externally funded grants you have held as the lead applicant

No Response

Peer reviewed publications

No Response

Awards, prizes and markers of esteem

No Response

Section 3 - Host Department/Centre

Please explain your department or centre's current ageing research programme and its ongoing or future commitment to ageing-related research

If you do not currently carry out ageing research, please explain your current research focus, why you wish to develop and ageing-related research focus and how this will be supported by your institution.

No Response

Please tell us about the academic environment in which the project will be conducted

Please describe here the facilities, equipment and advice to which you will have access, together with access to samples and other resources, if appropriate.

No Response

Please provide details of the support that your department/centre offers to PhD students.

You should include infrastructure (equipment and access to services), support, mentoring and opportunities for career development.

No Response

Please provide details of the PhD studentships the department/centre has hosted over the last 5 years.

You should include the number of students (successful or otherwise) subject matter, source of funding and whether the host institution provided any additional support such as in kind services or matched funding (either internally or from third parties such as charities or industry)

No Response

Section 4 - The proposal

Please provide an overview of the work to be supported with the proposed studentships

You should include the areas(s) to be investigated, the novelty of the research and why the research is important.

No Response

Please provide details of the training programme that will run alongside the research projects.

We expect that the students will be carrying out the research project within a robust framework of wider training and personal support. Please outline the other training support they will receive (nature of training, provider).

No Response

Please provide details of any matched funding or in kind support.

You should include the source, amount and any restrictions on its use.

No Response

Section 5 - Public engagement and impact

Please describe your department/centre's approach to patient and public involvement and engagement

No Response

Please describe how your department/research centre has achieved (or plans to achieve) real impact

We're interested in all the diverse ways in which your programme of work might benefit/improve the health and well-being of older people or contribute to our understanding of the mechanisms contributing to increased longevity and healthy ageing and identifying areas for development of therapeutics. That is:

- Improving the understanding of the mechanisms of ageing and/or age-related disease
- Improving the health of older people
- Enhancing the quality of life, environment and well-being for older people
- Influencing change in public services/policy relating to the health and social care of older people
- Improving the financial or organisational performance of those who provide services for older people.

No Response

Section 6 - Research plan: use of research animals

Do you envisage that any of the projects that this fund will support will use research animals?

Yes

No

Section 7 - Financial support

Please state the total amount of funding being requested

No Response

Please upload your full financial proposal

Here, you should include what the funding will support. Please note that the funds cannot be used for any part of the supervisory team members' salaries.

You should clearly show the total cost of the studentships with the contribution being made by your institution and the contribution you are requesting from the Dunhill Medical Trust (max. £200K)

No Response

Host institution/organisation contact details

Please provide details for the person responsible for administering the project, typically this is the post award research or finance officer.

Note that if any of the research projects this fund will support involve human participants, their organs, tissue or data then by completing this section the host institution agrees to be the research sponsor and confirms that the ethical approvals required will be sought and obtained.

Name and address

No Response

Telephone

No Response

E-mail

No Response

Section 8 - Applicant declaration

Applicant declarations

By checking the boxes below, you are confirming that you have read and agree to be bound by the [terms and conditions](#) stated. Copies are available via the links to the Trust's website provided, or by contacting the Trust's offices on 0207 403 3299.

Please note that it is not possible for you to submit the form until the co-applicants, finance officer and Head of Department have completed their sections. If you have not already invited them to participate please do so by clicking Return to summary and selecting the participants tab.

I have accessed and read a copy of the Dunhill Medical Trust's [Grant Making Policy](#) and [Terms and Conditions](#) for Research Grants and that in accepting any offer of a grant which is made by the Trust, agree to be bound by them. I also understand that no alteration or waiver of those conditions can occur without written approval from the Trust.

Unchecked

I agree that the personal data relating to me shown on this form, or otherwise made known to the Dunhill Medical Trust for the purposes of making and managing grants, may be recorded by the Trust and used by it for the purposes of evaluating, monitoring and administering any such grant and for reference in connection with it and may be passed by it to individuals and/or organizations consulted by the Trust when assessing applications and monitoring grants and to the Trust's auditors.

Unchecked

Date

No Response

Section 9 - Administrative officer declaration

Finance (or appropriate administrative) Officer declarations

By checking the boxes below, you are confirming that you have read and agree to be bound by the terms and conditions stated. Copies are available via the links to the Trust's website provided, or by contacting the Trust's offices on 0207 403 3299.

By checking this box, I understand that I am confirming, on behalf of my institution, that I have read and accept the terms and conditions under which grants are awarded by the Dunhill Medical Trust.

Unchecked

By checking this box, I am confirming, on behalf of my institution that the salary details given in this application are correct and include a provision for nationally agreed pay awards.

Unchecked

First name

No Response

Family name

No Response

Position

No Response

Email address

No Response

Date

No Response

Please provide the name and contact details of the officer who should be contacted regarding the administration of this grant, if different from above.

First name

No Response

Family name

No Response

Position

No Response

Email address

No Response

Section 10 - Head of Department declaration

Head of Department declarations

By checking the boxes below, you are confirming that you have read and agree to be bound by the terms and conditions stated. Copies are available via the links to the Trust's website provided, or by contacting the Trust's offices on 0207 403 3299.

By checking this box, I am confirming, on behalf of my institution, that I support this application and agree to be bound by the terms and conditions of any subsequent grant award by the Dunhill Medical Trust.

Unchecked

By checking this box, I am confirming, on behalf of my institution, that the accommodation and facilities necessary for this proposed grant project will be made available to the applicant and that the salary of the Lead Applicant is guaranteed during the term of the grant.

Unchecked

By checking this box, I am confirming that, should the proposed study involve human participants, their organs, tissue or data, the Host Institution has agreed to act as research sponsor (as required by the NHS Research Governance Framework).

Unchecked

First name

No Response

Family name

No Response

Position

No Response

Email address

No Response

Date

No Response
