

Section 1 - Eligibility

Please note: this application form is to be used for applications to the PhD studentship fund where only a single studentship is to be supported. For co-funded multiple 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 |

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

Peer reviewed publications

No Response

Awards, prizes and markers of esteem

No Response

Please provide details of your own PhD supervisory experience.

Include numbers of students (successful or otherwise), dates and subject matter.

No Response

Section 3 - Host Department/Centre

GMS ORGANISATION

No Response

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 provide details of the support that your department/centre offers to PhD students and any specific training support you plan to offer to this student.

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

No Response

Section 4 - The research project

Indicative title of proposed project

No Response

Indicative timescale for proposed project (in months)

No Response

Please tell us why the question this project is seeking to address is important

This should include a brief statement summarising the background, rationale and novelty and how it will inform future understanding of the mechanisms of ageing and/or practice in the care and support of older people and within what timescale. If successful, and once the student is recruited, we will ask you to provide the refined question and detailed methodology.

No Response

Section 5 - Research plan: use of research animals

Will the project use research animals?

- Yes
 No

Section 6 - Public engagement and impact

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

No Response

What types of impact do you believe will arise from the project?

This question asks you to select the types of impact that you think will result from the project from the pre-populated list. Select all that apply. You can select as many areas as are appropriate to the project.

Select from the drop down list:

- Academic understanding of the mechanisms contributing to increased longevity and/or healthy ageing
 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
 Other

If you have checked the option "other" in the above question, please provide more detail.

No Response

Please describe how you plan to support the student to achieve impact, both within and beyond the academic community.

No Response

Application and exploitation

If the project might result in commercial exploitation, please summarise the range of exploitation options considered/selected, whether commercial partners are already involved and whether you have taken the relevant legal advice. You may view the [Trust's sample intellectual property agreement here](#).

No Response

Section 7 - Research governance

Will the project require ethical approval?

- Yes
 No

Will the project require a Home Office licence?

- Yes
 No

Will the project require NHS R&D approval?

- Yes
 No

Please specify the organisation acting as Research Sponsor for this project (as required by the terms of the [NHS Research Governance Framework](#))

No Response

Section 8 - Financial support

Financial support

This section should be completed by the appropriate administrative/financial officer. This section requests a complete list of costs relating to the application and justification for each cost.

| Period | Item Type | Item | Field | £ |
|-----------|---|---|-------------|--------------|
| Q1 Year 1 | Salary | Salary | Cost | £0.00 |
| | NI & pension | NI & pension | Cost | £0.00 |
| | London Allowance | London Allowance | Cost | £0.00 |
| | Pay award provision | Pay award provision | Cost | £0.00 |
| | Impact-related | Impact-related | Cost | £0.00 |
| | Public and Patient Involvement (PPI) (at INVOLVE rates) | Public and Patient Involvement (PPI) (at INVOLVE rates) | Cost | £0.00 |
| | Q1 Year 1 Total | | Cost | £0.00 |
| Total | Salary | Salary | Cost | £0.00 |
| | NI & pension | NI & pension | Cost | £0.00 |
| | London Allowance | London Allowance | Cost | £0.00 |
| | Pay award provision | Pay award provision | Cost | £0.00 |
| | Impact-related | Impact-related | Cost | £0.00 |
| | Public and Patient Involvement (PPI) (at INVOLVE rates) | Public and Patient Involvement (PPI) (at INVOLVE rates) | Cost | £0.00 |
| | Total | | Cost | £0.00 |

Please state whether there are any other sources of funding that will be supporting the project

No Response

Please provide full justification of the costs being requested

You should not repeat them but explain why they are essential to the project

*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 the research project involves human participants, their organs, tissue or data then by completing this section the host institution agrees to be the research sponsor.

Name and address *No Response*

Telephone *No Response*

E-mail *No Response*

Section 9 - 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 10 - 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 11 - 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

