

## Section 1 - Eligibility

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Please note: this application form is to be used for applications to the Research Training Fellowship scheme for clinicians and allied health professionals. For co-funded multiple or 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

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### PRIMARY APPLICANT DETAILS

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

### GMS ORGANISATION

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*No Response*

#### Name of professional regulating body: (if applicable)

*No Response*

#### If you have checked other please state:

*No Response*

#### Registration number (if applicable)

*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*

#### Peer reviewed publications

*No Response*

#### Awards, prizes and markers of esteem

No Response

**Why are you applying for this fellowship? (Think about why the time is right and how it will contribute to your career development)**

No Response

**Please outline details of any previous research experience that you have had. What was the outcome, what did you get out of it?**

No Response

**Please select the research degree for which you will be registered**

No Response

**If you selected other please specify**

No Response

**Are you applying for other fellowship schemes? (Please select all that apply)**

- British Heart Foundation
- NIHR
- MRC
- MRC/Stroke Association
- Parkinson's UK
- Wellcome Trust/Stroke Association
- Other

**If you selected other please specify**

No Response

## Section 3 - The research project

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**Title of proposed project**

No Response

**Indicative timescale for proposed project (in months)**

No Response

**Aims, objectives and hypotheses of the project**

**What research questions are you seeking to answer and what hypotheses are you proposing to test?**

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 and rationale 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. Please also detail how this project will build on the existing knowledge.**

**This is your opportunity to tell us why your project is novel. Tell us what is already known in the area of your proposal and what this project will add.**

No Response

**Please provide an academic abstract**

No Response

**Please provide the key references for your academic abstract (Reference format preferred: Harvard)**

No Response

**Please provide a short description of your project, suitable for lay readers**

This section is vital to demonstrate lay communication

**Please provide up to six keywords (minimum two).**

- Abdominal aortic aneurysm (AAA)
- Abuse of older people
- Acute care
- Advanced care planning (ACP)
- Age related macular degeneration
- Almshouse
- Alzheimer's disease
- Anaesthetics
- Antibodies
- Anticipatory Care Planning (ACP)
- Antimicrobial prescribing
- Anti-VEGF therapy
- Anomia
- Aphasia
- App development
- Arterial disease
- Asthma
- Atherosclerosis
- Audiology
- Autism
- Balance
- Bedsores
- Behavioural rehabilitation
- Bereavement
- Biomarkers
- Bladder function
- Blood pressure
- Bone repair
- Brain stimulation
- Broca's area
- Building design
- Burns
- Care Homes
- Care Home Staff
- Care Planning
- Cost of Care
- Care delivery
- Carers
- Cartilage
- Cataracts
- Chiropody
- Chronic Obstructive Pulmonary Disease (COPD)
- Cirrhosis
- Clostridium difficile
- Cognitive Behaviour Therapy
- Cognitive function
- Communication
- Community dwelling
- Community Pharmacists
- Co-Morbidity
- Confusion
- Continuing care
- Cytokines
- Cytomegalovirus (CMV)
- Dance
- Day care centres
- Decision making

- Delirium
- Dementia
- Dental
- Depression
- Dermatology
- Developmental disorders
- Dexterity
- Diabetes
- Dignity
- Dizziness
- Driving ability
- Drug testing
- Dry eye syndrome
- Ethnic inequalities
- Emergency Care
- Emergency Multidisciplinary Units
- Environment
- Epidemiology
- Ethnography
- Exercise
- Exergames
- Exosomes
- Extra care housing
- Fall prevention
- Falls
- Food practices
- Foot care
- Frailty
- Gait
- Gardening
- Gender
- Genetics
- Glaucoma
- Goal attainment scaling
- Healthy ageing
- Hearing loss
- Heart failure
- Heating
- Hemianopia
- Hemispatial neglect
- Hip fracture
- Home care
- Home care workforce
- Hospices
- Hospital Discharge
- Hospital Discharge
- Hydration
- Hypertension
- Hypothyroidism
- Idiopathic pulmonary fibrosis
- Imagery
- Immunity
- In vitro
- In vivo
- Incontinence
- Inequalities
- Infection
- Inflammation

- Intensive care
- Ischaemic stroke
- Joint repair
- Kidney disease
- Lacunar stroke
- Language
- Learning disabilities
- Lewy Body
- Liver disease
- Loneliness
- Longevity
- Lower limb function
- Medical engineering
- Medicines management
- Mental Health
- MicroRNAs
- Mindfulness
- Models of care
- Motor function
- MRI
- Multi-Morbidity
- Muscle atrophy
- Musculoskeletal
- Nanoparticles
- Neurorehabilitation
- Nursing Homes
- Nutrition
- Obesity
- Occupational therapy
- Oral Health
- Organ dysfunction
- Osteoarthritis
- Osteoporosis
- Pain
- Palliative Care
- Parkinson's disease
- Patient centred care
- Patient Reported Outcome measures (PROMS)
- Perceptual-motor behaviour
- Peridontal disease
- Peripheal arterial disease
- Personal neglect
- Personalised care
- Pharmacology
- Physical Activity
- Physiology
- Podiatry
- Polypharmacy
- Positive written disclosure
- Posterior cortical atrophy
- Primary care
- Proteomics
- Psychology
- Pulmonary rehabilitation
- Quality of Life
- Reminiscence
- Renal disease
- Respiratory disease

- Retirement village
- Rheumatoid Arthritis
- Rhinosinusitis
- Sarcopenia
- Secondary care
- Sedentarism
- Self management
- Senescence
- Sensory integration
- Sleep disorders
- Spinal stenosis
- Social Care
- Social Prescribing
- Stem cells
- Stroke
- Surgery
- Technology
- Telemedicine
- Thermal comfort
- Tinnitus
- Tissue engineering
- Transcranial Direct Current Stimulation (tDCS)
- Transcutaneous vagus nerve stimulation
- Transgender
- Transient epileptic amnesia
- Transient ischaemic attack (TIA)
- Ulcers
- Upper limb function
- Urinary catheters
- Urinary tract infection (UTI)
- Vascular dementia
- Vascular disease
- Visual impairment
- Vitamin D
- Volunteering
- Walking aids
- Wearable technology
- Workforce
- Wounds
- Other

If you have checked "other", please state.

*No Response*

## Section 4 - Research plan: protocol and user involvement

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Please describe the methods you are intending to use for your study (what you plan to do) and why you chose these methods.

Present all usual elements that are pertinent to your chosen methods including your analytic strategy and, if necessary, any sample size calculations so that the reviewers can judge whether the study is feasible and properly planned. Given the priorities of the Trust, make reference to the relevant gerontological science and practice.

Please also highlight whether you have any pilot data/feasibility data and provide it for the benefit of reviewers.

Please note that figures and/or tables cannot be included in this answer but can be uploaded at the bottom of this page with the project plan.

Due to the word limit, do NOT repeat your aims and objectives.

*No Response*

**Please provide the references for your protocol (references must be given in full)**

*No Response*

**How will the data be analysed?**

*No Response*

**Please describe how patients and the public have been involved in developing this proposal**

**If this is not appropriate for your research proposal, please tell us why.**

*No Response*

**Please upload your outline project plan**

**This should include main meetings, milestones, outputs and any pathway to impact activities.**

**You can also upload any figures or tables relevant to your research protocol.**

*No Response*

## Section 5 - Research plan: use of research animals

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**Does your project use research animals?**

- Yes  
 No

## Section 6 - Research plan: use of clinical trials unit

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**Does the project use a clinical trials unit?**

- Yes  
 No

## Section 7 - Research plan: impact and outputs

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

This question asks you to select the types of impact that you think will result from your grant from the pre-populated list. Select all that apply. You can select as many areas as are appropriate to your project. The questions after this allow you to describe in more detail the impact your research will have and the plans you have to ensure the findings are used.

**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*

**How will your findings be used to have impact beyond the academic community? Please provide a brief summary.**

This is different to the earlier question about how your work will contribute to knowledge of the field and benefits to other researchers. We'd particularly like you to describe any plans you have to achieve impact beyond the research community. We're interested in all the diverse ways in which your study 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. As we've asked you to identify in the drop-down list above, this might be by:

- 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.

We have described impact here quite broadly but if you feel your project won't address any of these areas, then you can use this section to explain your reasoning. You may be carrying out this study to help you to provide proof-of-concept to enable you to apply for a larger award with greater potential for impact, for example.

*No Response*

### What plans do you have to ensure that your findings will be used ?

This will be different for every project but in answering this question, you might consider some or all of the following:

**Capacity and involvement** – explain who is likely to undertake the impact activities. (For example: the Principal or Co Investigator and/or named researchers; specialist staff engaged to carry out communication activities or provide technical expertise to develop web pages or apps). What previous and relevant experience do they have in carrying out such activities? How will they acquire any additional skills required? Are any post-doctoral researchers or PhD students involved with the related impact activities in addition to the research? If so, how will they acquire the skills required?

**Timescales** – describe the key milestones for your impact plan. These might include monitoring and evaluation, stakeholder surveys, collecting web statistics, conducting user polls or other engagement measurement activities to determine if the needs of stakeholder communities have been met.

**Collaboration and partnership** – if your impact plans are dependent on a partnership/collaborative relationship, please provide a brief summary which includes details of the nature of the relationship, whether the relationship is established or newly formed and details of any formal agreements or future plans with the parties' roles and responsibilities.

**Communication and engagement** – how have stakeholders and beneficiaries been engaged to date and how will they be engaged in the future? (Provide a brief summary describing the activities, for example, events aimed at the target audience, conferences and workshops to provide training or information dissemination; accessible publications and publicity materials; websites and interactive media; project-specific public engagement and public affairs activities; use of intermediaries; secondments). How will the work build on existing links or create new links?

*No Response*

### Application and exploitation

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

*No Response*

### Summary of resource (for the impact activities)

Provide a brief summary of the resources required to undertake the impact activities. Full details should be included in the Summary of Financial Resources section.

Any costs or additional time requested in applications for such activities should be reasonable and fully justified in the application and will be subject to value for money considerations in the assessment of applications in the same way as other directly incurred costs. Please ensure these are documented in the financial summary. Eligible costs can include employment of specialist knowledge transfer staff, consultancy fees, publication and marketing costs, public engagement activity, engagement events, networking activities, people exchange, etc.

*No Response*

## Section 8 - The research environment

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### Your Training Programme

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

*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

## Section 9 - Research governance

Does the project require ethical approval?

- Yes  
 No

Does the project require a Home Office licence?

- Yes  
 No

Does 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 10 - About your Supervisors

**Principal Supervisor**

Please provide the following information:

**Name**

No Response

**Number of postgraduate students supervised as principal supervisor in the last 5 years?**

No Response

**Number of timely completions in the last 5 years**

No Response

**Number of postgraduate students supervised as co-supervisor in the last 5 years?**

No Response

**Number of timely completions in the last 5 years**

No Response

**Please state your research interests/areas of research activity**

No Response

**Degrees and professional qualifications**

Date	Qualification	Institution
No Response	No Response	No Response
No Response	No Response	No Response
No Response	No Response	No Response
No Response	No Response	No Response

*No Response**No Response**No Response**No Response**No Response**No Response***Postgraduate career****Please provide details of your last three positions, starting with the most recent**

Start Date	End Date	Position	Institution	Description
<i>No Response</i>	<i>No Response</i>	<i>No Response</i>	<i>No Response</i>	<i>No Response</i>
<i>No Response</i>	<i>No Response</i>	<i>No Response</i>	<i>No Response</i>	<i>No Response</i>
<i>No Response</i>	<i>No Response</i>	<i>No Response</i>	<i>No Response</i>	<i>No Response</i>

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

Start Date	End Date	Project Title	Total Value (£)	Source of funding
<i>No Response</i>	<i>No Response</i>	<i>No Response</i>	<i>No Response</i>	<i>No Response</i>
<i>No Response</i>	<i>No Response</i>	<i>No Response</i>	<i>No Response</i>	<i>No Response</i>
<i>No Response</i>	<i>No Response</i>	<i>No Response</i>	<i>No Response</i>	<i>No Response</i>

**Peer reviewed publications****Please list your (relevant) publications from the last 10 years, to a maximum of 10.***No Response***Please comment on how long you have known the candidate and their suitability for research training.***No Response***Please provide evidence that the structure and organisation of the institution is suitable to host a Research Training Fellowship (including details of the support that the institution, department, supervisors and others will provide to the Research Training Fellow and the available research training opportunities).***No Response***Will an honorary contract be sought for this candidate?** Yes No**Can the running expenses of the project be met within the total award applied for?** Yes No**Co-Supervisor 1**

Please provide the following information:

**Name***No Response***Number of postgraduate students supervised as co-supervisor in the last 5 years?***No Response***Number of timely completions in the last 5 years**

*No Response***Number of postgraduate students supervised as principal supervisor in the last 5 years?***No Response***Number of timely completions in the last 5 years***No Response***Please state your research interests/areas of research activity***No Response***Degrees and professional qualifications**

Date	Qualification	Institution
<i>No Response</i>	<i>No Response</i>	<i>No Response</i>
<i>No Response</i>	<i>No Response</i>	<i>No Response</i>
<i>No Response</i>	<i>No Response</i>	<i>No Response</i>
<i>No Response</i>	<i>No Response</i>	<i>No Response</i>
<i>No Response</i>	<i>No Response</i>	<i>No Response</i>
<i>No Response</i>	<i>No Response</i>	<i>No Response</i>

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

Start Date	End Date	Position	Institution	Description
<i>No Response</i>	<i>No Response</i>	<i>No Response</i>	<i>No Response</i>	<i>No Response</i>
<i>No Response</i>	<i>No Response</i>	<i>No Response</i>	<i>No Response</i>	<i>No Response</i>
<i>No Response</i>	<i>No Response</i>	<i>No Response</i>	<i>No Response</i>	<i>No Response</i>

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

Start Date	End Date	Project Title	Total Value (£)	Source of funding
<i>No Response</i>	<i>No Response</i>	<i>No Response</i>	<i>No Response</i>	<i>No Response</i>
<i>No Response</i>	<i>No Response</i>	<i>No Response</i>	<i>No Response</i>	<i>No Response</i>
<i>No Response</i>	<i>No Response</i>	<i>No Response</i>	<i>No Response</i>	<i>No Response</i>

**Peer reviewed publications****Please list your (relevant) publications from the last 10 years, to a maximum of 10.***No Response***Co-supervisor 2**

Please provide the following information:

**Name***No Response*

**Number of postgraduate students supervised as co-supervisor in the last 5 years?***No Response***Number of timely completions in the last 5 years***No Response***Number of postgraduate students supervised as principal supervisor in the last 5 years?***No Response***Number of timely completions in the last 5 years***No Response***Please state your research interests/areas of research activity***No Response***Degrees and professional qualifications**

Date	Qualification	Institution
<i>No Response</i>	<i>No Response</i>	<i>No Response</i>
<i>No Response</i>	<i>No Response</i>	<i>No Response</i>
<i>No Response</i>	<i>No Response</i>	<i>No Response</i>
<i>No Response</i>	<i>No Response</i>	<i>No Response</i>
<i>No Response</i>	<i>No Response</i>	<i>No Response</i>
<i>No Response</i>	<i>No Response</i>	<i>No Response</i>

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

Start Date	End Date	Position	Institution	Description
<i>No Response</i>	<i>No Response</i>	<i>No Response</i>	<i>No Response</i>	<i>No Response</i>
<i>No Response</i>	<i>No Response</i>	<i>No Response</i>	<i>No Response</i>	<i>No Response</i>
<i>No Response</i>	<i>No Response</i>	<i>No Response</i>	<i>No Response</i>	<i>No Response</i>

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

Start Date	End Date	Project Title	Total Value (£)	Source of funding
<i>No Response</i>	<i>No Response</i>	<i>No Response</i>	<i>No Response</i>	<i>No Response</i>
<i>No Response</i>	<i>No Response</i>	<i>No Response</i>	<i>No Response</i>	<i>No Response</i>
<i>No Response</i>	<i>No Response</i>	<i>No Response</i>	<i>No Response</i>	<i>No Response</i>

**Peer reviewed publications****Please list your (relevant) publications from the last 10 years, to a maximum of 10.***No Response*

## Section 11 - 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
<b>Q1 Year 1 Total</b>			<b>Cost</b>	<b>£0.00</b>

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
<b>Total</b>			<b>Cost</b>	<b>£0.00</b>

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 12 - 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 13 - 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 14 - 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*

