

Oliver Soutar

Section 1 - Eligibility

Eligibility re-confirmation

By checking this box, you are confirming that you have read the guidance documents for this call and have completed the eligibility questionnaire, both of which are located on the "Apply for funding" page on our website. Please also ensure that you have read and understood the Terms and Conditions for Research Grants before you go on to complete the application form.

Unchecked

Section 2 - About you

DETAILS

Name

Surname

Email (Work)

Address

GMS ORGANISATION

No Response

About you (the lead applicant)

The following few questions ask for information regarding you and your experience (information will be retrieved from ORCID so please ensure you have your ORCID identifier added to your profile).

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

(400 words max)

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)

(300 words max)

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?

(300 words max)

No Response

Please select the research degree for which you will be registered

No Response

If you selected other please specify

No Response

Section 3 - The research project

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?

(400 words max)

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.

(750 words max)

No Response

Please provide an academic abstract

(400 words max)

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

(400 words max)

This section is vital to demonstrate lay communication

No Response

Please provide up to 6 keywords that relate to your project

No Response

No Response

No Response

No Response

No Response

No Response

Section 4 - Research plan: protocol and user involvement

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.

(1000 words max)

No Response

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

(1000 words max)

No Response

How will the data be analysed?

(300 words max)

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.

(400 words max)

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

Does your proposal involve the use of research animals?

- Yes
 No

Section 6 - Research plan: use of clinical trials unit

Does the project use a clinical trials unit?

- Yes
 No

Section 7 - Research plan: impact and outputs

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 below 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.

(20 words max)

No Response

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

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 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.

(400 words max)

No Response

How will your research benefit patients, their communities and other stakeholders?

This question seeks to understand how your research can be applied to real-life settings.

(500 words max)

No Response

How would you work with the academic community and, in particular, the BGS to communicate/promote your work?

We encourage you to present your emerging research at BGS meetings during the course of your PhD, and to engage with fellow clinicians and researchers through the BGS community and more widely.

(400 words max)

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](#).

(300 words max)

No Response

Summary of resource (for the impact activities)

Provide a brief summary of the resources required to undertake the impact activities. This should correspond to the costs entered into your budget in the Financial support section of your application.

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. 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.

(300 words max)

No Response

Section 8 - The research environment

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 (e.g. nature of training, provider). Your answer should correspond to the costs included in your budget (especially under the "Career development/support costs" heading) in the Financial support section of your application.

(300 words max)

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.

(400 words max)

No Response

Please tell us about the research team supporting your fellowship

We encourage multi-disciplinary teams, so please provide details of the colleagues you will be working with and their roles in the research.

(400 words max)

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**

(300 words max)

*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*

Please comment on how long you have known the candidate and their suitability for research training.

(400 words max)

*No Response***Please provide evidence that the structure and organisation of the institution is suitable to host a Doctoral Training Fellowship.**

In particular, explain the support available to those early in their research career. Include details of the support that the institution, department, supervisors and others will provide to the Doctoral Training Fellow and the available research training opportunities.

(400 words max)

*No Response***Will an honorary contract be sought for this candidate?** Yes No**Can the running expense of the project be met within the total award applied for?** Yes No**If no, from what source(s) will the additional running costs be obtained?**

(200 words max)

*No Response***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**

(300 words max)

*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>
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<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**

(300 words max)

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

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<i>No Response</i>	<i>No Response</i>	<i>No Response</i>	<i>No Response</i>	<i>No Response</i>

No Response

No Response

No Response

No Response

No Response

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 and/or reviewed by the appropriate administrative/finance manager. This section requests a complete list of costs relating to the application and justification for each cost. Instructions on how to enter your proposed budget costs are provided in the "how to" guide for using the Grants Management Portal. The guidance document for the call and general FAQs on our website include information regarding eligible costs.

Please only include details of the financial support you are requesting from the Trust (i.e. do not include any part or in-kind contributions from other sources, as you can detail these below).

Budget heading		Year 1		Total
		Quarter 1	Total	
Grand Total	Cost	£0.00	£0.00	£0.00

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

This can include financial and/or in-kind support (e.g. provision of services, facilities etc.).

(300 words max)

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.

(400 words max)

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 emailing admin@dunhillmedical.org.uk

Please note that it is not possible for you to submit the form until any invited external participants (e.g. Head of Department, Administrative/Finance Manager, Co-applicants etc.) have completed their sections. If you have not already invited them to participate please do so by clicking the **Return to Summary** button 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/Finance Manager declaration

Administrative/Finance Manager 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 via admin@dunhillmedical.org.uk

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

Last 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 emailing admin@dunhillmedical.org.uk

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 research will be made available to the lead applicant and, if applicable, the wider team.

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

Last name

No Response

Position

No Response

Email address

No Response

Date

No Response
