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## Section 1 - Eligibility Confirmation

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### Guidelines, eligibility questionnaire and the Terms and Conditions

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

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### Information regarding the Lead applicant

The following few questions ask for information regarding the Lead applicant (information will be retrieved from ORCID so please ensure the Lead applicant has their ORCID identifier added to their profile).

#### Lead applicant: your current role/position?

*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

If you do not have any, please provide a brief explanation (e.g. you are an early career researcher or first-time Principal Investigator etc.)

*No Response*

#### Peer reviewed publications

*No Response*

#### Awards, prizes, and markers of esteem

Max. 300 words

*No Response*

## Section 3 - Host Department/Centre

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### Please explain your department/centre's ageing-related research programme, and its strategic commitment to ageing-related research

Max. 750 words

*No Response*

### Please tell us about the environment in which the projects 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.

Max. 400 words

*No Response*

### Please provide a summary of the PhD studentships the department/centre has hosted over the last 5 years

Please state number of students, completions and project titles

Max. 250 words

*No Response*

### Please outline how your department/centre promotes a positive research culture

This is an opportunity to characterise the research culture of the department/centre and any charters etc. to which the department/centre subscribes (e.g. Athena Swan, Concordat to Support the Career Development of Researchers etc.)

Max. 500 words

*No Response*

## Section 4 - The proposal

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

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

Max. 1000 words

*No Response*

### Please outline how the supervisors were/will be chosen

Max. 500 words

*No Response*

### Please outline the selection process for the students

Max. 500 words

*No Response*

### Please provide details of the support, training and career development programme from the supervisors/department/centre that will support the students

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

Max. 500 words

*No Response*

## Section 5 - Patient, carer and public involvement (PPI) and engagement

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We expect the active engagement of PPI principles and processes in all stages of the research, from planning through to dissemination, which takes into account the ["UK Standards for Public Involvement in Research"](#).

### Please describe how you have and/or will involve and engage patients, carers and the public in the projects encompassed by this proposal

If this is not appropriate for this proposal, please explain why.

Max. 500 words

*No Response*

## Section 6 - Equity, diversity and inclusion (EDI)

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The Trust is committed to principles of equity, diversity and inclusion. This includes issues related to the characteristics that the [Equality Act 2010](#) protects, as well as other characteristics such as socio-economic status, geographical location etc.

Please describe how you have and/or will consider equity, diversity and inclusion in all aspects of the proposal, including within the department/centre, the proposed research projects and in the selection of PhD candidates

Max. 500 words

*No Response*

## Section 7 - Dissemination and Impact

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How do you plan to make the results from this proposal available to the wider research community, other organisations and the general public?

Max. 500 words

*No Response*

Please describe how you are planning for the proposed research to impact on the lives of older people and/or associated policy and practice within the United Kingdom and/or further afield

Max. 500 words

*No Response*

## Section 8 - Additional research information

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Does your proposal involve the use of research animals?

- Yes  
 No

Does the proposed work require any additional approvals and/or clinical research governance?

- Yes  
 No

## Section 9 - Financial and/or in-kind support

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Please state the total amount of funding being requested

*No Response*

Please provide details of the proposed funding contribution or in-kind support.

Max. 500 words

*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*

## Section 10 - Applicant declaration

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### 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](mailto: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 11 - Administrative/Finance Manager declaration

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### Administrative/Finance Manager declaration

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**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 for Research Grants](#) by which grants are awarded by the Dunhill Medical Trust.**

Unchecked

**By checking this box, I am confirming, on behalf of my institution that the finance details given in this application are correct and include all required provisions.**

Unchecked

**First Name**

*No Response*

**Last Name**

*No Response*

**Position**

*No Response*

**Email Address**

*No Response*

**Date**

*No Response*

## Section 12 - Head of Department declaration

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### Head of Department declaration

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](mailto: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 for Research Grants](#) by which grants are awarded 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

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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

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**First Name**

No Response

**Last Name**

No Response

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**Position**

No Response

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**Email Address**

No Response

**Date**

No Response

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**Start Date**

No Response

**End Date**

No Response