

For Office Use Only
Application No:

Name of Applicant



**POST DOCTORAL FELLOWSHIP (Non-Clinical)
GRANT APPLICATION
(Non - Clinical)**

Please type throughout in minimum font size 12 point and do not change or re-paginate the form in any way whatsoever. Submit signed original plus 6 copies & 3 ½” computer disk or CD.

Name of Applicant: <i>Surname:</i> <i>Forename:</i>	Current Title & Position:
	Date of Application:
Current Address: Postcode: Tel: Fax: E-mail:	Address where research will be conducted: Postcode: Tel: Fax: E-mail:
Title of Research:	
Summary of proposed research (300 words) Note 1	

Name of Applicant



Summary of proposed research (continued)

Lay Title of Research: [Note 2](#)

Lay Description of Research: (100words) [Note 3](#)
(underline 5 descriptive keywords)

Define relevance to Kidney Research UK's Research Objective: [Note 4](#)

Finance Requested (from page 6)

Year 1 £ Year 2 £ Year 3 £

TOTAL REQUESTED:

£
[Note 5](#)

Proposed Start Date:

Proposed duration (months): [Note 5](#)

Is any other body supporting research relating to this work currently? YES/NO
(If YES, state organisation, support & tenure)

Please give details of any other research charities currently supporting/previously supported parts of your research programme?

Has this application been submitted elsewhere in the three months prior to submission to Kidney Research UK? YES / NO
Do you intend to submit this application elsewhere in the three months following submission to Kidney Research UK? YES / NO
(If YES to either please state, which organisation, & date when the decision is expected)

Is this application a resubmission of a previous application submitted to Kidney Research UK in the last twelve months? YES / NO
(If yes please give details when it was last considered, reference number and also complete the box immediately below)

Please give full details of how this resubmitted application is different from the previously submitted application.

Name of Applicant



Note 6

Animals: Are animals in any way involved with the proposed project? YES / NO
Species:

(If YES, a copy of the Relevant Home Office Licences Personal (front page) and Project (front page AND protocol page(s)) MUST be attached to this application or dates of expected licence(s) detailed

Project Licence
Tick box if attached
Date expected

Personal Licence
Tick box if attached
Date expected.....

Please give a brief justification for the animal use and selected species for your proposed project:

Have you read Kidney Research UK guidelines on the use of animals and do you confirm that you will work within these? YES / NO

Note 7

Patients:

Are patients or control volunteers involved with the proposed project? YES / NO
Are Human Tissues involved with the proposed application? YES / NO

(If YES an Ethical Committee Letter of Approval is required and a copy of the letter must be attached to this application or dates of expected approval detailed

Tick box if attached
.....

Date expected

Have you read Kidney Research UK guidelines on the use of human tissues and proposals involving patients or volunteers and do you confirm that you will work within these? YES / NO

Please sign Original in ink. Per Pro signatures are not acceptable. Applications submitted without the following signatures will not be considered. This application should be submitted through the Head of Department and the Officer for administering the award. The following declarations must be completed

[Note 8](#)

Research Governance Framework:

Must be completed where the patient section above has been completed

I confirm that the above research award utilises human participants, their organs, tissue or data as defined under the NHS Research Governance Framework and on behalf of my NHS/ University Host Institute that we undertake to act as identified Research Sponsor.

I confirm that my organisation is registered with the Department of Health as a recognised Research Sponsor YES / NO

Name of Research Sponsor:

Position held:

Institute name:

Tel No:

Fax No:

Email:

Signature: Date:.....

Applicant (s):

I have read the Kidney Research UK regulations and conditions and, if my application is successful, I agree to abide by them. I shall be actively engaged in, and in day-to-day control of the project.

Signature of Applicant (Fellow) Date:

Supervisor: [Note 9a](#)

Name:

Title & Position:

Address:

Tel:

E-mail:

Signature:..... Date:

Head of Department/Sponsor: [Note 9b](#)

Name:

Title:

Dept Type:

Signature:

Date:

Official Authorised to Sign for Institution

Name:

Title:

Signature:

Date:

Adminstrating Authority (Name, Address Tel/Fax No. and E-mail address of Officer who will administer the Grant and associated NHS/ Institute costs) [Note 10](#)

Signature: Date:

Name of Applicant



Please state the Institution's Research Strategy:

**Please state the Department's (*where the work will be carried out*) Research Strategy
(If separate or different from above):**

DIRECTLY INCURRED costs Note 14									
Details of Salaries									
Salary 11	Time Spent on Project Note 11		Grade & Point on salary scale	Salary P.R	N.H.I	Super	Total for Year 1	Total for Year 2	Total for Year 3
	Hours per week	% time							
Salary Sub-Total									
Consumable Allowance £5,000 p.a. Note 12									
Consumables Sub-Total							5,000	5,000	5,000
Total									
TOTAL – DIRECTLY INCURRED costs (to be transferred to page 2)									
Please list all other costs associated with the fellowship (e.g Supervisor(s) & Sponsor’s time) and who will be underwriting these.									
e.g. Supervisor / Sponsor funding			Salary P/T (supervision etc)			Institute			
Does the university/institute have in place systems which will allow it to estimate, with reasonable accuracy, the FEC of this fellowship? YES/NO									

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If you have been a participant in a grant from Kidney Research UK (formerly The National Kidney Research Fund) within the past 5 years, please complete the following:

Title of work:

GRANT REF No.

NAME OF GRANT HOLDER:

Total sum awarded:

Total sum claimed from Kidney Research UK:

Start Date:

Completion Date:

Publications arising from the work:

Date report on research project submitted to NKRF:

Please summarise the main outcomes of the project (150 -200 words)

(If more than one grant, please copy this page and continue)

PROPOSED INVESTIGATION

(To be completed by the candidate in consultation with the Supervisor)

1. Purpose of proposed investigation (not more than 300 words).
2. Background (not more than 500 words).
3. Plan of investigation (not more than 1000 words).
4. Indication of timescale and milestones to be achieved.
5. Detailed justification for support requested: that the work proposed can realistically be carried out in the named establishment. (not more than 500 words)
6. References: Please show full titles of paper(s)

NOTE: Applications in excess of the number of words requested will not be considered by the Research Grants Committee.

- 1. Purpose of proposed investigation (not more than 300 words).**

- 2. Background (not more than 500 words).**

Name of Applicant



3. Plan of investigation (not more than 1000 words).

Name of Applicant



A large, empty rectangular box with a black border, intended for the applicant's name.

4. Indication of timescale and milestones to be achieved.

5. Detailed justification for support requested: that the work proposed can realistically be carried out in the named establishment.(not more than 500 words)

Name of Applicant



6. References : Please show full titles of paper(s)

Name of Applicant



Please state IPR policy and standard patent conditions relevant to Institution:

[Note 13](#)

Research liaison and IPR officer(s):

Name:

Title:

Signature:

Date:

Does the proposal have commercial potential: YES / NO

Please list Collaborating Researchers and Institutions.

Letters from all collaborators MUST be attached confirming their agreement/involvement in the work.

Name of Applicant



**Applicant's previous research experience, you may include dissertations etc,
(approx 200 words)**

**If the Fellowship is awarded in what way will this further the Applicant's
career?**

**Statement from the Applicant: Why did you choose this research project?
How will it advance your career?**

Name of Applicant



SUPERVISOR'S BIOGRAPHICAL DETAILS

Name:	Title:	Date of Birth:
Place of Birth:	Present Nationality:	
Position Held:	Qualifications:	
Brief synopsis of research experience relevant to the research proposal.		
Research publications (list up to 5 recent publications relevant to proposed project)		

Details of previous supervisory experience (please list PhD students and fellows, and details of any publications arising from these awards).

If the Fellowship is awarded in what way will this further the Candidate's career?

Statement from the Supervisor:

Please give a statement about the suitability of the candidate for the proposed research fellowship.

How do you envisage the candidate's career developing?