# The Gordon Aikman Scholarship Scheme – a commemoration of the Scottish campaigner for Motor Neurone Disease

**APPLICATION FORM**

**Please complete all sections as thoroughly as you can in electronic format.**

**1. PERSONAL CHARACTERISTICS**

* 1. **Personal details**

|  |  |
| --- | --- |
| **Name and title**  |  |
| **Full home address**  |  |
| **Home phone no.**  |  |
| **Email address**  |  |
| **Present position**  |  |
| **Full work address**  |  |
| **Organisation**  |  |
| **Department**  |  |
| **Work telephone no.**  |  |
| **Full contact details for manager** |  |

**1.2 Relevant Research: Provide an example of relevant research with which you have been demonstrably involved. If you have a PhD or Clinical Doctorate use that.**

|  |  |
| --- | --- |
| **Study title /Completion date**  |  |
| **Methodology** **(max. 100 words)**  |  |
| **University/Hospital Department/Other** |  |
| **Principal investigators/Supervisors**  |  |
| **For PhD/Clinical Doctorate provide details of your awarding institution**  |  |

**1.3 Personal statement: Write about the skills/attributes you could bring to the award (200 words)**

1. **ENVIRONMENT**
	1. **Please indicate the NHS or other formal care organisation, or Higher Education Institute (HEI) or research group/organisation that you have developed your application with, or will be the place where you undertake your research fellowship/scholarship.**

|  |  |
| --- | --- |
| **Hospital/ HEI Department/Other care delivery organisation** |  **Research group (if appropriate)** |
|  |  |

**2.2 Research supervisor(s)/mentor(s):**

|  |  |
| --- | --- |
| **Name** |  |
| **Position** |  |
| **Specialty** |  |
| **Address** |  |
| **Telephone** |  |
| **Email** |  |
| **I confirm that I have read the application and support the candidate** **Signature:** **Date:**  |  |

|  |  |
| --- | --- |
| **Name** |  |
| **Position** |  |
| **Specialty** |  |
| **Address** |  |
| **Telephone** |  |
| **Email** |  |
| **I confirm that I have read the application and support the candidate** **Signature:** **Date:**  |  |

**2.3 Managerial Support: Provide details of your HEI or NHS or workplace/finance manager and ask them to confirm their support by providing a signature.**

|  |  |
| --- | --- |
| **Manager’s name** |  |
| **Position** |  |
| **Address** |  |
| **Telephone** |  |
| **Email** |  |
| **I confirm that I have read the application and support the candidate and supervisor** **Signature:** **Date:**  |  |

**3. CLINICAL ISSUE/QUESTION(S) BEING RESEARCHED**

**3.1 Provide a broad potential title**

**Title:**

**3.2 Using the headings below summarise in layman’s terms (500 words) your potential programme of activities: Context of the research/improvement (nature, scale and severity of the problem); Aims and objectives; Project plan; Potential significance, applications and benefits to people with MND and their carers (and the NHS if appropriate).**

## Context

## Project Aim(s) and/or Objectives:

## Research questions your study will address:

## Project Plan including Methods & Research governance and ethics:

Potential significance to patients, carers and/or the NHS:

Dissemination plan:

Timetable for completion of activities:

**4. BUDGET REQUESTED**

* 1. **A detailed breakdown of costs requested by item**

|  |  |
| --- | --- |
| **Full Salary costs** **(include explanation of Band, spine point, %WTE requested)**  |  |
| **Travel** |  |
| **Accommodation** |  |
| **Subsistence** |  |
| **Total** |  |
| **Start date** |  |
| **End date** |  |

**5. CURRICULUM VITAE OF APPLICANT**

|  |
| --- |
| **Name:**  |
| **Present appointment:** *(Job title, department, and organisation.)* |
| **Address:**  |
| **Telephone number:**  | **Email address:**  |
| **Qualifications:**  |
| **Professional registration:**  |
| **Previous and other appointments:**  |
| **Research experience:**  |
| **Research training:**  |
| **Relevant publications:**  |
| **Signature:** | **Date:** |

**Please submit your completed application form and CV template to:** karen.stanton@stir.ac.uk