

British Council for Prevention of Blindness (BCPB)

Fellowship Application Form 2017

To be completed by the candidate for a BCPB Research Fellowship, with contributions from the applicant institution. This is an application for a Fellowship to start in 2018. Please read the ***Fellowship Programme 2017 Guidelines, Terms and Conditions and Child Protection Policy*** prior to completing the form. All information relevant to your application must be included on this form. The only additional documents to be attached are your full project proposal and CV.

Please return a signed copy to The British Council for Prevention of Blindness, 4 Bloomsbury Square, London, WC1A 2RP AND an email copy to info@bcpb.org. **BOTH** must arrive no later than 5pm on **Friday 6 October 2017**.

Section 1. To be completed by all candidates

Name and address of candidate

Tel (day)

Mobile

Email

Title of project for which a Fellowship is sought

Name and address of supervisor and department at applicant institution (must be in the UK)

Tel (day)

Mobile

Email

Period for which support is sought, starting April 2018 or later

Proposed start date

Do you intend to register for a higher degree?

MD or PhD?

Abstract of research for lay readership, to include expected outcomes (max 150 words)

Scientific abstract of research (max 200 words)

If you are awarded a BCPB Fellowship, how will it further your career? (max 150 words)

Why did you choose this supervisor and applicant institution and what training and supervision will be provided? (max 150 words)

How does the project further the aims of VISION 2020 and the National Prevention of Blindness Plan of the country concerned? (max 200 words)

Recommendation by proposed supervisor at applicant institution in the UK

We require a supervisor recommendation including how long they have known the candidate, their suitability for a BCPB Fellowship, the suitability of the project for the research training and career development of the candidate, and why the department and applicant institution are appropriate for the proposed project.

This recommendation should be written on institutional headed paper, signed, and sent direct to BCPB by the application deadline of **Friday 6 October 2017**.

If there is a collaborator who is essential to the project and is not listed elsewhere please provide their name and contact details and briefly outline their contribution to the project (max 100 words).

Is this, or a similar application, being submitted elsewhere?

If so, to which organisation and when is the result expected?

Has this, or a similar, application been submitted elsewhere during the last year?

If so, to which organisation and what was the result?

Does the research involve the use of animals?

If so, has an appropriate licence been obtained?

Does the research involve human subjects, tissue samples or data collection in the UK or overseas?

If so, has ethical approval been sought or obtained?

Financial Table

This section must be completed in consultation with an academic finance officer from the applicant institution. Please note that you must give a detailed breakdown of all materials and consumables in excess of £5,000.

BCPB supports open access publication. Applicants are encouraged to include cost of open access publication in their proposal budget.

	Year 1	Year 2	Year 3	Total
Basic salary				
Allowances eg London weighting				
Employer's contributions				
Expected increments				
Expected inflationary increases				
Total salary costs				

Expenses	Year 1	Year 2	Year 3	Total
a) Materials and consumables				
b) Equipment				
c) Travel and subsistence				
d) Miscellaneous				
e) University fees (if applicable)				
Total Expenses				
Currency Contingency (if applicable)				
TOTAL SALARY AND EXPENSES				

PLEASE CHECK ALL YOUR ARITHMETIC. Your application may be rejected if your budget contains errors.

Please justify the following (max 150 words each)

a) Materials and consumables

b) Equipment

c) Travel and subsistence

d) Miscellaneous

Please provide information about any further research costs not covered by BCPB and how these will be met (max 150 words).

Section 2. To be completed by Fellowship candidate from a low or lower-middle income country

Proposed starting salary in UK:

How will the Fellowship and proposed project help your work when you return home? (max 150 words)

Recommendation by current Head of Department (or Head of Institution)

We require a recommendation by the current Head of Department (or Head of Institution) including the candidate's suitability for a BCPB Fellowship, whether they will have a post to return to at the end of the Fellowship, the benefit of the Fellowship to the candidate and their home institution, and confirmation of their standard of oral and written English. This recommendation should be written on institutional headed paper, signed and sent direct to BCPB by the application deadline of **Friday 6 October 2017**.

Section 3. To be completed by Fellowship candidate from the UK applying to do research in a low or lower-middle income country

Name and address of institution overseas to which the candidate will be attached

Purpose of research overseas

Approximate time period(s) overseas

Recommendation by supervisor at overseas institution (max 250 words)
(Including the benefit of the proposed research to the overseas institution).

Please outline any previous interaction between the UK and overseas institution (eg. previous collaborative research, teaching or training) (max 200 words)

Do you hold/will you be seeking an Honorary Clinical Contract?

If yes, at what level?

Number of sessions?

If not, please explain why not

How many hours per week do you propose to spend on the Fellowship project?

Section 4. To be completed by all candidates

Please attach a full project proposal (maximum 4 sides of A4 in no less than 11pt), to include:

Background and importance of research topic

Aims of research project

Experimental plan (to include experimental design and methods; numbers for experiments involving people; recruitment plan for people/patients; statistical analysis methods)

Timeline, milestones and monitoring

Relevant publications

Status of ethical approval (if applicable)

Section 5. To be completed by all candidates

Please attach an up-to-date two-page curriculum vitae, to include the following

Date of birth

Nationality

Current employer – name, address and contact details

Date of appointment to current post

Expected date of termination of current post

Details of previous posts held, including dates

Details of higher education and training, including dates

Qualifications and prizes (if applicable)

Summary of research experience to date (if applicable)

List of previous relevant successful grant applications (if applicable)

List of relevant papers published (if applicable), including title and co-authors

Membership of committees, professional bodies etc

For UK clinical applicants: level of clinical contract and National Training Number (if applicable)

Section 6. To be completed by all candidates

Independent reviewers

Applicants are entitled to suggest two independent reviewers that the Chairman of the Advisory Panel may approach at his or her discretion. Please provide contact details of the two reviewers.

How did you hear that BCPB are offering this grant?

Undertakings

Undertakings required when submitting an application for a BCPB Fellowship

1. Candidate for BCPB Fellowship

I have read the ***Fellowship Programme 2017 Guidelines, Terms and Conditions and Child Protection Policy*** and, if this application is successful, I agree to abide by them. I am not aware of any relevant information that has been withheld or of any information given in the application that is misleading.

Name (please print).....

Signed.....Date.....

2. Head of Department at applicant institution

I have read the ***Fellowship Programme 2017 Guidelines, Terms and Conditions and Child Protection Policy*** and, if this application is successful, I agree to abide by them. I have read and support this application and I am not aware of any relevant information that has been withheld or of any information given in the application that is misleading. I agree to the research being carried out in my department and all necessary licences and approvals have been obtained or are being sought.

Name (please print).....

Signed.....Date.....

3. Applicant Institution Administrator

(eg Chief Executive, Registrar or Head of Finance)

I am authorised to make this undertaking on behalf of the applicant institution. I have read the ***Fellowship Programme 2017 Guidelines, Terms and Conditions and Child Protection Policy*** and, if this application is successful, the applicant institution agrees to abide by them. On behalf of the applicant institution, I confirm that it will administer any grant if awarded. The financial information provided has been prepared in consultation with an authorised finance officer and I confirm that the details are correct.

Name (please print).....

Signed..... (duly authorised signatory)

Date.....

Position..... Institution.....