

British Council for Prevention of Blindness (BCPB)

Non-clinical PhD Studentship Application Form 2017

Application form to be completed by the Supervisor (who must be based in a UK institution) together with co-investigator(s) in a low or lower-middle income country. This is an application for a Studentship grant to start in 2018. Please read the **Research Grant Programme 2017 Guidelines, Terms and Conditions and Child Protection Policy** prior to completing this form. All information relevant to your application must be included on this form. The only additional document to be included is the CV of the Supervisor (and the CV of the applicant student, if known).

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**.

Name and address of supervisor

Position held

Tel (day)

Mobile

Email

Details of previous PhD/MD students you have supervised (please list most recent students supervised (up to eight))

Name	Date PhD started	Date PhD completed	Outline subsequent career

Where there are two supervisors, please copy this page and complete for both supervisors.

Title of project for which a PhD Studentship is sought

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

Scientific abstract of research (max 200 words)

Institution(s) and geographical area(s) where the research is to be carried out

Approximate amount of time to be spent by student in each institution/location (where more than one)

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

Describe the Supervisor's previous research experience, including its relevance to VISION 2020 and the aims of BCPB (max 200 words)

Describe the training programme for the PhD student, to include attendance at taught courses and procedure for monitoring progress (max 200 words)

Where the research is to be carried out jointly with another institution, please describe any previous collaboration or pre-existing relationship (eg. previous collaborative research, teaching or training) (max 200 words)

How do you expect the results of the proposed project be taken forward and used more broadly in the prevention of blindness and by whom (eg. as pilot data for Ministry of Health before introduction nationally; or evidence for a new technique that will replace the current one) (max 150 words)

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 Supervisor's institution. Please note that you must give a detailed breakdown of all materials and consumables in excess of £5,000.

	Year 1	Year 2	Year 3	Total
Stipend				
University fees				
Consumables				
Travel costs				
Other				
Total costs				

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

Please justify the funding requested (max 100 words each)

a) Stipend

b) Fees

c) Consumables

d) Travel

e) Other

Amount of funding needed from other sources to enable the project to go ahead (please explain)

Other sources of funding agreed or applied for, including the name(s) of funding organisations and the date approval is expected

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)

Please attach an up-to-date two-page curriculum vitae for the main supervisor, to include:

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
Summary of research to date (highlighting previous experience relevant to this application, and the existing relationship with the proposed overseas collaborators)
List of previous relevant successful grant applications (last five years)
List of relevant papers published (last five years)
Current PhD students and their funders
Membership of committees, professional bodies etc

If a candidate student has been identified, please attach a copy of their CV and describe how the award of a BCPB Non-clinical PhD Studentship will benefit their career.

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 reviewers.

How did you hear that BCPB are offering this grant?

Undertakings

Undertakings required when submitting an application for a BCPB PhD Studentship

1. Supervisor

I have read the **Research Grant 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 **Research Grant 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 **Research Grant 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.....