# **The Gordon Aikman Award**

**APPLICATION FORM**

**Please complete all sections as thoroughly as you can.**

**1. About You**

* 1. **Personal details**

|  |  |
| --- | --- |
| **Name and preferred title** |  |
| **Email address** |  |
| **Telephone** |  |
| **Present position** |  |
| **Full work address** |  |
| **Organisation** |  |
| **Department** |  |

**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** |  |
| **Start and end dates** |  |
| **University/Hospital Department/Other** |  |
| **Methodology**  **(max. 100 words)** |  |
| **Outcomes**  **(max. 100 words)** |  |
| **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. **Research Environment**
   1. **Please indicate the NHS or other formal care organisation, or Higher Education Institute (HEI) or research group/organisation where you will undertake your research fellowship/scholarship.**

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

**2.2 Please provide details of your mentor / supervisor /collaborator for the research and ask them to confirm their support by providing a signature (please duplicate this box if required).**

|  |  |
| --- | --- |
| **Name** |  |
| **Position** |  |
| **Organisation** |  |
| **Email** |  |
| **Expertise as it pertains to this research** |  |
| **I confirm that I have read and support this application.**  **Signature:**  **Date:** |  |

**2.3 Managerial Support: Provide details of your current workplace manager and ask them to confirm their support by providing a signature.**

|  |  |
| --- | --- |
| **Manager’s name** |  |
| **Position** |  |
| **Telephone** |  |
| **Email** |  |
| **I confirm that I have read and support this application.**  **Signature:**  **Date:** |  |

**3. Proposal**

**3.1 Title and dates. Projects can be 12-24 months long must begin within 12 months of the date on the award letter.**

|  |  |
| --- | --- |
| **Title** |  |
| **Start date & end date** |  |

**3.2 Using the headings below, explain in plain English (approximately 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 applicable).**

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1. **Budget**
   1. **A detailed breakdown of costs requested by item. The maximum allowable budget is £50,000, but it is expected that most projects will have budgets considerably lower than this.**

|  |  |
| --- | --- |
| **Salary (include explanation of band, spine point, dates, %WTE)** |  |
| **Research consumables** |  |
| **Services** |  |
| **Travel** |  |
| **Accommodation** |  |
| **Subsistence** |  |
| **Total** |  |

* 1. **Further details / brief justification of costs requested where applicable**

|  |
| --- |
|  |

* 1. **Authorised finance signatory details for the organisation where the research will take place**

|  |  |
| --- | --- |
| **Name** |  |
| **Role & Organisation** |  |
| **Email** |  |
| **Internal application reference if applicable** |  |
| **I confirm that the proposal detailed above can be carried out at this organisation and that the costs provided above are accurate and appropriate.**  **Signed:**  **Date:** |  |

**Please submit your completed application form and two-page CV to:** [judith.newton@ed.ac.uk](mailto:judith.newton@ed.ac.uk).