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**PhD / MD Travel / Research Prize Application**

The next round of applications for NIHR CLAHRC East Midlands’ PhD / MD Travel / Research prize is **now open for applications**.

In May 2019, we will award **ten** travel/research prizes to PhD/MD students based across the East Midlands. PhD/MD students should be either directly funded by the CLAHRC or their supervisor should have a link to the CLAHRC, either as one of our study leads or as a member of the CLAHRC East Midlands Faculty. Faculty application details, including the application process (free of charge) can be found here:

<http://www.clahrc-em.nihr.ac.uk/about-us/clahrc-faculty>

Successful applicants will win up to **£500** to cover the cost of **attendance at a conference (a paper or poster must be being presented) or for research data collection costs**.

**Ten** **prizes** **will be made for costs incurred (or due to be incurred) between** **1st April 2019 – 30th September 2019**. **The deadline for applications to be received is 23.59pm on 31st May 2019.** Successful applicants will be informed within 10 working days of the deadline.

All applications will be marked by three members of CLAHRC staff; the maximum score possible is 120. Details of the marking scheme can be found towards the end of this document.

**Please note, applicants will only be able to win the prize once. Please do not apply if you have already been awarded this funding.**

Please ensure this application form is fully completed, **signed by all parties**, and emailed to CLAHRC-Awards@nottingham.ac.uk

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| Please check that your application includes all of the following, otherwise it will be rejected:* Application form (fully completed and signed)
* Copies of quotations for ALL expenses (except subsistence)
 | [ ] [ ]  |
| * You have not previously been awarded a CLAHRC PhD/MD Travel/Research Prize
 |[ ]
| * You have requested no more than £500 funding from CLAHRC
 |[ ]
| * You have identified funding to make up the balance
* Your supervisor has confirmed that they are a member of CLAHRC East Midlands Faculty
 | [ ] [ ]  |
| **NIHR CLAHRC East Midlands PhD / MD Travel / Research Prize Application Form** |  |
| **1. PERSONAL DETAILS** |
| Surname |  | Mr [ ]  Miss [ ]  Ms [ ]   |
| Forename |  |
| School |  |
| University |  |
| CLAHRC theme | IEI [ ]  | COPSS [ ]  | EMH [ ]  | PCD [ ]  | MCD [ ]  |
| If you don’t know your CLAHRC theme, please name your supervisor |  |
| Year of study  |  | Full-time [ ]  Part-time [ ]  |
| Do you receive a studentship (stipend) award? | Yes [ ]  | No [ ]  |
| Are your University registration fees paid for you? | Yes [ ]  | No [ ]  |
| If you answered yes, what is the source of funding for your degree (fees and/or stipend)?

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| --- | --- |
| * Research Council
 | [ ]  |
| * School
 | [ ]  |
| * Industry
 | [ ]  |
| * CLAHRC
 | [ ]   |
| * Self-funded
 | [ ]   |
| * Other
 | [ ]  please specify:  |

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| Identify how you have engaged with the training opportunities offered by the CLAHRC and your University that will support your application |
| Identify how you have contributed to the CLAHRC, your research group/school/the University (e.g. supporting public engagement, student learning, service to others) |
| Identify any academic awards, prizes you have been awarded or publications you have contributed to |

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| **2. VISIT / RESEARCH DETAILS** |
| Purpose of the spend  | Conference |[ ]  Research |[ ]
| **If attending a conference:** |
| (Conference only)Location (city and country) |  |
| (Conference only)Travel dates |  |
| Are you presenting a paper or poster?

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Paper** | **Poster** | **Title** |
| Accepted  | [ ]  | [ ]  |  |
| Waiting Decision\*  | [ ]  | [ ]  |  |

\* Funds will not be released by the CLAHRC until you have provided confirmation of the acceptance of your abstract. |
| List the authors of the paper/poster being presented (in the order they are shown) |  |
| Briefly outline the findings and contribution of the paper  |  |
| **Conference / Research:** |
| Identify the value of the conference/visit for you and explain how attending this conference is relevant to your research and future career aspirations. - or –Identify how your research will add value to CLAHRC East Midlands. |

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| **3. RESOURCES REQUESTED** |
| Please provide details of the **total cost** requested and a **full itemised list** of potential spend. Scanned copies of all quotes/documentation must be included in your application (URLs are NOT sufficient).  |
|  | **COST (£)** |
| Travel costs | **£** |  |
| Research costs | **£** |  |
| Conference registration fee | **£** |  |
| Accommodation | **£** |  |
| Subsistence (maximum of £25 per 24 hours; please note, CLAHRC will not cover the costs of alcohol) | **£** |  |
| Any other expenses (please specify) | **£** |  |
| **Total cost of the visit**  | **£** |
| **Amount requested from CLAHRC** This must be no more than £500 | **£** |
| **Balance to be funded elsewhere**  | **£** |
| Please provide a brief justification of your budget (eg efforts to minimise costs), explain how the balance will be funded and what steps you have taken to secure funding from other sources. |

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| **4. DECLARATIONS** |
| **Applicant's Declaration**I understand that if awarded a CLAHRC PhD/MD travel/research prize, I will be required to write a brief report on the conference/research (4 pages maximum) within a month of return / end of data collection, and provide an account of expenditure together with scanned copies of all receipts. **Name** **Signed** **Date**  |
| **School/Department's Declaration**I agree that this School/Department supports this application and will make the financial contribution shown in section 3 of this application. **Name** **Signed** **Date** (Head of School/Department) |

**NIHR CLAHRC East Midlands PhD / MD Travel / Research Prize**

**Supervisor Statement of Support**

This is a competitive award to support high quality postgraduate research students in presenting their work at conferences of high standing in their field. It may also be used to support research costs linked to doctoral research.

Statements from the supervisor should also provide evidence of excellence (e.g. papers published, awards received) and evidence of contributions to university life (e.g. participation in events, service to others).

|  |
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| Name of applicant:  |
| Name of supervisor:  |
|  |
| **Please comment on the following:**1. The quality of the student and the value to the student of participating in this conference/having research costs supported.
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| 1. The standing of the conference/visit, and how this activity will support the student’s research and career.
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| 1. The ability of the applicant to act as an ambassador for the CLAHRC.
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| 1. The School’s ability to financially support this application or any other funding implications that the panel should be aware of.
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| 1. I confirm that I am a member of CLAHRC East Midlands Faculty\*. [ ]
 |
| I fully support this student’s applicationSigned Date  |

\* If you are not yet a member of CLAHRC East Midlands Faculty, you can apply quickly and easily. Details of the application process can be found here:

<http://www.clahrc-em.nihr.ac.uk/about-us/clahrc-faculty>

**NIHR CLAHRC East Midlands PhD / MD Travel / Research Prize Application Marking Scheme**

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| --- | --- | --- |
| **Each application will be marked by 3 members of CLAHRC staff. Applicants must score over 100/120 points in order to be eligible for funding.** | **Points allocated** | **Maximum available points** |
| **Personal Details** Evidence of training and involvement with the CLAHRC and University  |  | 10 |
| Comments: |
| **Student’s statement**  |  | 10 |
| Comments: |
| **Supervisor’s statement**  |  | 10 |
| Comments: |
| **Resources Required** Justification of budget and evidence of other support (maximum of £500) |  | 10 |
| Comments:  |
| **Total**   |  | 40 |
|  |
| Name of Marker |  |
| CLAHRC role |  |
| Date |  |

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| --- | --- | --- |
| **Stage** | **Date**  | **Name of CLAHRC staff processing submission** |
| Application received by CLAHRC |  |  |
| Application sent to scorers (3 people)1. [name]2. [name]3. [name] |  |  |
| Applicant informed of decision deadline (10 working days) |  |  |
| Applicant informed of decision |  |  |
| Applicant has provided purchase order number or UoN account code |  |  |
| Code / PO number: |  |  |
| Money transferred |  |  |
| Applicant’s summary report received |  |  |