

Vacation Scholarships Application Form [Sample]



Please read the Guidance Notes for the Vacation Scholarships and also the *Standard Conditions Applying to the Award of Medical Research Scotland Funding* BEFORE completing this Application Form.

For official use only:
REFERENCE NO.

These awards provide promising undergraduates with hands-on experience of research during the summer vacation, with the aim of encouraging them to consider a career in research.

Scholarships are available for **six to eight weeks' work** and currently provide a stipend of **£180 per week plus £50 per week for the sponsoring laboratory**, which will be paid after receipt of a formal short Report of the work conducted.

Student applicants must be at a university within the UK or Republic of Ireland, registered for a basic science, medicine, dentistry or veterinary degree and must not have graduated by the time of commencing their Vacation Scholarship period.

Scholarships are not available for the completion of student projects that are part of the normal degree course, or for students wishing to undertake research in laboratories outside Scotland.

Only one application is permitted per student and/or per Project Supervisor. Please note that throughout, the term 'Supervisor' should be taken to mean intended grantholder.

Completed applications must be submitted online, following registration (by the Project Supervisor) as an intending applicant, at the secure site: www.medicalresearchscotland.net before the deadline of **midnight, Friday 28th January 2011**. An automatic acknowledgement email will be sent to the Supervisor on submission of the application form.

A single hard copy of the completed application form, which includes all the necessary **original** signatures and clear photocopies of all required licences/approvals, must **also** be sent **by post** to: Katrina Muir, Trusts Administrator, Turcan Connell, Princes Exchange, 1 Earl Grey Street, Edinburgh EH3 9EE, to be received **BEFORE 5pm** on **Monday 31st January 2011**. Receipt of the hard copy of the application will be confirmed by email to the Supervisor.

1. DETAILS OF STUDENT

Surname:		Date of Birth:	Age: 00
Title: Select	Forenames:		
Email address:			
University/College (where full-time undergraduate):			
Type and title of Degree (e.g. BSc Biochemistry, MBChB):			
Date degree course commenced:			
Year of course:			
Summary of university courses/modules taken and completed (with results and including any awards, prizes etc.):			
Academic Year	Subject(s)/Course(s)	Grade(s)	

2. OTHER APPLICATIONS

Please provide details of any previous applications made by the student for a vacation research award, or applications intended to be made this year.

Year	Funding body	Outcome
		Select
		Select
		Select
		Select

3. PROJECT SUPERVISOR AT THE SPONSORING SCOTTISH INSTITUTION

3a: Surname:		Title: Select	
Forenames:			
3b: Title of current post:			
3c: With whom do you have your contract of employment?:			
3d: Source of salary support: Select If 'other' please specify:			
3e: Department Name:		Institution:	
Department Postal Address:		Address:	
Address:		Town:	Postcode:
Department Tel No(s):		Email address:	
3f: Have you supervised vacation scholars before? Select If 'yes,' how many times?: and who was/were the scholarship award funding body/ies?			
3g: Will a member of your laboratory, other than you, be providing close, day-to-day supervision of the student? Select			
3h: If 'yes' please provide the following details for that individual:			
Title: Select	Surname:		
First name and middle initial(s):			
Title of current post:			
Department:		Institution:	

4. RESEARCH PROJECT

4a: Title: (maximum 20 words): NB: This field is limited to 220 characters and spaces.	
4b: Project Lay Summary (100 words max): This summary should be concise (in 100 words or fewer) and written in language accessible to those with no medical or scientific background. It should include an indication of the aims and context of the project with respect to potential health benefits. NB: This field is limited to 1000 characters and spaces.	
4c: Duration (max 8 weeks) : Select	4d: Proposed starting date:

5. RESEARCH PROJECT IN DETAIL

Title: Please repeat what you entered at Section 4a above:
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Description of the proposed project (in no more than 500 words) outlining: <i>NB: this space is limited to 5,000 characters and spaces.</i>
(i) Background to the project (~150 words);
(ii) Aims & Objectives. Any key hypotheses to be tested or questions asked. What you hope to achieve during the period of research (~100 words);
(iii) Experimental design and methods (~250 words).

6. TECHNIQUES/TRAINING

What techniques/training will the Scholarship provide (in no more than 150 words)? <i>NB: This field is limited to 1,500 characters and spaces.</i>
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7. RELEVANCE TO PROJECT SUPERVISOR'S LABORATORY WORK

How does this research relate to work being carried out in the Project Supervisor's laboratory (in no more than 100 words)? <i>NB: This field is limited to 1,000 characters and spaces.</i>

8. ETHICS & REGULATORY ISSUES

Please complete the following, by selecting from the drop-down menu, to indicate which ethical and regulatory approval and/or licensing is applicable to the research project. Clear photocopies of all relevant approvals/licences should be enclosed with the hard copy of the finished application form submitted by post following online submission.

8a	Does the project involve the use of human participants, biological samples or personal data?	Select
8b	Will this project involve the use of animals or animal tissues?	Select
8c	Ethical Approval (REC)*	Select
	Animal Licences	
8d	(i) Personal*	Select
8e	(ii) Project*	Select
8f	HSE Approval*	Select
8g	GTAC Approval*	Select
8h	MHRA Approval*	Select
8i	HFEA Stem cell work Approval*	Select
8j	Human Tissue Use : Confirm HTA Codes of Practice being followed	Select

9. EVALUATION OF STUDENT'S ACADEMIC PROGRESS & ACHIEVEMENTS

Brief evaluation of the student's undergraduate career (in no more than 150 words). <i>NB:</i>

<i>This field is limited to 1,500 characters and spaces.</i>	
Signature: <i>(Original signature to be included in printed copy)</i>	Date:
Name (if not Project Supervisor) BLOCK CAPITALS:	

10. SUPPORTING INFORMATION (to be completed by the STUDENT)

10a: Please explain how your project fits with the objectives of Medical Research Scotland (100 words or fewer). <i>NB: This field is limited to 1,000 characters and spaces.</i>	
10b: Why do you wish to apply for a Vacation Scholarship and what are your current career intentions? (max 150 words). <i>NB: This field is limited to 1500 characters and spaces.</i>	
10c: Have you had any other research experience?	Select
If 'yes' please describe (max 100 words) <i>NB: this field is limited to 1000 characters and spaces</i>	
10d: By checking this box, the student confirms she/he completed Section 10 in her/his own words.	<input type="checkbox"/>

11. Contact details for the person within the Institution who will be responsible for administering any award, if successful.

Title: Select	Surname:	First Name:
Full Postal Address:		
Telephone:	Email:	
Designation:		

APPENDIX 1: MEDICAL RESEARCH SCOTLAND DATA PROTECTION STATEMENT

Information that you supply to Medical Research Scotland in connection with this Application (which includes all information sent to Medical Research Scotland that relates to your application, or, in the event of an award, relates to that award) will be used to process your Application and for the purposes of audit and/or evaluation. It may also be disclosed to external peer reviewers, some of whom may be based outside the EEA. Your personal data will be stored by, or on behalf of, Medical Research Scotland in accordance with the Data Protection Act 1988. Medical Research Scotland may publish basic details of successful awards (e.g. on its website or in its Annual Report) and/or anonymise your personal data for research and statistical purposes. Medical Research Scotland may also release details of successful awards (including your name and employing Institution, the project title and the scientific and lay summaries of the research) into the public domain (e.g. via the internet or via publicly accessible databases). Medical Research Scotland may contact you about other award schemes and initiatives that may be of interest to you, or for your views on its funding schemes and application processes. Please first see: <http://www.medicalresearchscotland.org.uk/downloads/privacy.pdf> and then contact Medical Research Scotland (**email:** enquiries@medicalresearchscotland.org.uk) if you have any remaining questions about the protection of your personal data.

UNDERTAKINGS

By signing below (and elsewhere above as applicable):

1. I confirm that I (and all those providing personal information in the application) have read and understood the Medical Research Scotland Data Protection statement above.
2. To the best of my knowledge, the information provided in this application is accurate and complete.
3. I have read the *Standard Conditions Applying to the Award of Medical Research Scotland Funding* (<http://www.medicalresearchscotland.org.uk/apply.htm>), which apply to all research funding from Medical Research Scotland and, if a grant is made, I agree to abide by them.
4. We confirm that, if a grant is made, we shall submit a formal short Report on the work within one calendar month of the agreed completion date of the Vacation Scholarship period.

Signature of student <i>(Original signature to be included in printed copy)</i>		Date:
Signature of Supervisor <i>(Original signature to be included in printed copy)</i>		Date:
Signature of Head of Department <i>(Original signature to be included in printed copy)</i>		Date:
For and on behalf of the Institution:		
Signature of Secretary of Institution/Finance Officer <i>(Original signature to be included in printed copy)</i>		Date:
POSITION:	INSTITUTION:	