

Vacation Scholarships Application Form [Sample Only]

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**.

Applicants must be at a university within the UK or Republic of Ireland and should be an undergraduate in the second year or later of their degree and registered for a basic science, medicine, dentistry or veterinary degree.

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.

Once completed, this application form should be submitted **online at: www.medicalresearchscotland.net before midnight, 29th April 2010.**

1. DETAILS OF STUDENT

| | | | |
|--|-------------------|-----------------------|----------------|
| Surname: | | Date of Birth: | Age: 00 |
| Title: Please 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): | | | |

2. Have you applied for a Medical Research Scotland Vacation Scholarship before? If 'yes', please provide details

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| SELECT | Details: |
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3. Have you applied elsewhere for a vacation research period this year? If 'yes', to which organisation and when will you know the outcome?

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| SELECT | Organisation and date of anticipated outcome : |
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4. Have you previously held a Vacation Scholarship, funded either by Medical Research Scotland or another funding agency? If 'yes', please provide details

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| SELECT | Details: |
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1. PROJECT SUPERVISOR AT THE SPONSORING SCOTTISH INSTITUTION

| | |
|---------------------|---------------|
| 5a: Surname: | Title: |
|---------------------|---------------|

| | | | |
|--|--------------|-----------------------|--|
| | | | |
| Forenames: | | | |
| 5b: Title of current post: | | | |
| Date of appointment (dd/mm/yy): | | | |
| Expected date of termination (dd/mm/yy): | | | |
| 5c: With whom do you have your contract of employment?: | | | |
| 5d: Source of salary support: SELECT | | | |
| If 'other' please specify: | | | |
| 5e: Department Name: | | Institution: | |
| Department Postal Address: | | Address: | |
| Address: | Town: | Postcode: | |
| Department Tel No(s): | | Email address: | |
| 5f: Have you supervised Vacation Scholars before? SELECT | | | |
| If 'yes,' how many times?: | | | |
| 5g: Will a member of your laboratory, other than you, be providing close, day-to-day supervision of the student? SELECT | | | |
| 5h: If 'yes' please provide the following details for that individual: | | | |
| 5i: Title: SELECT | | Surname: | |
| First name and middle initial(s): | | | |
| 5j: Title of current post: | | | |
| 5k: Expected date of termination (dd/mm/yy): | | | |

6: RESEARCH PROJECT

| | |
|---|------------------------------------|
| 6a: Title: (maximum 20 words): <i>NB: This field is limited to 220 characters and spaces</i> | |
| 6b: Project Lay Summary (100 words max): <i>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.</i> | |
| 6c: Duration (max 8 weeks) : SELECT | 6d: Proposed starting date: |

7: Department name and address of administering Scottish Institution

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8: RESEARCH PROJECT IN DETAIL

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| Title: Please repeat what you entered at Q. 6a above |
| Description of the proposed project (in no more than 700 words) outlining: (i) Background to the project; (ii) Aims & Objectives. Any key hypotheses to be tested or questions asked. What you hope to achieve during the period of research; (iii) Experimental design and methods; (iv) Brief outline of a timetable of work. |
| <i>NB: this space is limited to 7,000 characters and spaces:</i> |

9: What techniques/training will the Scholarship provide? (no more than 150 words)

NB: This field is limited to 1,500 characters and spaces

10: How does this research relate to work being carried out in the supervisor's laboratory? (no more than 100 words)

NB: This field is limited to 1,000 characters and spaces

11: ETHICS & REGULATORY ISSUES

| | | |
|------------|---|--------|
| 11a | Does the project involve the use of human participants, biological samples or personal data? | SELECT |
| 11b | If 'yes' selected (at 11a above), please state by whom the project will be, or has been ethically reviewed, and specify any other regulatory approval(s) that has/have been, or will be obtained. | |
| 11c | Will this project involve the use of animals or animal tissues? | SELECT |
| 11d | If 'yes' selected (at 11c above), does the proposal include procedures which require a Home Office licence? | SELECT |
| 11e | If 'yes' selected (at 11d above), does the institution where the animal work is to be carried out hold a Certificate of Designation under the Animals (Scientific Procedures) Act 1986? | SELECT |
| 11f | Does the Supervisor hold the appropriate Project and Personal licences? | SELECT |

12: Progress of undergraduate career so far, including an evaluation of the standard of work completed, or examination results (max 200 words)

Please note, this field is limited to 2,000 characters and spaces

Signature:

(Original signature to be included in printed copy)

Date:

Name (if not Project Supervisor) BLOCK CAPITALS:

13: SUPPORTING INFORMATION (to be completed by the STUDENT)

13a: Please explain how your project fits with the objectives of Medical Research Scotland (100 words or fewer)

13b: Why do you wish to apply for a Vacation Scholarship and what are your current career intentions? (maximum 150 words)

13c: Have you had any other research experience? If 'yes' please describe (max 100 words)

SELECT

NB: this field is limited to 1000 characters and spaces

14: 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: | |

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 initiative that may be of interest to you, or for your views on its funding schemes and application processes. Please first see: www.medicalresearchscotland.org.uk/privacy.htm and 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* (www.medicalresearchscotland.org.uk/cond.htm) and, if a grant is made, I agree to abide by them.

| | | |
|--|---------------------|-------|
| 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: | |