Emerging Leaders Prize: Pain Research

Application form

Applicant details

|  |  |
| --- | --- |
| Title & full name |  |
| Current post |  |
| Length of time in post |  |
| Source of salary funding |  |
| Department |  |
| Host institution |  |
| Applicant work address  |  |
| Telephone |  |

1. Lay summary of research achievements

1.1 Please provide a lay summary of your research accomplishment(s), highlighting the significance and impact of your research to date

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| --- |
| *No more than 200 words (12 font Arial)* |

2. Research achievements and impact to date, leadership contributions and career progression

Please describe your research accomplishments, your contributions to the field of pain research, the impact of your research on understanding or patients, and your research leadership experience to date.

Publications can be directly referenced within the text. The text may be accompanied by a maximum of two additional pages of appendices to support the statement (not included in the word limit).

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| --- |
| *No more than 2 pages of A4 (12 font Arial)* |

3. Use of the prize funds

Please describe how the prize funds will be used to develop your professional research career and progress your research. Please briefly include costing breakdown and justification of the proposed use of the prize funds.

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| --- |
| *No more than 3 pages of A4 (12 font Arial)* |

4. Applicants personal statement

Please describe your reasons for applying and the impact you expect the prize will have on your career. Please provide details of any career breaks, unconventional stages in career, clinical/other duties etc.

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| *No more than 500 words (12 font Arial)* |

5. Letters of support

Please provide contact details for the two individuals; either head of department, mentor, supervisor or other senior expert in the field, who have agreed to provide a letter of support for your application.

At least one referee must be from outside your host institution.

**Referee 1**

|  |  |
| --- | --- |
| Full Name |  |
| Full postal address  |  |
| Contact telephone number |  |
| Email address |  |

**Referee 2**

|  |  |
| --- | --- |
| Full Name |  |
| Full postal address  |  |
| Contact telephone number |  |
| Email address |  |

6. Authorisation of host institution

Please provide contact details of the person responsible for administering funds at your host institution

|  |  |
| --- | --- |
| Full Name |  |
| Position |  |
| Full postal address  |  |
| Contact telephone number |  |
| Email address |  |

**Declaration by Administrative Authority**

If a Medical Research Foundation prize is awarded and accepted, I confirm that the host organisation will accommodate this award and ensure that it is used according to the Medical Research Foundation’s Terms and conditions and any subsequent amendments.

**Name** ……………………………………………………………….

**Signature** ……………………………………………………………….

**Date** ……………………………………………………………….

7. Applicant’s CV and publications

Please provide a two-page CV, and a list of publications (up to a maximum of ten publications relevant to the application).

8. Declarations

**Declaration by Head of Department**

I declare that, to the best of my knowledge, the information provided in this application is true, accurate and complete.

If a Medical Research Foundation prize is awarded and accepted, I confirm that the host organisation will ensure that the funds are used according to the Medical Research Foundation’s Terms and conditions and any subsequent amendments.

**Name** ……………………………………………………………….

**Signature** ……………………………………………………………….

**Date** ……………………………………………………………….

**Declaration by Applicant**

I declare that, to the best of my knowledge, the information provided in this application is true, accurate and complete.

If a Medical Research Foundation prize is awarded and accepted, I will abide by the Medical Research Foundations Terms and Conditions and any subsequent amendments. I have not entered into any obligations which could conflict with the Medical Research Foundation Terms and Conditions.

I will be actively engaged in, and in day-to-day control of, the research detailed in this application.

**Name** ……………………………………………………………….

**Signature** ……………………………………………………………….

**Date** ……………………………………………………………….

**Applications must be submitted electronically to** research@medicalresearchfoundation.org.uk **before 12:00 Wednesday 27 May 2020**

Medical Research Foundation Mailing List Opt-In

If you would like to receive information about the Medical Research Foundation’s future funding calls, please give us permission to hold your information.

*I would like to receive information about future funding calls and I consent to the Foundation holding my full name, affiliated research organisation and email address.*

[ ]  Yes [ ]  No

*I understand that I can ask to be removed from the mailing list at any time by contacting the Research Team at* *research@medicalresearchfoundation.org.uk* *or on 020 7250 8200.*