**The Graham Ayliffe Training Fellowship Application Form**

**DEADLINE FOR RECEIPT OF THIS APPLICATION IS March 1 2018**

**IMPORTANT: SUBMITTING AN APPLICATION**

**Applicants must submit an electronic emailed version** of the completed application including all accompanying documents:

* Letters of recommendation and support from host institution & sponsor
* An outline job plan
* Letters of collaboration (if appropriate),
* Ethics committee approval & Risk Assessments (if appropriate),
* Abridged CVs for applicant (maximum 2x A4 pages)
* And a signed copy of The HIS Terms and Conditions form (before making an application applicants are advised to read all Terms and Conditions and Standard Operating Procedures found at:

to: [grants@his.org.uk](mailto:grants@his.org.uk)

Subject: GATF Application from *(name)*.

Applications are treated as strictly confidential and will be subject to multiple phases of review that may include external review.

**NOTES on completing this form:**

* The application form must not be altered in any way.
* Read all the notes carefully before completing this form. If a section has a word limit, it is indicated.
* Text can include figures and references, although the references will be included in the word count. If figures are required then they must be inserted within the relevant section and a figure reference, e.g. Fig-01, given within the text.
* All abbreviations and acronyms must be fully defined when first used (except for standard scientific acronyms e.g. DNA, RNA).
* **All boxes require information to be given. If a box is not applicable please insert the phrase ‘N/A’. Do not leave any box blank.**

If you have any queries please contact HIS on: +44 (0)20 7713 0273

**Introduction**

The Healthcare Infection Society (‘HIS’) is a UK registered charity, established in 1980 to foster the advancement of knowledge and education of all those who have an interest in the field of healthcare associated infections. Its mission is to provide healthcare professionals with the knowledge and tools they need to prevent and control healthcare associated infections.

Infection Prevention and Control (IPC) is a scientific approach and practical implementation of methods to prevent harm caused by infection to both patients and healthcare workers. IPC is a multi-disciplinary field which has patient safety and healthcare quality at its core, but also uses evidence from microbiology, epidemiology, engineering and behavioural science. Healthcare associated infections are infections that develop as a direct result of a healthcare intervention or being in contact with a healthcare setting.

The scope of the society’s funding requires that applications be strictly related to healthcare associated infections and show potential for clinical impact. As such, funding is unlikely to be awarded to applications in the broader fields of microbiology (including but not limited to mechanistic, molecular biology, solely *in vitro* and genetic studies).

**Support from Other Sources**

The Healthcare Infection Society does not co-fund research proposals and would only consider doing so in exceptional circumstances, if a particular joint call for applications was advertised. It is important that applicants state whether any financial support from another funding body is already provided or is being applied for on the application form. Please contact HIS for clarification prior to submitting an application if required.

Further details can be found in our Terms and Conditions of support.

Please confirm in Section 6.4 whether this specific project is currently being funded (or part-funded), or whether the project proposal under consideration by any other funding body.

# SECTION 1: APPLICATION SUMMARY

## Section 1.1: Summary

|  |  |
| --- | --- |
| Name of Applicant: |  |
|  |  |
| Title of Research Project: Limit: 50 words |  |
|  |  |
| **FULL Amount Requested (to a maximum of £63,000):** | £ |
| Salary before deductions1: |  |
| Direct Research Costs (Qualitative & Quantitative aspects such as Equipment and consumables)2: |  |
| Training budget (to a maximum of £3000) |  |
| Total: |  |

1 HIS does not pay FEC, as such this heading relates to the costs of all Principal and Co-Investigators working directly on the grant where costings are estimated.

2This includes but is not limited to equipment and consumables, travel and subsistence

Please visit the [MRC website](https://www.mrc.ac.uk/funding/guidance-for-applicants/resources/#3.2.2)  for further guidance.

|  |  |
| --- | --- |
|  |  |
| **Type of Project:** (Insert ‘X’ into relevant box, more than one category is acceptable) | |  |  |  |  |  | | --- | --- | --- | --- | --- | | Translational |  |  | Education |  | | Audit |  |  | Clinical implementation or intervention |  | | Career Development |  |  | Other: | | |

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Key Words | |  |  |  | | --- | --- | --- | |  |  |  | |  |  |  | |  |  |  | |

|  |  |
| --- | --- |
| Section 1.2: Lay person Project Summary | |
|  |  |
| A summary of the project and expected outcomes that can be given to and understood by a lay person.  **This text will be used by HIS for its external promotional activities**; therefore do not include any information in this section that you would not wish to be made public, e.g. development of proprietary technology, methods or products. Also, please note that this information will be attributed to you and not to HIS.  Limit: 500 words (Text box will expand to fit) | |
|  | |

|  |
| --- |
| Section 1.3: Collaborator/Co-investigator agreement |
|  |
| Where there will be collaboration with other clinicians, scientists, departments or hospitals, please include a copy of the written agreement of these parties to the research proposal & the terms & conditions of the grant in the appendices. Provide a list of collaborators here.  Limit: 200 words (Text box will expand to fit) |
|  |

# SECTION 2: APPLICANT DETAILS

|  |  |
| --- | --- |
| **Personal Details** |  |
| Title: |  |
| Full name |  |
| Current Position |  |
| E-mail: |  |
| Telephone: |  |
| Fax: |  |
|  |  |
| **Work Address:** | |
| Room & Building: |  |
| Department: |  |
| University/Hospital |  |
| Street: |  |
| City: |  |
| County: |  |
| Postcode: |  |
| Country: |  |
|  |  |
| Clinical Speciality /Stage |  |
| CCT or expected CCT date: |  |
| **Do you intend be clinically active:** | |  |  |  | | --- | --- | --- | |  | **Y** | **N** | | 1. **During the award** |  |  | | 1. **Following the award** |  |  | |

## SECTION 3: THE FELLOWSHIP PROPOSAL

Section 3 concerns the details of the proposed project. Relevant references must be included for all sections below (where necessary).

Text can include figures and references, although the references will be included in the word count. References can be abbreviated, e.g. Smith *et al.*, Cell, 2012, 5:232-243. If figures are required then they must be inserted at the relevant place and a figure reference, e.g. Fig-01, given within the text.

|  |
| --- |
| Section 3.1: Background to the fellowship project |
|  |
| Describe how the proposed fellowship relates to the present body of scientific/clinical knowledge on the subject, including previous and current work carried out by you and/or others. Where the Fellowship relates directly to development of skills explain what is needed and why.  Limit: 500 words (Text box will expand to fit) |
|  |

|  |
| --- |
| Section 3.2: Objectives and aims of the Fellowship |
|  |
| List the objectives & aims of this Fellowship year. Limit: 500 words (Text box will expand to fit) |
|  |

|  |
| --- |
| Section 3.3: Plan for fellowship year |
|  |
| Describe the work proposed and how it will be carried out. You must provide sufficient detail to allow referees to judge the value of the proposal. Include detail about how the outputs/outcomes will be measured.  (Text box will expand to fit) |
|  |
| Section 3.4: expected outcomes |
|  |
| Describe the expected outcomes for the year and explain how these outcomes will benefit your on-going career, particularly in the area of infection prevention and control.  (Text box will expand to fit) |
|  |

|  |
| --- |
| Section 3.5: Fellowship Milestones |
|  |
| Please provide a project timeline including appropriate/timely objectives, such as 6 monthly and 12 month objectives. Please include a Gantt chart or equivalent showing when aspects of the project will start/finish and where the key checkpoints/milestones are. Limit: 200 words (Text box will expand to fit) |
|  |
| Section 3.6: Dissemination |
|  |
| Please explain how you propose to disseminate your findings to:   1. The clinical & research community; 2. Other users in research policy, political or other professional environments; 3. Wider society.   Limit: 500 words (Text box will expand to fit) |
|  |

# Section 4: Ethical considerations

You must provide sufficient information in each of the relevant sections below to show how the proposed project will adhere to the MRC’s guidance on good practice for research involving human participants.

If ethical approval has not yet been given, please note that award of any grant will be contingent on the necessary ethical approval having been obtained.

|  |
| --- |
| Section 4.1: |
|  |
| **Does this project involve the use of human participants or human tissue? Yes**  **No** |
| Give any further information below: |
|  |

|  |
| --- |
| Section 4.2: |
|  |
| Based on direct patient contact, indicate whether the proposal involves a particular medical setting such as primary care or secondary care Where the project is to be conducted across multiple healthcare settings or institutions, please provide details about how this will be managed. |
|  |
| Section 4.3: |
|  |
| **Approvals – Please attach this documentation to your application:** |
| |  |  |  |  |  | | --- | --- | --- | --- | --- | | Have the following necessary approvals been given by: | |  |  |  | |  | The Regional Multicentre Research Ethics Committee (MREC) or Local Research Ethics Committee (LREC)? | Yes | No | Not required | |  | The Health Research Authority (England only)? | Yes | No | Not required | |  | Local governance committees | Yes | No | Not required | |  | Local R&D Office | Yes | No | Not required | |  | Local Health & Safety committee | Yes | No | Not required | |  | Local GMSC/HSE as needed | Yes | No | Not required | |
| Give any further information below if required. |
|  |

|  |
| --- |
| Section 4.4: Risk Evaluation |
|  |
| Include a risk evaluation to assess what difficulties are most likely to be encountered during this project and how they will be prevented or minimised. Bullet points can be used.  Limit: 200 words (Text box will expand to fit) |
|  |

|  |
| --- |
| Section 4.5: Data Management Plan |
|  |
| Please detail the facilities and infrastructure available in order to manage data storage and data sharing. Indicate how data will be archived and what processes are in place to ensure best practice  Limit: 200 words (Text box will expand to fit) |
|  |

# SECTION 5: Training and Mentoring

|  |
| --- |
| Section 5.1: Training required |
|  |
| Please identify your training needs including any short courses required to complete the fellowship, including costings and justification.  Limit: 400 words (Text box will expand to fit) |
|  |

## Section 5.2: Supervision/Sponsorship

|  |  |
| --- | --- |
| Please summarise the level of supervision and mentoring that you will receive during your fellowship  Limit: 200 words (Text box will expand to fit) | |
|  | |
| Section 5.3: Details of institutional sponsor | |
| Title: |  |
| Full name |  |
| Current Position |  |
| E-mail: |  |
| Telephone: |  |
| Section 5.4: Details of Preferred his mentor | |
| Title: |  |
| Full name |  |
| Current Position |  |
| Has the mentor been contacted? | Yes  No |

# SECTION 6: FINANCIAL COSTING

## Section 6.1: Salary costs

For full details of financial provisions available for this fellowship, please refer to our Terms and Conditions document.

|  |  |  |  |
| --- | --- | --- | --- |
|  |  |  | **Total**  **£** |
| Role/Grade |  |  |  |
| Basic Salary |  |  |  |
| **Superannuation, NI and allowances** |  |  |  |

The total (yellow box) must match that stated in the summary section 1.1.

## Section 6.2: Other Expenses

Please indicate below any other items requested for this Fellowship including training. Full justification for these items must also be given below. Failure to adequately justify the need for these expenses could result in HIS not approving the request even if the project (overall) is approved.

Please refer to our Terms and Conditions for further information.

HIS does not award Full Economic Costs (FEC), and such costs cannot be claimed for in this section. Please refer to our Terms and Conditions for further information.

These costs also form a part of the maximum £63,000 that can be requested for the fellowship year.

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Description of item** | **£** |  |
| 1 |  |  |  |
| 2 |  |  |  |
| 3 |  |  |  |
| 4 |  |  |  |
| 5 |  |  |  |
|  | **total:** |  |  |

## Section 6.3 Justification For Level Of Support

|  |
| --- |
| Justify the resources required to undertake the research project, taking into account the nature and complexity of the proposal. Do not list the resources required (This section must reflect section 5.6)  Limit: 1000 words (Text box will expand to fit) |
|  |

## 

## Section 6.4: Support from Other Sources

Please note that HIS does not co-fund Fellowships with other funding bodies. Further details can be found in our Terms and Conditions of support.

\*

|  |  |  |
| --- | --- | --- |
| Is the project associated with this fellowship year currently being funded (or part-funded)? | | Yes/No \* |
| If yes, indicate funding body/bodies: |  | |
| Amount, duration and end date of support: |  | |
|  | | |
| Is this proposal currently being submitted elsewhere? | | Yes/No |
| If yes, indicate funding body/bodies: |  | |
| Expected date(s) of decision: |  | |
|  | | |
| Has this or a similar proposal been submitted during the last year? | | Yes/No |
| If yes, indicate funding body/bodies: |  | |
| With what outcome(s)? |  | |

## Section 6.5: Summary of Financial Requirements

**HIS does not provide full economic cost (FEC) for its grant awards (Terms and Conditions).**

Total costs must not exceed £63,000. Any amount above this will require special and specific justification and will only be approved in exceptional circumstances.

|  |  |
| --- | --- |
| **Sub-Sections** | **£** |
| Staffing costs [Section 6.1] |  |
| Other Expenses [Section 6.2] |  |
| (Including training costs) | **( )** |
| **TOTAL:** |  |

# SECTION 7: ACCEPTANCE OF CONDITIONS

## Section 7.1: Applicant, Sponsor and Educational Supervisor

The following declaration is to be signed by **the** applicants and sponsor:

*I have read and understood the Terms and Conditions relating to this funding proposal and agree that if my application is successful, I will abide by them.*

*I shall be actively engaged in, and/or in day-to-day control of, this project.*

|  |  |
| --- | --- |
| Signature of applicant: |  |
| Signature of sponsor: |  |
| Signature of Educational supervisor |  |

Please use a digitized signature in the above signature field to confirm acceptance of the Terms and Conditions.

## Section 7.2: Head of Department and Administration

This application must be submitted with the support of the Head of Department or Director of Research and the officer responsible for its administration [e.g. finance officer]. Each should sign the following declaration:

*I confirm that I have read this application and that, if granted, the work will be accommodated and administered in this Department/Institution in accordance with HIS’s Terms and Conditions*.

*I confirm that any additional (non HIS-funded) resources necessary to support this work are available within the Department/Institution and I understand that HIS does not award FEC.*

*The staff grade and salaries quoted are correct and in accordance with the normal practice of this Institution.*

|  |  |  |
| --- | --- | --- |
| Signature of the **Head of Department**/Director of Research |  | Signature of the **Administrative Authority**: |
| Name: | Name: |
| Title: | Title: |
| Address: | Address: |

Please use a digitized signature in the above signature field to confirm acceptance of the Terms and Conditions.

Contact for any queries:

Dr Gemma Marsden

Telephone: 020 7713 0273

E-mail: grants@his.org.uk

## SECTION 8: CHECKLIST

**NOTE: The electronic copy of the application form MUST reach us by the deadline.**

After completing the application form, complete the checklist below to ensure that everything is included with the application. Where applicable place an ‘X’ in the relevant box. If not applicable please indicate that the item is not relevant to this application by inserting ‘N/A’.

|  |  |
| --- | --- |
| **ITEM** | **‘X’ or N/A** |
| Application form fully completed |  |
| Confirm that Section 7: Acceptance of Conditions has been signed by all |  |
| Letters of agreement from all collaborators (if applicable) attached |  |
| Letters of support from Educational Supervisor and Sponsor |  |
| Ethical committee’s letter of approval (if applicable) attached |  |

Indicate if there are any additional documents that you are submitting with this application form (not including those stated above) and give relevant names of the supporting documents.

|  |  |  |
| --- | --- | --- |
| **Additional Items** | | |
| Number of additional (not listed above) documents submitted: | |  |
| Filenames/Reference: |  | |

Return your completed application to: grants@his.org.uk

All information contained within this application form will be treated by HIS as strictly confidential, but note that we may rely on external referees to assess your application. Applications are sent to reviewers in strictest confidence.

Note that if your application is successful, information provided in Section 1.2 will be used for HIS purposes as stated.