Early Career Grant

Application form

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| Your details | |
| Applicant Name [title, first name, last name]  Please enter your full name |  |
| Membership number  Your membership number can be found on all correspondence to you |  |
| Membership category  Your membership category can be found on all correspondence to you |  |
| Current position  Please briefly describe your current position and give an indication of how long you have been in that role |  |
| What is your professional address?  Department, institution and town/city |  |
| Work telephone number |  |
| Please enter your preferred contact number if different |  |
| Work email address |  |
| Please enter your preferred email address if different |  |

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| Proposal |
| Title  Full title of your proposal  Short title  For use in promotions  Key words  Please provide up to six keywords to assist with Grant Panel review and promotion  Aim  Maximum of 3 sentences  Lay summary  Maximum of 50 words  Please add your proposal description and justification below (or attach as a separate document).  This is a competitive grant so please be as specific as possible. Please do include a clear and concise description of the project hypothesis, objectives, experimental design, project deliverables and justification. The inclusion of preliminary data, as proof of concept, is encouraged wherever possible.  Please expand the space as necessary.  Maximum of 700 words  Please explain the benefit of this grant to the applicant  If necessary, please use this space to include details of any mitigating circumstances that you would like to be considered (e.g. career breaks, change of field etc.)  Maximum of 300 words  Please describe the benefit to the field of endocrinology and the endocrine community  Maximum of 300 words |

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| Costs |
| Are you requesting the total amount or a grant-in-aid to cover part of the proposal?  Total/grant-in-aid  Enter the amount requested  £  Please provide an itemised breakdown list of costs  Provide a justification of these costs  Please provide details of ALL other current funding you have  Include both current funding and other ongoing applications for funding: |

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| Curriculum Vitae (covering the past 10 years) |
| Please give details of your current and past job(s)/position(s) in the last 10 years (most recent first)  Please copy headings as necessary  Dates (from and to)  Job/Position title  Institution  Role/research summary (maximum of 50 words) |
| Please list up to last 10 years’ publications (most recent first) |

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| Head of Department details | |
| Title |  |
| First Name |  |
| Last Name |  |
| Professional address  Department, institution and town/city |  |
| Work email address |  |
| Work telephone number |  |

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| Declaration |
| Please confirm that the use of the funding will conform to all legal, ethical and Home Office approvals  Yes/no  What legal, ethical and Home Office approvals do you have in place or are you applying for? Please give details  Please list all current approvals and those you intend to apply for. Give reference numbers if applicable.  Have you been awarded this grant before?  Yes/no  Please confirm that your post will outlast the finish date of the grant you are applying for?  Yes/no  Do you consent to the Society storing your submitted data for the application process?  Yes/no  In order to evaluate your application, the data that you submit via this form will be shared with the Grants Panel, relevant Society members and staff working for the Society for Endocrinology. We will store your data securely and only authorized personnel will be able to access it. If your application is unsuccessful we will delete your application data from our systems one year from the deadline for this grant. If your application is successful, we will hold your application data for 7 years in order to administer the grant and subsequent impact reporting. |

I declare that the information submitted in this grant application is true and that I understand the terms and conditions of this award.

Applicant name

Applicant Signature

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| Head of Department Verification [please confirm your response below]: |
| Yes – I confirm that I am the applicant’s Head of Department and I approve the above application.  No – I am not the applicant’s Head of Department and/or I do not approve the above application  Name  Signature |