PART A



# The British Society for Surgery of the Hand

### APPLICATION FOR A RESEARCH FELLOWSHIP

| 1. Surname:   |              |              |                  |          |
|---|--------------|--------------|------------------|----------|
| Forenames (in full):  |              |              |                  |          |
| Title:  |              | Male/Fer     | Male/Female:     |          |
| Date of Birth:  |              |              | National         | ity:     |
| 2. Title of Study (no more the  | nan 80 cha   | racters inc  | cluding spaces): |          |
| 2. Title of Study (no more ti   | iaii oo ciia | ilacters int | sidding spaces). |          |
|   |              |              |                  |          |
| Current Surgical Specialty  | (if applica  | ble):        |                  |          |
| Keywords. Give three keyw   | ords which   | n encapsul   | ate your study:  |          |
|   |              |              |                  |          |
| 3. Place where study wo   | ould take p  | olace:       |                  |          |
| Address of Centre:  |              |              |                  |          |
| E-mail:   |              |              |                  |          |
| Telephone No (inclu. STD code):   |              |              |                  |          |
| Fax No:   |              |              |                  |          |
| 4. Full Name and title of proposed Head of Department and proposed Supervisor(s) to whom Part C has been passed (only complete if for fellowship - one of these must be a BSSH member): |              |              |                  |          |
| , , ,   | Title:       | Initials:    | First name:      | Surname: |
| Head of Department:   |              |              |                  |          |
| 1st Supervisor:   |              |              |                  |          |
| 2nd Supervisor if appropriate:  |              |              |                  |          |

| 5.  | 5. Full name and title of <i>present</i> Head of Department to whom Part B has been passed |                                     |               |  |
|-----|--|-------------------------------------|---------------|--|
| Nan | ne:  | Title:                              |               |  |
|     |  |                                     |               |  |
| 6.  | Academic record (in date order, earliest first):   |                                     |               |  |
|     | Academic Institution<br>Year of award  | Degree(s) gained                    | Class Subject |  |
|     |  |                                     |               |  |
|     |  |                                     |               |  |
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|     |  |                                     |               |  |
| 7.  | Postgraduate career including present empl   | oyment (in date order, earliest pos | t first):     |  |
|     |  | ts held                             | Date          |  |
|     |  |                                     |               |  |
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| 8.       | Details of present appointment   |
|----------|--|
| (a)      | Employer/source of funding   |
| (b)      | Tenure (if untenured please give date of termination of current post)  |
| (c)      | Grade/status   |
| (d)      | Present basic annual salary  |
| (e)      | Next incremental date  |
| (f)      | Date of entry to current grade   |
| (g)      | National Training Number (NTN) if applicable   |
| <u> </u> |  |
|          | Publications in refereed journals. (If more than 10, then list those most relevant to this project). State nal, title and page numbers (first and last) and names of co-authors (details of papers in press must be stated arly but abstracts should not be included): |
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| 10.      | Previous research experience, including grant income:  |
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| 11. Lay Summary. Please provide a simple description of the proposed research in terms that members of the general public can readily understand. This should include:   |
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| <ol> <li>a simple, 'headline' – type title (maximum 6 words)</li> <li>details of the disease/condition and any associated conditions, ie who suffers, the symptoms and numbers affected.</li> </ol>              |
| 3) How this research might help those sufferers in the short/long term   |
| Do not exceed 100 words. This summary will be used on the BSSH website to inform members of the public about how we support research. If you would prefer that this summary is NOT used in this way, please tick |
| this box   |
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| 12. Scientific Case: Maximum 2,000 words (excluding references).  |
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| Please include: 1) Background. Work which has led up to the proposal. 2) Aims and Hypothesis. What do you intend to study?  |
| <ul><li>3) Materials and Methods. How do you intend to answer your research questions?</li><li>4) Potential Outcomes. How will this work potentially affect patient care, and in what time frame?</li></ul> |
| 5) Timeline. Demonstrate that the work is achievable within the time available. If future funding will need to be sought to complete the project, where do you intend to source this funding? 6) References |
| o) Neierences   |
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| 13.        | . Research training: What training do you hope to gain and from whom? |   |  |  |
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| 14.<br>1). | Please state briefly the  | e scientific considerations that led you to choose the centre named at part A (page |  |  |
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| 15.        | Career intentions   |   |  |  |
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| 16.        | Cost Breakdown  |   |  |  |

| Salary / Stipend   |   |  |  |
|--|---|--|--|
| Fees   |   |  |  |
| Consumables  |   |  |  |
| Total  |   |  |  |
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| 16. Is this project/study title currently under cons organisation? When will you know the outcome?   | deration by another funding organisation? If so which |  |  |
|  |   |  |  |
| 17. Do you intend to register for a higher degree based on this followship: (Places sirely) VES/NO   |   |  |  |
| 17. Do you intend to register for a higher degree ba   | sed on this fellowship: (Please circle) YES/NO        |  |  |
| 17. Do you intend to register for a higher degree batter for a higher degre | If no, please explain why not:                        |  |  |
| If yes, please tick:  PhD  MD  MSc  18. Proposed starting date of  |   |  |  |
| If yes, please tick:  PhD  MD  MSc  18. Proposed starting date of Fellowship/Research:   |   |  |  |
| If yes, please tick:  PhD  MD  MSc  18. Proposed starting date of  |   |  |  |
| If yes, please tick:  PhD  MD  MSc  18. Proposed starting date of Fellowship/Research:   |   |  |  |

| 22. Acceptance of Regulations and Conditions:  |  |
|--|--|
| I understand the need to provide the BSSH with a written progress repair a final report within 3 months of the end of the Fellowship | ort 6 months after the proposed start date and |
| Signature of applicant:  | Date:  |

**BSSH** 

PART B

# The British Society for Surgery of the Hand

#### APPLICATION FOR A RESEARCH FELLOWSHIP

Confidential Report from present Head of Department

| Applicant's Name:   |  |
|---|--|
| Candidate's scientific ability and suitability for support for a period of research training. | a Fellowship, the primary purpose of which is to provide |
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| Name: (Head of Department)  | Title:   |
| Signature:<br>(Head of Department)  | Date:  |
| Address of Department:  |  |
|   |  |
|   |  |
| Telephone No (incl. STD code):  |  |



#### APPLICATION FOR A RESEARCH FELLOWSHIP - PART C

# Confidential Report from Proposed Supervisor (must be a BSSH member)

| Applicant's Name:  |   |
|--|---|
| Length of time you have known the candidate:   |   |
|  |   |
| 2. Can the running expenses of the project met with the support of this grant?             | et be   |
|  |   |
| 3. If the answer to question 2 is no, where you obtain the running costs to support grant? | will<br>the   |
|  |   |
| 4. Describe the manner in which the prop this process.                                     | osed project has evolved and any contribution of the applicant to |
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| 5. How frequently do you propose t  | 5. How frequently do you propose to have a structured meeting with the candidate?                     |               |  |
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|   |   |               |  |
|   | arch methods and standards? Are there lectures, semina ate meet with other supervisor/s? If so, whom? | rs, tutorials |  |
|   |   |               |  |
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| 7. State your views on the candidate  | 's scientific ability and suitability for research training, ar                                       | nd on any     |  |
| other relevant points which you consid  |   |               |  |
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| 8. (i) Would an honorary clinical contra  | act be sought for the candidate? (Please circle)  | YES/NO        |  |
| If YES please indicate:   |   |               |  |
| a. Level:   |   |               |  |
| b. Specialty:   |   |               |  |
| c. Trust:   |   |               |  |
| (ii) Would the project involve human subjects?  If YES, please attach evidence of local Research Ethics Committee approval or explain why it is not required. If you have approval from the Research Ethics Committee, please attach the confirmation letter. |   |               |  |
|   |   |               |  |
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| Will the proposed research involve animals?  If YES, please attach evidence that you have all the necessary licences and approvals required?  YES/NO  |   |               |  |
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| 9.  | Please state research grants held within the last 5 years:  |                                       |  |  |
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| 10. | a) Please state how many research fellows you currently supervi   | ise:                                  |  |  |
|     | b) How many research fellows have successfully completed high supervision?  | ner degrees under your                |  |  |
|     | c) How many research fellows who you have supervised have fa  | iled to submit for a PhD or MSc?      |  |  |
| 11. | Please list your peer reviewed publications in the last 10 years (inc yet to be accepted for publication. Please list all authors): | lude articles in press, but not those |  |  |
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|     | Name: pervisor)   | Title:                                |  |  |

| Address:  |   |
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| Mobile:   |   |
| Signature:  | Data  |
| (Supervisor)  | Date:   |
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| 13. I confirm that I support this application and it candidate within the Department. | f an award is made, a position would be created for the |
| Name:   |   |
| (Head of Department)  | Title:  |
| Signature:  |   |
| (Head of Department)  | Date:   |
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PART D



Centre:

## The British Society for Surgery of the Hand

#### APPLICATION FOR A RESEARCH FELLOWSHIP

**Confirmation of Administrative Arrangements** 

|   | C   |
|---|---|
| Applicant's Name:                                     |   |
| and pass this sheet with a c                          | w the name of the department in which you wish to hold a Fellowship opy of the Regulations and Conditions and a copy of Part A to the <b>E OFFICER</b> (eg Finance Officer, Registrar, Bursar, Secretary of the |
| Administrative Officer: The Fellowship to be held at: | above-named candidate is applying for a Surgical Research   |
| Department:   |   |

An award under this scheme is normally administered through the medium of a fixed-term contract of employment for the period of the award, entered into between the Research Fellow and the host centre, on reimbursement by the BSSH. If an award is made, the BSSH would of course liaise with the host centre on the salary or stipend level, as appropriate. The starting date and detailed administrative arrangements will be negotiated on award of the Fellowship. Before the application can be considered it is necessary to have the confirmation below that the host centre would be willing, in principle, to offer an appointment.

- 1. I have read the Regulations and Conditions for the Surgical Research Fellowship and confirm that if the above-named applicant is awarded a Research Fellowship s/he will be offered an appointment by this centre for the period of the award on reimbursement by the BSSH.

Signature: ......

Finance Officer/Bursar/Registrar/Director. (Please delete as appropriate.)

Approx SA..... if appropriate

|   | Name and Initials:   |
|---|--|
|   | Centre:  |
|   | Address:   |
|   |  |
|   | Telephone Number:  |
|   |  |
| (ii)  | Name, address and telephone number of the officer who should be contacted regarding the administration of the Fellowship if awarded. (If different from above.): |
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|   |  |
| Please return this form to the Applicant who will attach it to Part A of the Application Form and submit it to the Society. |  |
|   |  |