# Pancreatic Cancer Action

# PhD Scholarship Grant

# Application Form 2017/18

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| 1. Application Date | Click here to enter a date. |

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| 1. Project Title | Max 250 characters |

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| 1. How will this project improve early diagnosis of pancreatic cancer? |
| Max 120 words |

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| 1. Principle Applicant (PhD Supervisor) (see guidance note 1) | | |
| Full Name | Click here to enter text. | |
| Position & Title | Click here to enter text. | |
| Organisation | Click here to enter text. | |
| Department | Click here to enter text. | |
| Mailing address | Click here to enter text. | |
| Telephone | Click here to enter text. | |
| Email address | Click here to enter text. | |
| Total Number of research hours contracted for by the Employing Organisation | | Click here to enter text. |
| Number of hours per week contributing to this project | | Click here to enter text. |

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| 1. Period of support (see guidance note 2) | | |
| Proposed Start Date | Proposed Completion Date | Total No. of Months |
| Click here to enter a date. | Click here to enter a date. | Click here to enter text. |

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| 1. Scientific Abstract (*max 250 words)* (see guidance note 3) |
| Click here to enter text. |

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| 1. Student Recipient (see guidance Note 4) | | |
| Full Name | Click here to enter text. | |
| Mailing address | Click here to enter text. | |
| Telephone | Click here to enter text. | |
| Email address | Click here to enter text. | |
| Highest level of Educational Achievement (Course/Grade) | | Click here to enter text. |
| Can the Host Institution confirm qualifications, including pre-university qualifications, have been verified? | | Click here to enter text. |
| Is the recipient studying full-time? | | Yes  No |
| Is the recipient ‘ordinarily resident’ in the UK? | | Yes  No |
| Has the recipient satisfied all the Host Institution’s other entry requirements for PhD study? | | Yes  No |

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| 1. Lay Summary (see guidance note 5) This section should be no more than 500 words | |
| Lay title and objectives | Click here to enter text. |
| Clinical benefits | Click here to enter text. |
| Context | Click here to enter text. |
| Questions | Click here to enter text. |
| Justification | Click here to enter text. |
| Novelty | Click here to enter text. |

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| 1. Prior submission (see guidance note 6) | |
| Has this project been submitted elsewhere for funding? | Please choose (if no, please go to question 10) |
| Where was it submitted? |  |
| Is the application on-going? | Please choose. |
| If on-going, what is the date of the decision? | Click here to enter a date. |

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| 1. Use of Animals (see guidance note 7) | |
| Does this project require the use of animals? | Yes ☐ No ☐ |
| Which species? | Click here to enter text. |
| How many animals will be used? | Click here to enter text. |
| Please justify their use | Click here to enter text. |
| What is the status of your licence to use animals in medical research? | Click here to enter text. |

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| 1. Co-Supervisors (see guidance note 8) | | | |
| **Co-Supervisor 1** | | | |
| Full Name | Click here to enter text. | |
| Position & Title | Click here to enter text. | |
| Organisation | Click here to enter text. | |
| Department | Click here to enter text. | |
| Mailing Address | Click here to enter text. | |
| Telephone | Click here to enter text. | |
| Email | Click here to enter text. | |
| Number of hours per week contributing to this project | | Click here to enter text. | |

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| **Co-Supervisor 2** | | | |
| Full Name | Click here to enter text. | |
| Position & Title | Click here to enter text. | |
| Organisation | Click here to enter text. | |
| Department | Click here to enter text. | |
| Mailing Address | Click here to enter text. | |
| Telephone | Click here to enter text. | |
| Email | Click here to enter text. | |
| Number of hours per week contributing to this project | | Click here to enter text. | |

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| 1. Does the project require Local Ethical Committee Approval? | Yes ☐ No ☐ |

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| 1. Intellectual Property (see guidance note 9) | |
| Are there any current patents granted or pending that may be relevant to this research? | Click here to enter text. |
| Is the proposed research likely to lead to patentable or otherwise commercially exploitable results? | Please provide details |

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| 1. Project Plan (Max six pages incl references & figures - see guidance note 10) | |
| Aims and Purpose | |
| Click here to enter text. | |
| Background | |
| Click here to enter text. | |
| Methodology | |
| Click here to enter text. | |
| Annual Milestones | |
| Year 1 | Max 50 words. |
| Year 2 | Max 50 words |
| Year 3 | Max 50 words |
| Value of this research to pancreatic cancer academic community | |
| Enter text here | |
| Please list any potential collaborators (NOT Co-Supervisors) | |
| Click here to enter text. | |
| How does this work integrate with the main work of the Principal Applicant? | |
| Max 100 words. | |
| Please list relevant publications by Principal Investigator and Co-Investigators | |
| We require the top 5 publications relevant to this project for each investigator. | |

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| 1. Please indicate potential project running costs (see guidance note 11) | | | |
|  | Year 1  £ | Year 2  £ | Year 3  £ |
| Consumables | £ | £ | £ |
| Travel & Subsistence | £ | £ | £ |
| Sample collection/storage | £ | £ | £ |
| Equipment (please itemise all equipment over £500) | £ | £ | £ |
| Animal costs | £ | £ | £ |
| Professional Services | £ | £ | £ |
| Total | £ | £ | £ |

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| 17.Please justify the above costs here: (see guidance note 12) | |
| Consumables | Click here to enter text. |
| Travel & Subsistence | Click here to enter text. |
| Sample collection/storage | Click here to enter text. |
| Equipment (please itemise all equipment over £500) | Click here to enter text. |
| Animal costs | Click here to enter text. |
| Professional Services | Click here to enter text. |

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| 1. Current Sources of Support (see guidance note 13) | |
| Principal Applicant | Click here to enter text. |
| Co-Supervisor 1 | Click here to enter text. |
| Co-Supervisor 2 | Click here to enter text. |

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| 1. Declarations – Principal Applicant (See guidance note 14) | |
| I confirm that I have read and support this application and that I am not aware of any relevant information that has been withheld. I agree to the research being carried out in my department and will provide the necessary facilities and accommodation.  I confirm that the recipient student has satisfied all the entry requirements of this institution and Pancreatic Cancer Action to carry out this PhD research.  I confirm I have read and accept Pancreatic Cancer Action’s Conditions of Grant and that all necessary licenses and approvals will be obtained before the project commences.  I understand that I or my successor would be required to vouch for the research that has been completed by signing the PCA Research Final Report at the end of the grant period. | |
| Name | Click here to enter text. |
| Title | Click here to enter text. |
| Institution Address | Click here to enter text. |
| Signature |  |
| Date | Click here to enter a date. |

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| 1. Declarations – Administrative Authority (see guidance note 15) | |
| (Finance Officer/Bursar/ Registrar/Secretary of Institution) | |
| I confirm that the application has been submitted with the agreement of the Host Organisation which, if awarded, would administer the grant. I confirm that the grant will only be used to support the project for which it is intended.  I confirm I have read and accept Pancreatic Cancer Action’s Conditions of Grant on behalf of the Host Organisation and that the Host Organisation will maintain support for this department during the period of the grant.  I confirm that there are no existing matters which would be a breach of any of the Conditions of Grant. | |
| Name | Click here to enter text. |
| Title | Click here to enter text. |
| Institution Address | Click here to enter text. |
| Signature |  |
| Date | Click here to enter a date. |

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| 1. Declarations – Principal Applicant and Second Supervisor (see guidance note 15) | | |
| The above application for a research grant has been completed in accordance with Pancreatic Cancer Action’s Guidelines. I have read and will comply with Pancreatic Cancer Action’s Conditions of Grant and consent to the use of the information I have provided accordingly.  I agree to advise Pancreatic Cancer Action of any change to my status within the Host Organisation or any issue (scientific or administrative) which may affect the direction of the research. | | |
| Principal Applicant (Supervisor) | | |
| Name | Signature | Date |
| Click here to enter text. |  | Click here to enter a date. |
| Second Supervisor (if applicable) | | |
| Name | Signature | Date |
| Click here to enter text. |  | Click here to enter a date. |

**Completed applications should be emailed to** [**grants@panact.org**](mailto:operations@panact.org) **and a printed copy posted to:**

Pancreatic Cancer Action

PHD Scholarship Grant Applications

9, Oakhanger Farm Business Park

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Hampshire

GU35 9JA