Please complete this Application Form if you wish to submit a PhD project proposal to the MRC Centre for Medical Mycology (MRC CMM). Details of the MRC CMM Funding streams are available on the website ([www.abdn.ac.uk/cmm](http://www.abdn.ac.uk/cmm) ). **Please read the accompanying Guidelines for Applicants when completing the application form.** Completed application forms should be returned by the closing date(s), in pdf format to [mrccmm@abdn.ac.uk](mailto:mrccmm@abdn.ac.uk)

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| **Q1 AFG APPLICANT’S DETAILS** *(Duplicate as appropriate)*  Please refer to the guidelines for further information | | | | | |
|  | |  |  |  |  |
| (a) | Surname: |  | Forename (s): |  | |
|  |  |  |  |  | |
|  | Lead Applicant (Yes/No) |  |  |  | |
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| (b) | Describe research support and/or funding received or sought that is relevant to this proposed PhD project |
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| **Q2 NON-AFG APPLICANT’S DETAILS AND CURRICULUM VITAE** (*Duplicate as appropriate)*  Please refer to the guidelines for further information | | | | | |
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| (a) | Surname: |  | Forename (s): |  | |
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|  | Lead Applicant (Yes/No) |  |  |  | |
|  |  |  |  |  | |
|  | Telephone numbers (Day): |  | Mobile: |  | |
|  |  |  |  |  | |
|  | Contact address: |  | |
|  |  |  | |
|  | Email: |  |

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| (b) | Title of current post: |  | |
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|  | Current institution and address: |  | |
|  |  |  | |
|  | Start and end date of appointment: | |  |

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| (c) | Previous posts held (list with most recent first) | | | | | |
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| Date from: | | Date to: | Position | Department | | University/institution |
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| (d) | Education /training: | | |  | |
|  |  | | |  | |
| Date (mm/yyyy) | | Degree | Subject | | University/institution |
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| (e) | Publications |
|  | Please list all publications from the last three years and up to ten prior publications. Please list only your original research publications and other scholarly contributions that you consider to be significant. List in chronological order with the most recent first. |
| Please give the citation in full, including title of paper and all authors | |

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| (f) | Other Research Support |
|  | Please list any research funding received or sought for this or other related research in the same field in the past five years and any key prior funding awards (most recent first). Please provide the name of the awarding body, title of the project, the amount of the award and the start and end dates. Please also indicate which of these grants will help support the proposed project |
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**Q3 COLLABORATION**

Collaborators e.g. scientific/medical/industry/academic colleagues, who are associated with the research proposal and named in the body of the application, but who are not co-applicants or Sponsors. *Duplicate if necessary.*

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| Name of collaborator: |  |
|  |  |
| Full address (including email): |  |
|  |  |
| Extent and nature of collaboration: |  |
| Detail the role and contribution of the collaborator, with an indication of the time the collaborator will spend on the project (no more than 200 words). |  |
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| Please detail any reagents the collaborator will provide and indicate if there are any Intellectual Property issues or restrictions arising from Material Transfer Agreements (no more than 200 words). |  |

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| **Q4** | **LAY SUMMARY OF PROPOSED RESEARCH** *(in no more than 200 words)*  Please note that if this proposed PhD project is selected, the lay summary will be published on the MRC CMM website ([www.abdn.ac.uk/cmm](http://www.abdn.ac.uk/cmm)) and will therefore be publicly available. |
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| **Q5** | **ALIGNMENT WITH MRC CMM KEY THEMES AND PRIORITIES** *(in no more than 500 words)* |
|  | Please demonstrate how the PhD project is cross-disciplinary and discuss the contribution made by each applicant. Describe how the project fits within the 6 key themes of the MRC CMM (see **Q5** in the guidelines). Indicate how this project addresses the main MRC CMM research priorities ((i) the need for robust, rapid, simple and cheaper diagnostics; (ii) the need for safer and more effective antifungal drugs; and (iii) the need for better understanding of fungal virulence and host antifungal immunity). Also discuss the translational potential of the project, and how this will be achieved. |
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| **Q6** | **LOCATION AND MANAGEMENT OF PROPOSED PROJECT** (*in no more than 200 words*) |
|  | Please outline the infrastructure, facilities and support available to ensure the successful performance of the PhD project. Where a student will spend a period of time at an external institution(s), describe how the student will move to that institution(s), what the student will do there, when in the project timescale and for how long (e.g. percentage of time at each institution). Travel and subsistence costs for research visits should be costed into project budget. ***Please leave blank if the entire project will be conducted at Aberdeen.*** |
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| **Q7** | **DETAILS OF THE RESEARCH PROJECT** | | | | | |
| (a) | Proposed start date: | |  |
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| (b) | Project title: | | | | | |
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| (c) | Outline the research project (in no more than 1000 words). Please use typeface 11 point Arial font. Word counts will be checked and applications returned if the limit is exceeded. Two embedded items (Figures or Tables) are permitted and will not add to the word count. Legends are limited to 40 words. |
|  | Please include; (a) the research question and why it is important (b) aims of the project (c) brief background to the project (d) research plan with a timetable and milestones (e) brief outline of methods and techniques. Please include relevant references, maximum 20 which will not count towards the word limit. |
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| **Q8** | **FUTURE GRANT APPLICATIONS** |
|  | Please discuss any future grant proposals that will lead from this PhD project, including the potential funder(s) and funder(s)’ schemes. *(in no more than 200 words).* |
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| **Q9** | **COST OF THE PROPOSAL FOR THE FULL DURATION OF THE PROJECT**. Please indicate the funding that will be requested from the MRC CMM and any part-funding from other sources that will support the PhD project (as outlined above). Insert an additional table if more than two other sources are contributing to overall project costs. Ensure you indicate in **Q14** below, if additional sources of funding will restrict or delay data sharing and raise issues around intellectual property rights and exploitation.  Please refer to the guidelines for additional information on studentship stipend, tuition fees, the maximum funds available for research expenses, travel etc. | | | | |
|  |  | Funds Request from MRC CMM | Funding Body (1) (Insert name) | Funding Body (2) (Insert name) |
|  |  | £ | £ | £ |
|  | Materials and consumables |  |  |  |
|  | Animals |  |  |  |
|  | Travel, accommodation and subsistence |  |  |  |
|  | Other |  |  |  |
|  | **Total:** |  |  |  |

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| **Q10** | **JUSTIFICATION FOR COST OF THE PROPOSAL** |
|  | Please justify costs requested from the MRC CMM using the headings above *(in no more than 400 words).* |
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| **Q11** | **HUMAN PARTICIPANTS, BIOLOGICAL SAMPLES AND PERSONAL DATA RELATING TO LIVING OR DEAD PERSONS** *(in no more than 400 words).* **Refer to Q11 in Guidelines for Applicants** |
|  | State whether any of the above will be used in the PhD project. Please describe the ethical, legal and regulatory approvals that have to be obtained, including National Health Service (NHS) approval. Where applicable, please indicate which institution has agreed to be the Sponsor for the proposed research under the Research Governance Framework for Health and Social Care, published by the Department of Health in England or the corresponding devolved departments in Northern Ireland, Scotland or Wales.  Indicate if this project is linked to a clinical trial funded by another source and describe how the trial is linked to this project. **Please provide a copy of the relevant approvals and Sponsorship that have been obtained. If approvals and Sponsorship have not been obtained, please provide a detailed timeline for obtaining these for the study.** |
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| **Q12** | **USE OF ANIMALS** *( in no more than 400 words)*. **Refer to Q12 in Guidelines for Applicants** |
|  | Does the PhD project involve the use of animals and /or animal tissue? If yes, please provide details of the animal species, number of animals to be used, the source of the animals and how they will be transported and maintained. Briefly describe the procedure(s) to be carried out and the severity. Provide information on the approval(s) obtained or to be obtained (project and personal licence holders). Provide a justification for the use of animals. **Please provide a copy of the relevant approvals that have been obtained. If approvals have not been obtained, please provide a detailed timeline on when these will be sought.** |
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| **Q13** | **USE OF GENETICALLY MODIFIED ORGANISMS** *(in no more than 400 words).* **Refer to Q13 in Guidelines for Applicants** |
|  | Please provide details of any genetically modified organisms that will be used in the PhD project. **Please provide a copy of the relevant approvals that have been obtained. If approvals have not been obtained, please provide a detailed timeline on when these will be sought.** |
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| **Q14** | **DATA MANAGEMENT AND DATA SHARING** *(in no more than 400 words)* |
|  | Please outline your data management and data sharing strategies. Describe how data will be shared with the wider scientific community e.g. deposition in 3rd party repositories and /or databases and expected timeframe. Indicate any anticipated restrictions or delays on data sharing e.g. third party funding, intellectual property and commercialisation issues, confidentiality, ethical issues etc. Please refer to the Research Council Training Grants terms and conditions, specifically TGC14 Exploitation and Impact and TGC 15 Publications and Acknowledgement of Support at <http://www.rcuk.ac.uk/documents/documents/termsconditionstraininggrants-pdf/> |
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| **Q15** | **OUTREACH AND PUBLIC ENGAGEMENT** |
|  | Please outline your outreach and public engagement plans for this project and how this aligns with the MRC CMM strategy on Outreach and Public Engagement (outlined in **Q15** in the guidelines). Please also define how you, the co-applicants and the PhD student will contribute to the wider public engagement activities of the MRC CMM (*in no more than 400 words*). |
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| **Q16** | **PARTICIPATION IN MRC CMM ACTIVITIES** |
|  | Please indicate how you, your co-applicants and PhD student will promote and assist in MRC CMM activities. Examples include: contribution to the content of the MRC CMM website (<http://www.abdn.ac.uk/cmm/> ) and other social media, organising a MRC CMM training event, workshop or seminar (*in no more than 400 words*). |
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| **Q17** | **FINANCIAL ADMINISTRATION** *(For external non-Aberdeen co-applicants only, duplicate where applicable)* | |
|  | Please provide the name and contact details of the finance officer to contact if an award is made. | |
| Name: | |  |
| Full postal address: | |  |
| Telephone no: | |  |
| Email address: | |  |
| If awarded payments should be made to: | |  |

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| **Q18** | **SIGNATURES OF LEAD APPLICANT and CO-APPLICANT(S) (WHERE APPLICABLE)** | | |
|  | I/We confirm that I/we have read the Guidelines for Applicants and that the finances and information provided is correct and has been checked and approved by the appropriate personnel at the institution(s) applying for the funding.  If awarded, I/we confirm that we will abide by the terms and conditions of the award.  Please expand if there are more than two co-applicants | | |
|  | | Signatures | Date |
| Lead Applicant: | |  |  |
| Co-Applicant (1): | |  |  |
| Co-Applicant (2): | |  |  |
| Co-applicant (3): | |  |  |

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| **Q19** | **APPROVAL BY THE ADMINISTRATING INSTITUTE AUTHORITIES** *(For external non-Aberdeen  co-applicants only, duplicate where applicable)* | | | |
|  | I/We confirm that I/we approve the submission of this application to the MRC Centre for Medical Mycology. If awarded, the research and associated staff/student(s) will be accommodated and administrated in the department/school/institution in accordance with the terms and conditions of the award.  The information provided in this application, including the finances, is correct at the time of this application. | | | |
| To be completed by the Head of department/School | | | To be completed by the Administrative Authority | |
| Title: | |  | Title: |  |
| Name: | |  | Name: |  |
| Contact details: | |  | Contact details: |  |
| Tel no: | |  | Tel no: |  |
| Email: | |  | Email: |  |
| Signature: | |  | Signature: |  |
| Date: | |  | Date: |  |