# The Gordon Aikman Scholarship Scheme – a commemoration of the Scottish campaigner for Motor Neurone Disease

**APPLICATION FORM**

**Please complete all sections as thoroughly as you can.**

**1. PERSONAL CHARACTERISTICS**

* 1. **Personal details**

|  |  |
| --- | --- |
| **Name and title**  |  |
| **Full home address**  |  |
| **Home phone no.**  |  |
| **Email address**  |  |
| **Present position (if appropriate)** |  |
| **Full work address (if appropriate)** |  |
| **Organisation you will be affiliated to for the period of this award (e.g. MND Scotland or other organisation)** |  |
| **Full contact details for an appropriate manager or lead within this organisation** |  |

**1.2 Personal statement: Write about the skills/attributes you could bring to the award (200 words)**

1. **ENVIRONMENT**
	1. Please confirm you have spoken with MND Scotland and how you will work with them to support this project

|  |  |
| --- | --- |
| **Named contact at MND Scotland**  | Please describe how you will work with MND Scotland |
|  |  |

**2.2 Potential mentor(s) if required:**

|  |  |  |
| --- | --- | --- |
| **Name** |  |  |
| **Position** |  |  |
| **Specialty** |  |  |
| **Address** |  |  |
| **Telephone** |  |  |
| **Email** |  |  |

**2.3 Managerial Support:** A signature from MND Scotland confirming they have read the completed application and support the applicant. Where additional partners are involved, applications must also be signed by an appropriate manager or organisation lead.

|  |  |
| --- | --- |
| **MND Scotland signatory** |  |
| **Position** |  |
| **Address** |  |
| **Telephone** |  |
| **Email** |  |
| **I confirm that I have read the application and support the applicant(s) involved.****Signature:** **Date:**  |  |

Please duplicate the box above to add further organisations/partners

**3. CARE ISSUE BEING ADDRESSED**

* 1. **Provide a broad potential title**
	2. **Summarise in layman’s terms (700 words) your potential project:** how it fits with improving care for those with MND, aims and objectives, project plan (what steps will need to be taken to achieve your project, do you have a planned timescale, who will be involved at each stage, what outcomes do you hope to achieve and how will you know if these have been achieved).
1. **BUDGET REQUESTED: A detailed breakdown of costs requested by item**

|  |  |
| --- | --- |
| **Full Salary costs (include explanation of Band, spine point, %WTE requested)**  |  |
| **Travel** |  |
| **Accommodation** |  |
| **Subsistence** |  |
| **Other** |  |
| **Total** |  |
| **Start date** |  |
| **End date** |  |

1. **Referees:** Please provide contact details for 2 people who can provide a character

reference for you or a reference in relation to your competency to complete your proposed project.

Referee 1 Referee 2

Name

Address

Email

Telephone

**Please submit your completed application form and CV template to:** karen.stanton@stir.ac.uk