 

# **COMMEMORATIVE VALE OF LEVEN HOSPITAL INQUIRY SCHOLARSHIP SCHEME –** a commemoration for those who died as a result of the *C. difficile* outbreak at the Vale of Leven Hospital.

**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** |  |
| **Full work address** |  |
| **Organisation** |  |
| **Department** |  |
| **Work telephone no.** |  |
| **Full contact details for manager** |  |
| **Indicate the award you are applying for** | **Part-time Research Fellowship**  **Education and Travel Scholarship**  **Implementation Science Scholarship** |

**1.2 Relevant Research: Provide an example of relevant research with which you have been demonstrably involved. If you have a PhD or Clinical Doctorate use that.**

|  |  |
| --- | --- |
| **Study title /Completion date** |  |
| **Methodology**  **(max. 100 words)** |  |
| **University/Hospital Department** |  |
| **Principal investigators/ Supervisors** |  |
| **For PhD/Clinical Doctorate provide details of your awarding institution** |  |

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

1. **ENVIRONMENT**
   1. **Please indicate the NHS setting or Higher Education Institute (HEI) and research group/organisation that you have developed your application with or will be the place where you undertake your research fellowship/scholarship.**

|  |  |
| --- | --- |
| **Hospital/ HEI Department** | **Research group (if appropriate)** |
|  |  |

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

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

**2.3 Managerial Support: Provide details of your HEI or NHS manager and ask them to confirm their support by providing a signature.**

|  |  |
| --- | --- |
| **Manager’s name** |  |
| **Position** |  |
| **Address** |  |
| **Telephone** |  |
| **Email** |  |
| **I confirm that I have read the application and support the candidate and supervisor**  **Signature:**  **Date:** |  |

**3. CLINICAL ISSUE/QUESTION(S) BEING RESEARCHED**

**3.1 Provide a broad potential title**

**3.2 Using the headings below summarise in layman’s terms (500 words) your potential programme of activities: Context of the research (nature, scale and severity of the problem); Aims and objectives; Project plan; Potential significance, applications and benefits to the NHS.**

## Project title:

## Context

## Project Aim(s) and/or Objectives:

## Research questions your study will address:

## Project Plan including Methods & Research governance and ethics:

Potential significance to patients and/or the NHS:

Dissemination plan:

Timetable for completion of activities:

**4. BUDGET REQUESTED**

* 1. **A detailed breakdown of costs requested by item**

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

**Please submit your completed application form and CV template to:**

[Karen.stanton@stir.ac.uk](mailto:karen.stanton@stir.ac.uk)