**NIHR Three Schools: Dementia Research Programme**

**Reducing the risk of dementia and improving the lives of people living with dementia and carers**

**2021-2029**

**Dementia Career Development Awards: Application Form**

Please ensure you have read the accompanying *Call for Applications* before completing this form.

The form aims to provide space for you to think through various aspects of your application logically and help you to demonstrate how you will address the Programme priorities. Please read all of the questions before you make a start with your application. Please complete the form using font size 12.

|  |  |
| --- | --- |
| **Applicant’s details** | |
| Name |  |
| Current post(s) held |  |
| Current organisation |  |
| Host organisation (if different) |  |
| Contact email |  |
| NIHR Three Schools links (SPHR, SPCR, SSCR) |  |
| Have you applied to any other NIHR CDA funding calls recently? Please provide details including outcome |  |

**PART 1: SUMMARY**

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| --- | --- |
| **Application details** | |
| Application title |  |
| Expected start date |  |
| Expected end date |  |
| Duration (months) |  |
| Total budget requested |  |
| **Provide a summary of your application**  **[200 words maximum]** | |
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**PART 2: APPLICANT’S BACKGROUND**

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| **Please describe:**   * **your career to date, including relevant experience for this proposed award, any *relevant* publications or other evidence of your research activities to date** * **your career development goals** * **your education, qualifications and training to date (including any current registrations).**   **[500 words maximum]** |
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**CV**

Please submit your CV with your application (4 pages maximum; minimum 12-point font)

**PART 3: CASE FOR SUPPORT**

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| **Please describe:**   * **background and rationale for your application** * **aims and objectives** * **plan of work including methods to be employed** * **any associated ethical considerations** * **how this award fits with your career plan** * **the training plan aligned to the proposed activities and plans for career development** * **expected outcomes and markers of success** * **plans for the involvement of experts by experience.**   **[1,000 words maximum]** |
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| **Please explain your reasons for choosing the academic, practice or other setting in which you plan to undertake the award.**  **[400 words maximum]** |
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| **Relevance to the Three Schools’ Dementia Research Programme**  ***Please describe how your proposed activities support the Programme***  **[400 words maximum]** |
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**Gantt chart**

Please submit a Gantt chart with your application.

**PART 4: RESOURCES**

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| **Resources requested for this award with detailed justification** | |  |
| Staff costs | £ | |
| Non-staff costs | £ | |
| Overheads (if applied) | £ | |
| Total | £ | |
| *Please provide a detailed justification of the resources requested* | | |

**PART 5: HOST INSTITUTIONAL SUPPORT**

For completion by the supporter for this award. A supporter is an individual who will support, mentor or supervise the applicant.

Please provide the same information for a second supporter if applicable.

If the award will be hosted by an organisation other than the current employer of the applicant, please include details of support from both organisations.

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| **Supporter’s Details** | |
| Name |  |
| Post(s) held |  |
| Organisation |  |
| Contact email |  |
| Support role in this application |  |

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| **In what capacity do you know the applicant?**  **[200 words maximum]** |
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| **What support will you provide the applicant during this award and afterwards to assist in their career development?**  **[200 words maximum]** |
|  |
| **What support is available from your institution relevant to dementia-related research and/or practice, and how will this be made available to the applicant.**  **[200 words maximum]** |
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**Supporter 2 (if applicable)**

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| --- | --- |
| **Supporter’s Details** | |
| Name |  |
| Post(s) held |  |
| Organisation |  |
| Contact email |  |
| Support role in this application |  |

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| **In what capacity do you know the applicant?**  **[200 words maximum]** |
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| **What support will you provide the applicant during this award and afterwards to assist in their career development?**  **[200 words maximum]** |
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| **What support is available from your institution relevant to dementia-related research and/or practice, and how will this be made available to the applicant.**  **[200 words maximum]** |
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**PART 6: PARTNER SUPPORT (if applicable)**

For completion by a partner for this award

Please provide the same information for other partners as needed if applicable

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| **Partner’s Details** | |
| Name |  |
| Post(s) held |  |
| Organisation |  |
| Contact email |  |
| Support role in this application |  |

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| **In what capacity do you know the applicant?**  **[200 words maximum]** |
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| **What will be your role in the applicant’s proposed career development plan?**  **[200 words maximum]** |
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| **What support will you provide the applicant during this award and afterwards to assist in their career development?**  **[200 words maximum]** |
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**PART 7: DECLARATIONS**

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| **Applicant** |
| I confirm that the information given on this form is complete and correct, and that I shall be actively engaged in the work of this award and responsible for its overall management.  Signature:  Name:  Date: |

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| **Supporter (Host institution)** |
| I confirm that I have read the details of this application. I am willing to act as the applicant’s academic supporter for research and career development.  Signature:  Name:  Position:  Date: |

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| **Supporter 2 (if applicable)** |
| I confirm that I have read the details of this application. I am willing to act as the applicant’s second academic supporter for research and career development.  Signature:  Name:  Position:  Date: |

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| **Head of Department/Centre in organisation hosting the award** |
| I confirm that I have read the details of this application and that the host institution is willing to accept this award if funding is approved by the Three NIHR Schools’ Dementia Programme and will support the candidate’s planned activities.  Signature:  Name:  Position:  Date: |

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| **Administrative Authority/ Finance Office signatory for host organisation** |
| I confirm that I have read the details of this application and that the host institution is willing to accept this award if funding is approved by the Three NIHR Schools’ Dementia Programme and will support the applicant’s planned activities.  Signature:  Name:  Position:  Date: |