

## 2025 Pump-Priming Grants Stage 2 Application Form

Closing date: Monday 10 February 2025 at 5pm.

The FDS RCSEng pump-priming grants will be for up to £10,000 and are intended to support applicants in the early stages of a research career (e.g. pre-doctoral).

If eligible for FDS RCS England membership, applicants must be a Fellow or Member of FDS RCS England at the time of submitting a stage 2 application. Before submitting a stage 2 application, applicants not already a Fellow or Member of FDS RCS England should apply to the Awards Committee for the award of Fellow or Member ad Eundem if eligible. If fellowship or membership is offered, they will be expected to pay an annual subscription to RCS England for the duration of the grant.

The funding should be spent within 24 months of the grant being awarded to ensure that the research is completed in a timely and accountable manner. If any issues arise delaying the spending of the grant, then these must be flagged at the earliest opportunity. Any underspend of the grant at the end of the agreed research period must be returned to the funder, unless there are extenuating circumstances. A report detailing the project outcomes and expenditure is mandatory at the end of the funding period.

Please read the form carefully and ensure that all sections of the form are completed. Please complete and submit one copy only to: Ms H Johnstone hjohnsto@rcseng.ac.uk

1. Your personal and co	ontact details
Title:	
Forename/s (in full):	
Surname:	
Home Address:	
E-mail:	
Telephone No:	
Mobile No:	
Dental/ Medical School:	
Dental/Medical	
Specialty (if	
applicable):  Current Position:	
Current Position:	
2. Place where study we	ould take place:
Address of centre	

Work email:							
Work telephone No:							
Work fax No:							
3. Name and title of pro	posed Hea	d of departme	ent and	proposed	supervis	or(s):	
Head of Department:							
1st Supervisor:							
2nd Supervisor: (if appropriate)							
4. Do you hold the MFDS (England), MJDF (England) or have some other affiliation to FDS?  (double-click boxes to check)				YES MFDS MJDF		O   ate awarded ate awarded	
5. Academic record (in	date order.	. earliest first)	•				
Academic Institution	Deg	Degree(s) gained  Class		Subject			Year of award
					l		1
6. Postgraduate career Place of work	including p	Posts held		(in date ord	der, earlies	1	
riace of work		rosts neid				Date	
7. Details of present ap	pointment:						
(A) Employer/source o							
(B) Tenure (if untenured please give date of termination of current post)							
(C) Grade/status							
(F) Date of entry to current post							
(G) National Training Number (NTN) if applicable							

State journal, title and names of co-authors (details of papers in press must be stated clearly but abstracts	
should not be included):	
should not be included):	
9. Research training: What training do you hope to gain and from whom? Please indicate why you wish to	)
undertake a research project and how this will further your career (No more than 200 words)	
10. Details of research to be undertaken: (no more than 1000 words)	
Indicate what your research question is, and why it is important. Detail (a) Aims of the project, (b) Work which has led up to the project, (c) Timetable and milestance, (d) What key methodologies and techniques will you	ch
has led up to the project, (c) Timetable and milestones, (d) What key methodologies and techniques will you use to achieve the aims of the project.	ı
doe to define to the difficient frequent.	
Title of Project	

11. Public and patient involvement: (no more than 300 words) Provide any details of how patients and/or the public have shaped your research idea and design
12. References (Research project) Please give citation in full, including title of paper and all authors:
13. Financial details: The grant is worth a maximum of £10,000 Please set out how these monies are to be spent, the reason for requested funding and to whom payment should be made:
Please note:  ❖ All sections MUST be completed and a clear justification for the funds requested must be given. In cases where the applicant is already undertaking a PhD, this requested funding must be clearly justified for work that is NOT already being funded within the PhD programme.
❖ Failure to complete this section will result in your application not being considered.

❖ The pump-priming grants scheme <u>DOES NOT</u> cover: personal salaries and staffing costs, travel or living expenses not related to the research itself (e.g. conference travel), IT

for courses, higher degrees or open-access publication costs.

professionals/27392

❖ For PPIE and participants reimbursement please follow NIHR guidance

https://www.nihr.ac.uk/documents/payment-guidance-for-researchers-and-

equipment which is not directly related to the research project (personal laptops etc) or fees

Item:	Justification for this item:	Amount:
	TOTAL:	
Host Institution	on:	
Finance Officers Nan	ne:	
Finance Officers Tel N	No:	
Finance Officers Em	ail:	
14. Supervisor details		
Title:		
Name:		
Address:		
Telephone No:		
Email:		
Signature:	Date:	madata tha
applicant and that the to	e supervisor confirms that the Host institution can accomerms and conditions including the financial arrangements consult with the head of the institution and with the appr	can be met. The
	er in which the proposed project has evolved and the plant e current application related to other work in the supervisor's re	

16. \$	16. Supervisor section: State your views on the candidate's scientific ability and suitability to					
undertake this research, and on any other relevant points that you consider would be helpful to the College. (No more than 200 words)						
17. /	Applicant's Declarations:					
If I a	m successful in obtaining this award, I agree to:					
i.	Acknowledge the support of the Faculty of Dental Surgery of the Royal College of Surgeons of England and include such wordings in all manuscripts.	Y	ES		NO	
ii.	Submit a copy of the accepted paper to the Faculty of Dental Surgery's Research Committee upon its acceptance in a journal.	Y	ES		NO	
iii.	Contribute to at least one public engagement event for the Faculty of Dental Surgery.	Y	ES		NO	
iv.	Complete an end of project report (24 months after receipt of the award) detailing the outcomes of the project and itemising the expenditure in line with the original costing request.	Y	ES		NO	
V.	I confirm that the specific items in the original application and costed above are not being financed by any other funding stream	YI	ES		NO	
ΔРР	LICANT'S SIGNATURE:		DAT	F.		

In line with UK legislation and good practice guidelines, we are asking everyone to complete the Equal Opportunities Questionnaire. You are not obliged to provide any of the information, but if you do so, it will enable us to monitor our business processes and ensure that we provide equality of opportunity to all.