



## FDS RCSEng- British & Irish Society for Oral Medicine (FDS RCSEng-BISOM)

## 2025 Pump-Priming Grants Stage 2 Application Form

Closing date: Monday 10 February 2025 at 5pm.

The FDS RCSEng-BISOM pump-priming grants will be for up to £10,000 and are intended to support research that supports the oral health and dental services for older people in the UK. Applicants should be in early stages of a research career (e.g. pre-doctoral). Applicants may be working in any field of dentistry, but must be members of BISOM. On completion of their research project, successful applicants will be expected to present their research at a BISOM conference.

Additionally, 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. Those who are not eligible for membership (e.g. DCPs) can hold the grant without FDS RCS England membership

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 contact 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:								
2. Place where study wo	ould take	e place:						
Address of centre:								
Work email:								
Work telephone No:								
Work fax No:								
3. Name and title of prop	posed H	lead of departme	ent and	proposed	super	viso	r(s):	
Head of Department:								
1st Supervisor:								
2nd Supervisor:								
(if appropriate)								
4. Please confirm that you double-click boxes to cho		member of BIS	OM?	YES		NO		
Do you hold the MFDS (		d),		YES		NO		
MJDF (England) or have some other affiliation								
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7. D	7. Details of present appointment:					
(A)	Employer/source of funding					
(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					

8. Publications in refereed journals. State journal, title and and names of co-authors (details of papers in press must be stated clearly but abstracts should not be included):				
	g: What training do you hope to gain and from whom? Please indicate why you wish to h project and how this will further your career (No more than 200 words)			
[40 D ( 'I) (				
Indicate what your re	esearch question is, and why it is important. Detail (a) Aims of the project, (b) Work which eject, (c) Timetable and milestones, (d) What key methodologies and techniques will you ims of the project.			
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 <u>MUST</u> 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 <u>NOT</u> already being funded within the PhD programme.
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 equipment which is not directly related to the research project (personal laptops etc) or fees for courses, higher degrees or open-access publication costs.
For PPIE and participants reimbursement please follow NIHR guidance https://www.nihr.ac.uk/documents/payment-guidance-for-researchers-and-professionals/27392

Amount:

Justification for this item:

Item:

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Host Institu	tion:					
Finance Officers Na	ame:					
Finance Officers Te	l No:					
Finance Officers E	mail:					
14. Supervisor details	•					
Title:						
Name:						
Address:						
Address.						
Telephone No:						
Email:						
Signature:	tho su	Date:	modate the			
By signing this form, the supervisor confirms that the Host institution can accommodate the applicant and that the terms and conditions including the financial arrangements can be met. The						
supervisor is advised to consult with the head of the institution and with the appropriate finance						
officer						
		which the proposed project has evolved and the planr				
the applicant. How is to more than 300 word		rrent application related to other work in the supervisor's re	esearch group (no			
more than 500 word	5)					
1						

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						
Coll	ege. (No more than 200 words)					
17. /	Applicant's Declarations:					
	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 British and Irish Society of Oral Medicine and include such wordings in all manuscripts.	YES		NO		
ii.	Submit a copy of the accepted paper to the Faculty of Dental Surgery's Research Committee upon its acceptance in a journal.	YES		NO		
iii.	Contribute to at least one public engagement event for the Faculty of Dental Surgery.	YES		NO		
iv.	Present the research at a BISOM conference	YES		NO		
V.	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.	YES		NO		
vi.	I confirm that the specific items in the original application and costed above are not being financed by any other funding stream	YES		NO		
APPLICANT'S SIGNATURE:			ΓE:			

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.