



FDS RCSEng – British Orthodontic Society (FDS-BOS)

2025 Pump-Priming Grants Stage 2 Application Form

Closing date: Monday 10 February 2025 at 5pm.

The FDS-BOS Pump-Priming grants will be for up to £10,000 and are intended to support research into the oral health of children in the broadest sense. 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 BOS. Successful applicants are expected to remain members of BOS for 3 years following the award of the grant. On completion of their research project, successful applicants will be expected to present their research at a BOS conference within 2 years.

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 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:	

2. Place where study wo	uld take p	lace:							
Address of centre:									
Work email:									
Work telephone No:									
Work fax No:									
3. Name and title of prop	osed Head	d of departme	ent and	proposed	d supe	rvisor	(s):		
Head of Department:									
1st Supervisor:									
2nd Supervisor: (if appropriate)									
4. Please confirm that y (double-click boxes to che		ember of BO	S	YES		NO			
Do you hold the MFDS (MJDF (England) or have to FDS?		er affiliation		YES		NO			
(double-click boxes to che	eck)			MFDS		Date	e awarded:		
(additional poxed to diff	Jony			MJDF		Date	awarded:		
5. Academic record (in o	late order	earliest first)							
Academic Institution	Degi	ree(s)	Class		Sub	iect		Year of award	1
	gain	ea			1				_
									_
									_
6. Postgraduate career i	ncluding p	resent emplo	yment	(in date o	rder, ea	arliest	post first):		
Place of work		Posts held			,		Date		
									_

7 D	etails 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				
State	ublications in refereed journals. e journal, title and names of co-authors (details uld not be included):	s of papers in press must be stated clearly but abstracts			
	esearch training: What training do you hope entake a research project and how this will furth	to gain and from whom? Please indicate why you wish to er 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 milestones, (d) What key methodologies and techniques will you use to achieve the aims of the project.					
Title	of Project				

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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	
r Tovide any details of now patients and/or the public have snaped your research idea and design	
12. References (Research project) Please give citation in full, including title of paper and all authors:	
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.
- **❖** 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

Item:	Justification for this item:	Amount:
	TOTAL:	
Host Institution:		
Finance Officers Name:		
Finance Officers Tel No:		
Finance Officers Email:		

14. Supervisor details				
Title:				
Name:				
Address:				
Telephone No:				

Email	l:						
Signa	ature:		Date:				
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							
15. D	escribe the manr	ner in which the proposed project has evolv	ed and t	he planı	ned con	tributio	on of
	pplicant. How is to breathan 300 word	the current application related to other work in ds)	the supe	rvisor's r	esearch	group	(no
		n: State your views on the candidate's scier					
	rtake this resear ge. (No more than	ch, and on any other relevant points that yon 200 words)	u consid	der woul	d be he	lpful to	the
17. A	pplicant's Declar	rations:					
If I an	n successful in o	btaining this award, I agree to:					
i.	Acknowledge t	he support of the Faculty of Dental Surgery	of the	YES		NO	
	Royal College	of Surgeons of England and the British			_		_
	manuscripts.	ociety and include such wordings in all					
ii.	Submit a copy	of the accepted paper to the Faculty of Den	tal	YES		NO	
	9 5	earch Committee and the British Orthodonti	C				
	•	ariat upon its acceptance in a journal.					
iii.		t least one public engagement event for the al Surgery and the British Orthodontic Soci		YES		NO	
	•		-	-5	Ш		Ш
iv.	•	nd of project report (24 months after receipt g the outcomes of the project and itemising					
		line with the original costing request.	- 	YES		NO	

v.	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:		DATE:		

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.