



FDS RCSEng-British Society for Oral and Maxillofacial Pathology (FDS RCSEng-BSOMP)

2025 Pump-Priming Grants Stage 2 Application Form

Closing date: Monday 10 February 2025 at 5pm.

The FDS RCSEng-BSOMP pump-priming grants will be for up to £10,000 and are intended to support research in oral and maxillofacial pathology. Applicants should be in early stages of a research career (e.g. pre-doctoral). Applicants need to be a trainee member of the BSOMP based in the UK and/or Ireland and undertaking training in diagnostic oral and maxillofacial pathology.

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. Any underspend of the grant at the end of the 12-month 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 12-month funding period.

1. Your personal and co	ontact details
Title:	
Forename/s (in full):	
Surname:	
Home Address:	
E-mail:	
Telephone No:	
Mobile No:	
Dental/ Medical School:	
Current Position:	

2.	Place	where	study	would	take	place:
4.	I IUCC		Study	WOUIG	lanc	Diace.

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	l supervis	or(s):	
Head of Department:							
1st Supervisor:							
2nd Supervisor: (if appropriate)							
4. Please confirm that you BSOMP and eligible for th (double-click boxes to ch	is funding (YES	□ N	0 🗆	
Do you hold the MFDS MJDF (England) or have		er affiliation		YES	N) [
to FDS?				MFDS	☐ Da	ite awarded:	
(double-click boxes to ch	eck)			MJDF	☐ Da	te awarded:	
5. Academic record (in	date order,	earliest first)	:				
5. Academic record (in Academic Institution		ree(s)	: Class		Subject		Year of award
,	Deg	ree(s)			Subject		Year of award
,	Deg	ree(s)			Subject		Year of award
,	Deg	ree(s)			Subject		Year of award
,	Deg	ree(s)			Subject		Year of award
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,	Deg	ree(s)			Subject		Year of award
Academic Institution 6. Postgraduate career	Deg	ree(s) ned present emplo	Class	(in date or		et post first):	Year of award
Academic Institution	Deg	ree(s)	Class	(in date or		et post first): Date	Year of award
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Academic Institution 6. Postgraduate career	Deg gain	present emplo	Class	(in date or		1	Year of award
6. Postgraduate career Place of work	including pointment:	present emplo	Class	(in date or		1	Year of award

(C)	Grade/status	
(F)	Date of entry to current post	
(G)	National Training Number (NTN)	
(H)	If out of programme and undertaking a PhD or research placement, please provide dates of OOP	
Stati shou	uld not be included):	of papers in press must be stated clearly but abstracts o gain and from whom? Please indicate why you wish to er your career (No more than 200 words)
	Details of research to be undertaken: (no mo	
has		is important. Detail (a) Aims of the project, (b) Work which nes, (d) What key methodologies and techniques will you
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 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	1:		
Finance Officers Name) :		
Finance Officers Tel No) :		
Finance Officers Emai	l:		
14. Supervisor details			
Title:			
Name:			
Address:			

Signature: Date:

By signing this form, the supervisor confirms that the Host institution can accommodate the

supervisor is advised to consult with the head of the institution and with the appropriate finance officer

Email:

Telephone No:

applicant and that the terms and conditions including the financial arrangements can be met. The

	Describe the manner in which the proposed project has evolved an applicant. How is the current application related to other work in the sun nore 300 words)				
	Supervisor section: State your views on the candidate's scientific				
	ertake this research, and on any other relevant points that you cor lege. (No more than 200 words)	isider wo	ould be	neiptui	to the
4=					
17.					
If I a	Applicant's Declarations:				
	Applicant's Declarations: Im successful in obtaining this award, I agree to:				
i.		YES		NO	
	Acknowledge the support of the Faculty of Dental Surgery of the Royal College of Surgeons of England and the British Society for Oral and	YES		NO NO	
i.	Acknowledge the support of the Faculty of Dental Surgery of the Royal College of Surgeons of England and the British Society for Oral and Maxillofacial Pathology and include such wordings in all manuscripts. Submit a copy of the accepted paper to the Faculty of Dental Surgery's				
i. ii.	Acknowledge the support of the Faculty of Dental Surgery of the Royal College of Surgeons of England and the British Society for Oral and Maxillofacial Pathology and include such wordings in all manuscripts. Submit a copy of the accepted paper to the Faculty of Dental Surgery's Research Committee upon its acceptance in a journal. Contribute to at least one public engagement event for the Faculty of	YES		NO	
i. ii. iii.	Acknowledge the support of the Faculty of Dental Surgery of the Royal College of Surgeons of England and the British Society for Oral and Maxillofacial Pathology and include such wordings in all manuscripts. Submit a copy of the accepted paper to the Faculty of Dental Surgery's Research Committee upon its acceptance in a journal. Contribute to at least one public engagement event for the Faculty of Dental Surgery. 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	YES		NO NO	

DATE:

APPLICANT'S SIGNATURE:

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.