



Faculty of  
Dental Surgery

ROYAL COLLEGE OF SURGEONS OF ENGLAND



British Society of  
Periodontology and  
Implant Dentistry

## FDS RCSEng-British Society of Periodontology and Implant Dentistry (FDS-BSP)

### 2025 Pump-Priming Grants Stage 2 Application Form

**Closing date: Monday 10 February 2025 at 5pm.**

The FDS-BSP Pump-Priming grant will be for up to £10,000 and are intended to support research into periodontal disease 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 BSP. Successful applicants may be expected to present their research at a BSP conference.

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.

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](mailto: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):	

<b>Current Position:</b>	
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2. Place where study would take place:	
<b>Address of centre:</b>	
<b>Work email:</b>	
<b>Work telephone No:</b>	
<b>Work fax No:</b>	

3. Name and title of proposed Head of department and proposed supervisor(s):	
<b>Head of Department:</b>	
<b>1st Supervisor:</b>	
<b>2nd Supervisor:</b> (if appropriate)	

<b>4. Please confirm that you are a member of BSP?</b> (double-click boxes to check)	<b>YES</b> <input type="checkbox"/>	<b>NO</b> <input type="checkbox"/>
<b>Do you hold the MFDS (England), MJDF (England) or have some other affiliation to FDS?</b>  (double-click boxes to check)	<b>YES</b> <input type="checkbox"/>	<b>NO</b> <input type="checkbox"/>
	<b>MFDS</b> <input type="checkbox"/>	<b>Date awarded:</b>
	<b>MJDF</b> <input type="checkbox"/>	<b>Date awarded:</b>

5. Academic record (in date order, earliest first):				
Academic Institution	Degree(s) gained	Class	Subject	Year of award

6. Postgraduate career including present employment (in date order, earliest post first):		
Place of work	Posts held	Date

7. Details of present appointment:	
<b>(A)</b>	Employer/source of funding

<b>(B)</b>	Tenure (if untenured please give date of termination of current post)	
<b>(C)</b>	Grade/status	
<b>(F)</b>	Date of entry to current post	
<b>(G)</b>	National Training Number (NTN) if applicable	

**8. Publications in refereed journals.**  
 State journal, title and names of co-authors (details of papers in press must be stated clearly but abstracts 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 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

**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 **DOES NOT** 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:
	<b>TOTAL:</b>	
<b>Host Institution:</b>		
<b>Finance Officers Name:</b>		
<b>Finance Officers Tel No:</b>		
<b>Finance Officers Email:</b>		

14. Supervisor details	
<b>Title:</b>	
<b>Name:</b>	
<b>Address:</b>	
<b>Telephone No:</b>	
<b>Email:</b>	
<b>Signature:</b>	<b>Date:</b>
<p>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</p>	

15. Describe the manner in which the proposed project has evolved and the planned contribution of the applicant. How is the current application related to other work in the supervisor's research group (no more than 300 words)

**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)**

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**17. Applicant's Declarations:**

<b>If I am successful in obtaining this award, I agree to:</b>		<b>YES</b>	<input type="checkbox"/>	<b>NO</b>	<input type="checkbox"/>
i.	Acknowledge the support of the Faculty of Dental Surgery of the Royal College of Surgeons of England and the British Society of Periodontology and Implant Dentistry and include such wordings in all manuscripts.	<b>YES</b>	<input type="checkbox"/>	<b>NO</b>	<input type="checkbox"/>
ii.	Submit a copy of the accepted paper to the Faculty of Dental Surgery's Research Committee.	<b>YES</b>	<input type="checkbox"/>	<b>NO</b>	<input type="checkbox"/>
iii.	Contribute to at least one public engagement event for the Faculty of Dental Surgery.	<b>YES</b>	<input type="checkbox"/>	<b>NO</b>	<input type="checkbox"/>
iv.	If requested, present the research at a British Society of Periodontology and Implant Dentistry conference.	<b>YES</b>	<input type="checkbox"/>	<b>NO</b>	<input type="checkbox"/>
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.	<b>YES</b>	<input type="checkbox"/>	<b>NO</b>	<input type="checkbox"/>
vi.	I confirm that the specific items in the original application and costed above are not being financed by any other funding stream	<b>YES</b>	<input type="checkbox"/>	<b>NO</b>	<input type="checkbox"/>

<b>APPLICANT'S SIGNATURE:</b>	<b>DATE:</b>
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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.