

RSE/SCOTTISH GOVERNMENT SUPPORT RESEARCH FELLOWSHIP 2010

Please read the attached regulations carefully before completing this application form. The form must be completed electronically in font size 11.

The information provided in the application form will be treated as strictly confidential

FOR OFFICE USE ONLY			
REC	RFC	DSCN	INF

Data Protection Consent

The RSE accepts and processes your personal data which is held on an RSE database. The RSE holds this data in confidence and will not release it to any third party without your consent. Please read the statement below and tick the box provided if you agree to its provisions. Please note that if you do not agree RSE may not be able to process your application or award a Research Fellowship to you.

I confirm that by completing this application form I accept and consent to the transfer of my personal data to the Scottish Government and its auditors, agents including any supplier processing such data and to third parties involved with the delivery, audit, review and evaluation of the Fellowship Programme, anywhere in the world, in each case for the purpose of evaluating my application for a Research Fellowship, the conduct by me of any such Research Fellowship, and for auditing, evaluating and reviewing the Research Fellowship Programme as a whole or in part and all related programmes.

Please indicate which area your research is in:

Medical, Health and Life Sciences Physical Sciences Engineering

Mathematical and Computational Sciences Environmental Sciences Social Sciences

Other:

Name of Applicant:

Title of Proposed Research:

Proposed Institution and Department

1.

PERSONAL DETAILS

Surname :		Forenames :	
Correspondence address :			
Telephone number :		Fax number :	
E-mail :		Mobile number:	
Nationality :			
Do you require a Visa to work in the UK?		Yes <input type="checkbox"/>	No <input type="checkbox"/>
Do you have a Visa to work in the UK?		Yes <input type="checkbox"/>	No <input type="checkbox"/>
If you have applied for a Visa, when do you expect to hear the outcome of your application?			
If you have not applied, when do you intend to apply?			

2.

PRESENT APPOINTMENT

Name and address of employer :		
Your Position :		Date of Appointment :
Current Salary : £	Spine Point:	Salary Source :
Expected Salary : £	Expected Start of Fellowship:	
Field of work and responsibilities :		

3.	TITLE OF PROPOSED RESEARCH
4.	PROPOSED RESEARCH :
	Please give a summary of your proposed research written in layman's terms, indicating its nature, objectives, outputs and how it relates to previous/current work.(maximum 150 words), A more detailed account of the project (3 sides of A4) in accordance with the regulations should also be included with the application.
5.	OUTCOMES – please see Item 11 of Regulations
6.	IS YOUR PROPOSED RESEARCH CONDITIONAL ON RECEIVING ANY OTHER RESEARCH GRANTS?
	Yes <input type="checkbox"/> No <input type="checkbox"/>
	If yes, please give details :

7. **ARE YOU ACTIVELY SEEKING FUNDING FROM OTHER RESEARCH SOURCES?**

Yes No

If yes, please give details :

If no, please give reasons :

8. **OF WHAT BENEFIT TO YOUR FUTURE CAREER IS THE PROPOSED PROGRAMME OF RESEARCH?**

9. **ACADEMIC CAREER**

Please give details of your undergraduate course, all degrees and qualifications gained, with dates, awards and positions held

10.

PUBLICATIONS

A list of all your publications should be enclosed with this application form (separately list publications in refereed journals). Please highlight your name in those publications where joint authorship has occurred.

(i) Please give details of the number of publications you have had to date and how many papers are in refereed journals.

(ii) Please list below the three publications from your list which you consider most significant in relation to your proposed research project

1

2

3

11. **OTHER EXPERIENCE AND INTERESTS**

(Outside activities, membership of professional societies or clubs, sports, hobbies, recreations)

12. **IF A FELLOWSHIP WERE GRANTED, WHEN WOULD YOU BE ABLE TO BEGIN?**

13. **MARKETING OF FELLOWSHIP AWARD**

Please state where you saw this award advertised or how you heard about it:

14. NAMES, ADDRESSES, TELEPHONE NUMBERS, AND E-MAIL ADDRESSES OF TWO ACADEMIC REFEREES

NB It is **your** responsibility to ask your referees to send a **confidential report**, on the form provided, directly to the Research Awards Coordinator. See Item 17 of the Regulations.

1.	2.
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15 FINANCIAL INFORMATION - (see attached guidance notes)

Summary of resources required for Research Fellowship

Please provide details of the expected costs of the Fellowship for the full year.

These costs should be calculated on the basis of fEC, the RSE will fund the following:

- **100% of salary costs for the replacement staff member up to the specified limit**
- **80% of Estates and Indirect costs for the Support Research Fellow**
- **100% of research expenses claimed within the limits by the Support Research Fellow, please see Regulation Item Number 7**

Costs	Year 1	Total
Directly incurred:		
Basic Salary		0
Salary Spine Point		
Oncosts		0
Oncosts %	#DIV/0!	
Total Salary (100%)	0	0

Research Expenses:		
Equipment		0
Consumables		0
Travel		0
Total Research (100%)	0	0
Total Direct Costs	0	0

Directly Allocated:		
Estates Costs		0
Other		0
Total dir. Alloc. Costs	0	0

Indirect Costs:		0
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Overall Total	0	0
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RSE Contribution (80%)	0	0
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Total RSE Contrib	0	0
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*NOTE If a Fellowship is offered, the costs will be based on the figures provided here. Thus, the costs must be as accurate as possible at the applications stage. No adjustment of the costs can, or will, be made at a later date.

16.

STATEMENT

We have read this application and agree that if a RSE/Scottish Government Support Research Fellowship is awarded to the applicant, this institution would provide the necessary facilities and administer the Fellowship. (This statement must be signed by an administrative officer eg Finance Officer, and the Head of the Department of the proposed institution. Otherwise, it will not be considered a valid application.)

Signature :	Date :
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Name :

Position :

Institution : Address:

Signature :	Date :
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Name :

Position :

Institution : Address:

17.

ACCEPTANCE OF CONDITIONS (to be signed by the applicant)

I have read the particulars of the RSE/Scottish Government Support Research Fellowship and agree to abide by the conditions attached to it.

Signature :	Date :
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