**Action on Hearing Loss Pauline Ashley Fellowship 2019**

**Application form**

**Fair Processing Notice and Data Protection**

During the application stage of the Pauline Ashley Fellowship Grant, we will process your personal data for the purpose of assessing and selecting the best projects to fund. **By sending your application to us, you are giving your consent for us to process your personal data for this purpose, as outlined below.**

As part of this, we will:

* Share your completed application form with selected external reviewers. These reviewers are selected on the basis of their expertise to assess your application. **In order to secure the best reviews for your application, we may send your application form to reviewers outside the EU, including to countries where local data protection law may not be as stringent as within the EU.** All reviewers are bound by our [Code of Conduct](https://www.actiononhearingloss.org.uk/-/media/ahl/documents/biomed/conflict-of-interest-policy.pdf). We also put in place an agreement with all external reviewers before they review an application, that they will keep all personal data and application forms secure and in the strictest confidence, that they will not share them with any other third party, and that they will only keep them for as long as they are needed to provide a review of the application.
* Share your application form with our Pauline Ashley Fellowship Review Panel. Our review panel is bound by our [Code of Conduct](https://www.actiononhearingloss.org.uk/-/media/ahl/documents/biomed/conflict-of-interest-policy.pdf). We also put in place an agreement with all panel members before they assess the applications, that they will keep all personal data and application forms secure and in the strictest confidence, that they will not share them with any other third party, and that they will only keep them for as long as they are needed. They will assess all applications and recommend which applicants should be invited to attend an interview for the Fellowship, and conduct the interviews, before recommending which applicants should be funded. Once the assessment process is concluded, and applicants have been informed of the outcomes, all personal data held by the panel for this purpose will be deleted.
* Keep a copy of your personal data for no more than 5 years after the date on which applicants are informed of the outcomes of this funding round. This allows us to monitor re-submissions appropriately, and to assess the current research landscape. After 5 years (if not before), we will delete all personal data associated with your application. If you are successful in being funded, we will provide further information to you at the time we inform you that you have been awarded funding about further use of your personal data.

You can find out more about how we use and protect your personal information, and about your rights, in our [privacy policy](https://www.actiononhearingloss.org.uk/help/privacy).

You can change your mind about how we use your personal data at any time by calling **020 3227 6158**, or emailing us at [research@hearingloss.org.uk](mailto:research@hearingloss.org.uk).

**Action on Hearing Loss Pauline Ashley Fellowship 2019**

**Application form**

Please email the completed application form as a **Word Document** to fellowship@hearingloss.org.uk by Thursday 28th February 2019 (5pm).

**General details**

1. Applicant – person who will hold the fellowship

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Title | First name | Surname | Email | Institute |
|  |  |  |  |  |

1. Applicant contact details

|  |  |
| --- | --- |
| Postal Address (work) |  |
| Telephone (work) |  |

1. Sponsor (see ‘*Pauline Ashley Fellowship application guidance’ for further information)*

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Title | First name | Surname | Email | Institute |
|  |  |  |  |  |

1. Project administration

|  |  |
| --- | --- |
| Institute/Authority administering the grant if approved: |  |
| Department accommodating the project: |  |

|  |  |
| --- | --- |
| Proposed start date | (no later than 31 March 2020) |
| Proposed duration | months |

**About the project**

1. Project title

|  |
| --- |
|  |

1. Project area (see our ‘*Biomedical Research Strategy’ for further information)*

|  |  |
| --- | --- |
| **Select the area of our call that your project falls into (select only one box):** |  |
| Diagnosis of hearing loss or tinnitus |  |
| Improved benefit from medical devices |  |
| Treatments to protect or restore hearing |  |
| Silencing tinnitus |  |

1. Lay summary of research project (maximum 500 words)

|  |
| --- |
| Describe the proposed research in simple terms in a way that could be publicised to a general audience. The summary should include details of:   * 1. background and need for the research;   2. the main aims of the project;   3. an outline of the research methods; and   4. how people with hearing loss or tinnitus will benefit from the research.   Please be advised that if your project is selected for funding, the lay summary you provide will be used publicly on our website as a description of the project, and may also be used for fundraising purposes. As such, please **do not** include any confidential information.  You must also ensure that the lay summary is written in language which can be easily understood by a non-scientist – **if it is not, your application will not be accepted**. |
|  |

1. Scientific abstract (maximum 250 words)

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| --- |
| The scientific abstract will be used by external reviewers to determine whether they have the expertise to review your application. |
|  |

1. Research question

|  |
| --- |
| What is your research question? (maximum 100 words) |
|  |
| Why is it important? (maximum 250 words) |
|  |
| How will people with hearing loss or tinnitus benefit from the research? (maximum 250 words) |
|  |

1. Communication/public engagement plan (maximum 250 words)

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| --- |
| Outline your plans for communication and dissemination of your research and its outcomes within the research community and, where appropriate, with interested wider audiences. |
|  |

1. Summary of financial support requested

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Give details to justify costs under each section. Funding will not exceed £60,000 in any given year and will not exceed £120,000 in total. **As a charity, it is our policy not to fund overheads or salaries of permanent employees.** | | | | |
| **Costs** | **Details** | **Year 1** | **Year 2** | **Total** |
| Salary of Fellow (inclusive of on-costs) |  | £ | £ | £ |
| Research consumables (see guidelines for details of what should be included here) |  | £ | £ | £ |
|  |  | £ | £ | £ |
|  |  | £ | £ | £ |
| **Consumables subtotals:** |  | **£** | **£** | **£** |
| Animal costs (see guidelines for details of what should be included here) |  | £ | £ | £ |
| Publicity and dissemination costs (see guidelines for permissible costs) |  | £ | £ | £ |
|  |  | £ | £ | £ |
| **Publicity subtotals:** |  | **£** | **£** | **£** |
| Office/Lab equipment (see guidelines for permissible costs) |  | £ | £ | £ |
| Other (see guidelines for costs that should be included here) |  | £ | £ | £ |
| **Grand Totals** |  | **£** | **£** | **£** |

1. Other support

|  |  |
| --- | --- |
| Are you currently applying elsewhere for support of this work? If so, please indicate: | |
| * + 1. to which organisation: |  |
| * + 1. expected date of decision: |  |
| * + 1. value of funding requested: |  |

1. Animal work

|  |  |  |
| --- | --- | --- |
| All Action on Hearing Loss project proposals must comply with the guidance [Responsibility in the Use of Animals in Bioscience Research](http://www.nc3rs.org.uk/sites/default/files/documents/Guidelines/Responsibility%20in%20the%20use%20of%20animals%20in%20bioscience%20research-%20expectations%20of%20the%20major%20research%20councils%20and%20charitable%20funding%20bodies.pdf) and with [UK legislation (the Animals (Scientific Procedures) Act 1986 (ASPA), amended 2012).](https://www.gov.uk/research-and-testing-using-animals)  *N.B. If your application proposes the use of non-human primates, cats, dogs or equines, please let us know at* [*research@hearingloss.org.uk*](mailto:research@hearingloss.org.uk) *before submitting your application, as a short annex of additional questions must be completed for proposals involving these species.* | | |
| Does your research involve work with animals? (If yes, please answer the following questions. If no, please proceed to section 14) | Yes | No |
| What will be the severity of the procedures? ( please tick all that apply – see guidance document for definitions)  Non-recovery  Mild  Moderate  Severe | | |
| Please provide details of any moderate or severe procedures. |  |  |
| Does your research involve work with genetically modified animals? | Yes | No |
| Has the proposal been approved by an Animal Welfare Ethical Review Body? | Yes | No |
| Please give brief details below (max 250 words) on:   1. Species of animals to be used, justifying why this species is best for this project 2. Total number of animals to be used, justifying this number 3. Why non-animal alternatives are not possible in this project 4. Methods of anaesthesia and euthanasia to be used | | |
| Have Home Office approvals for personal, project and establishment licences been obtained? | Yes | No |

1. Human participants

|  |  |  |
| --- | --- | --- |
| Does your research involve work with human participants? (If yes, please answer the following questions. If no, please proceed to section 15) | Yes | No |
| Are the appropriate ethics approvals in place from the relevant UK authority? | Yes | No |
| If no, please give brief details below (max 200 words) on:  a. Your plan for obtaining necessary approval in order to conduct the study  b. How you will ensure that the time needed to obtain this will fit in with the project timeframe | | |

**About you and your research environment**

1. Career development of the applicant (maximum 500 words)

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| --- |
| Please explain how the fellowship will further your research and career development towards becoming an independent scientist (see ‘*Pauline Ashley Fellowship application guidance’* for further information). |
|  |

1. Research environment (maximum 300 words)

|  |
| --- |
| What specific scientific and training considerations led you to choose this host department/institution and sponsor for your research? Describe any special features or facilities of the research environment in your chosen host institution. |
|  |

Final details

1. Please confirm that:

|  |  |
| --- | --- |
| The application is complete, accurate and has been completed according to the guidance document supplied with the application form. |  |
| The applicant has read the Action on Hearing Loss Pauline Ashley Fellowship Call and Guidelines and, if successful, agrees to work closely with Action on Hearing Loss staff as appropriate. The applicant shall be actively engaged in day-to-day control of the project. |  |
| The sponsor has read the Action on Hearing Loss Pauline Ashley Fellowship Call and Guidelines and, has included a statement of support explaining how they and their institute will support the applicant, and how the applicant’s proposed project fits with the sponsor’s own research programme. |  |
| Your Head of Department has read this application and confirms that, if granted, the work will be accommodated and administered in the Department. |  |
| All necessary licences and approvals have been or are being sought. |  |
| The officer who will be responsible for administering any grant that may be awarded confirms that the Institution will administer the grant according to Action on Hearing Loss’s terms and conditions, and that the staff gradings and salaries quoted are correct and in accordance with the normal practice of this Institution. |  |
| You confirm that you have read the Fair Processing Notice on page 1 of this application form about how Action on Hearing Loss will use your personal data, and you give consent for your personal data to be used in this way, including for your data to be shared with reviewers outside the EU if necessary. |  |
| You confirm that the sponsor has read the completed application form, and has given their consent to be included in the application. |  |
| You confirm that the sponsor has read the Fair Processing Notice on page 1 of this application form about how Action on Hearing Loss will use their personal data, and have indicated to you that they give consent for their personal data to be used in this way, including for their data to be shared with reviewers based outside the EU if necessary. |  |

1. Reviewers

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Please suggest four suitable reviewers for this application. We may send your application to other reviewers of our choice.  **If you do not suggest reviewers, we will not accept your application.** | | | | | |
|  | Title | First name | Surname | University | Email |
| 1 |  |  |  |  |  |
| 2 |  |  |  |  |  |
| 3 |  |  |  |  |  |
| 4 |  |  |  |  |  |
| Please indicate any individuals or groups who should not be contacted to review this application (giving a brief reason in brackets, such as a conflict of interest): | | | | | |
|  | | | | | |

1. Keywords

|  |
| --- |
| Please provide a list of keywords describing your research and the techniques that you use. |
|  |

**CV - Applicant**

Please append a summary CV for the Applicant of no more than 2 pages, using the following format:

|  |  |  |
| --- | --- | --- |
| **Applicant Name** | **Current position and Affiliation** | Start date |
|  |  |  |

|  |
| --- |
| Scientific expertise (please provide keywords/phrases for your research areas) |
|  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Academic Qualifications** | | | | |
| **Date** | **Award** | **Subject** | **Class** | **Awarding body** |
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| **Previous appointments** Including honorary and advisory roles | |
| **Dates** | **Appointment** |
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| --- | --- |
| **Honours and awards** | |
| **Date** | **Honour / Award** |
|  |  |
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| **Summary of research in recent years** |

Provide a brief summary of your areas of research interest in the last 5 years.

|  |
| --- |
| **Grants held in the last 5 years** |

Provide a list of the grants you have held in the last 5 years.

|  |
| --- |
| **Selected publications** |

List, in chronological order, complete references to all publications during the past three years and representative earlier publications relevant to this application. If the list of publications from the last three years exceeds the total 2-page limit, list only those relevant to this application.

CV – Sponsor

Please append a summary CV for the Sponsor of no more than 2 pages, using the following format:

|  |  |  |
| --- | --- | --- |
| **Name** | **Current position and Affiliation** | Start date |
|  |  |  |

|  |
| --- |
| Source of personal salary |
|  |

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| --- |
| Scientific expertise (please provide keywords/phrases for your research areas) |
|  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Academic Qualifications** | | | | |
| **Date** | **Award** | **Subject** | **Class** | **Awarding body** |
|  |  |  |  |  |
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| --- | --- |
| **Previous appointments** Including honorary and advisory roles | |
| **Dates** | **Appointment** |
|  |  |
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|  |  |
| --- | --- |
| **Honours and awards** | |
| **Date** | **Honour / Award** |
|  |  |
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| --- |
| **Summary of research in recent years** |

Provide a brief summary of your areas of research interest in the last 5 years

|  |
| --- |
| **Grants held in the last 5 years** |

Provide a list of the grants you have held in the last 5 years.

|  |
| --- |
| **Selected publications** |

List, in chronological order, complete references to all publications during the past three years and representative earlier publications relevant to this application. If the list of publications from the last three years exceeds the total 2-page limit, list only those relevant to this application.

**Statement of support from the sponsor (maximum 500 words)**

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| --- |
| The sponsor must provide a supporting statement below explaining;   * in what capacity they know the applicant * their views of the applicant’s scientific ability and suitability for the fellowship * how they and their institute will support the applicant, in terms of training, facilities and resources that will be made available to them * how they propose to facilitate and support the career development towards scientific independence of the applicant * how the proposed project relates to the sponsor’s own research programme. |
|  |

Main Proposal (maximum 2500 words excluding references)

|  |
| --- |
| Please insert your research plan below. (This will ensure that formatting and figures appear correctly). The proposal will be assessed by expert reviewers, and must include:   * a summary of relevant background research * details of research methods and outcome measures * evidence that outcomes are likely to be robust * an explicit timetable for each stage of the research * details of any potential collaborators and nature of collaboration * a description of how clinical or commercial exploitation of results could be pursued * a detailed explanation of how the requested funds will be used   Please see the associated guidelines for more information on what should be included for each of the sections above. |

**Insert research proposal here (max 2500 words)**